



October 2023

# SPECIAL EDUCATION

Additional Data  
Could Help Early  
Intervention Programs  
Reach More Eligible  
Infants and Toddlers

## Why GAO Did This Study

IDEA Part C programs served more than 770,000 children in 2021. Early intervention services, such as speech or physical therapy, can improve a child’s outcomes. Research suggests that access to services varies by characteristics such as race and income.

GAO was asked to review barriers states may face in carrying out IDEA Part C requirements, and any inequities in access to early intervention services. This report examines (1) how states’ Part C programs differ and challenges states face in serving eligible families; (2) available data on characteristics of children referred to, evaluated for, determined eligible for, and enrolled in Part C programs; and (3) how Education and states use available data to identify opportunities to increase children’s access to services. To do so, GAO conducted a survey of 56 Part C programs: 50 states, five territories, and the District of Columbia. GAO also analyzed data from Education, and spoke with Education officials and stakeholders, and other experts.

## What GAO Recommends

Congress should consider providing authority to Education to collect demographic data from states on children throughout the Part C process and require Education to use these data to better assist states to identify and rectify gaps in access to services. GAO recommends that Education encourage states to use existing data to maximize children’s access to Part C services. Education agreed with our recommendation.

View [GAO-24-106019](#). For more information, contact Jacqueline M. Nowicki at (202) 512-7215 or [nowickij@gao.gov](mailto:nowickij@gao.gov).

## SPECIAL EDUCATION

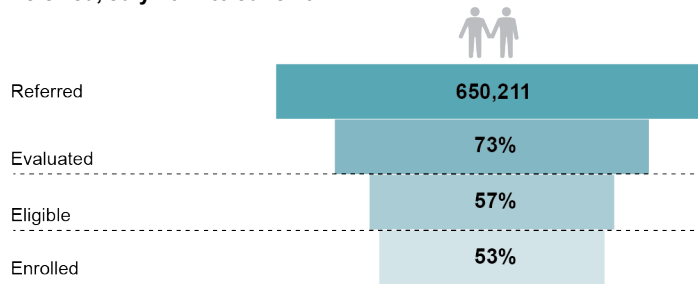
# Additional Data Could Help Early Intervention Programs Reach More Eligible Infants and Toddlers

## What GAO Found

States and territories (states) use different definitions of “developmental delay” and different program eligibility criteria for their early intervention programs, which serve infants and toddlers with disabilities from birth through age 2. This reflects flexibilities provided to states under Part C of the Individuals with Disabilities Education Act (IDEA), which assists states in operating a statewide program of early intervention services. GAO surveyed 56 Part C programs, and 54 responded. When asked to name their top challenges serving eligible families, 48 states identified a lack of qualified service providers, and 23 cited staffing challenges at the state level.

According to GAO’s survey, 53 percent of children referred for Part C services ultimately enrolled (see figure). To better understand the characteristics of children moving through each stage of the process, GAO analyzed demographic data for the 16 states able to report this information on GAO’s survey. GAO found notable variation at different points in the enrollment process. For example, the percentage of children referred who received an evaluation ranged from 59 percent of American Indian or Alaska Native children to 86 percent of Asian children (a 27 point spread); whereas, the percentage of children deemed eligible who enrolled ranged from 91 percent of American Indian or Alaska Native children to 95 percent of Asian and White children (a 4 point spread).

**Percentage of Children Reaching Each Stage of Part C Enrollment Process, Out of Children Referred, July 2021 to June 2022**



Source: GAO survey of Part C programs. GAO (images). | GAO-24-106019

Note: GAO conducted a survey of Part C programs. Fifty-four states and territories responded to our survey overall, and 41 provided responses included in this figure. Our survey requested data for the 12-month period from July 1, 2021 through June 30, 2022, however, three respondents provided data for a different, recent, 12-month period, in accordance with our survey instructions.

Education does not collect, or require states to collect, demographic data on children prior to enrollment in Part C. Officials said that IDEA does not provide them the authority to do so. If Education had statutory authority to collect such data throughout the enrollment process, it could focus its assistance on maximizing access to early intervention services for all infants and toddlers who need it—a key goal of IDEA. Many states, however, collect such data already, and some use it to identify ways to improve Part C access. Encouraging all states to improve their Child Find efforts by using the data they already collect would help them better identify and serve those infants and toddlers who need support.

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## Abbreviations

Education	U.S. Department of Education
IDEA	Individuals with Disabilities Education Act
NSCH	National Survey of Children's Health
OSEP	Office of Special Education Programs
Part C	Part C of the Individuals with Disabilities Education Act

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October 5, 2023

The Honorable Patty Murray  
Chair  
Committee on Appropriations  
United States Senate

The Honorable Bernard Sanders  
Chair  
Committee on Health, Education, Labor, and Pensions  
United States Senate

The Honorable Tim Kaine  
United States Senate

The first few years of a child’s life include many critical developmental milestones. When children face developmental delays, early intervention services such as speech therapy or physical therapy can significantly improve a child’s outcomes. Such intervention can reduce their need for more extensive services in the future. Part C of the Individuals with Disabilities Education Act (IDEA) provides funding to states to identify infants and toddlers who are in need of early intervention services and direct them to the appropriate care. In 2021, more than 770,000 infants and toddlers, from birth through age 2, received early intervention services under Part C of IDEA (Part C).<sup>1</sup>

In fiscal year 2023, Congress appropriated \$540 million for Part C to the U.S. Department of Education (Education) to provide grants to and assist all 50 states, the District of Columbia, and five territories in developing and implementing statewide systems to make early intervention services available to all eligible infants and toddlers with disabilities and their

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<sup>1</sup>U.S. Department of Education, *EDFacts Metadata and Process System (EMAPS): “IDEA Part C Child Count and Settings Survey,”* 2021. Data extracted as of July 6, 2022. This is the cumulative number of infants and toddlers with disabilities, ages birth through 2, who received early intervention services during the most recent 12-month period for which data are available.

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families.<sup>2</sup> However, research studies indicate that access to Part C services varies by children’s demographic characteristics such as race and family income. For example, American Indian or Alaska Native, Asian, and Black or African American children are less likely than those in all other racial and ethnic groups combined to be served under Part C.<sup>3</sup>

You asked us to review the barriers to states effectively carrying out Part C requirements under IDEA, and any inequities in access to early intervention services for families. This report examines (1) how states’ Part C early intervention programs differ and challenges states face in serving eligible families; (2) available data on characteristics of children referred to, evaluated for, determined eligible for, and enrolled in Part C programs; and (3) how Education and states use available data to identify opportunities to increase children’s access to Part C services.<sup>4</sup>

To address these objectives, we:

- reviewed state and territory level Part C eligibility information compiled by an Education-funded Technical Assistance center.
- analyzed data from the National Survey of Children’s Health—an annual, nationally representative survey on a wide range of child health metrics. From these data, we estimated the number of infants and toddlers who received a developmental screening questionnaire from a health care provider during the period from 2016 to 2021 (the most recent available for our review) as a proxy for the population who might benefit from being referred to Part C services. We also conducted a regression analysis using this dataset to examine the association between certain demographic characteristics, such as sex

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<sup>2</sup>For the purposes of this report, we use the term “states” or “Part C program” to refer to the 56 programs that participate in Part C, including the District of Columbia, Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and U.S. Virgin Islands. The Bureau of Indian Education also receives Part C funds, though it is subject to different data collection and reporting requirements than the other entities participating in Part C, and thus was not part of our review.

<sup>3</sup>U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, *44th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2022*, Washington, D.C. 2023.

<sup>4</sup>For purposes of our report, we generally use the term “enrolled” or “enrollment” when referring to children who were determined eligible for and received IDEA Part C services (i.e., had an individualized family service plan and whose parents chose to participate in early intervention services).

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or race, and the likelihood of a child receiving a developmental screening questionnaire.

- analyzed Education’s state level data files on IDEA Part C Child Count and Settings—known as Section 618 data. We reviewed data from reporting year 2016 through 2021.
- interviewed Education and Education-funded Technical Assistance center officials. To understand Education’s role in monitoring Part C programs and collecting data to identify potential disparities, we interviewed Education officials from the Office of Special Education and Rehabilitative Services, including the Office of Special Education Programs. To understand state implementation of Part C, and challenges faced by programs and families seeking services, we interviewed representatives from two of Education’s Technical Assistance centers that support Part C programs.

We also administered a web-based survey to collect original data about

- the challenges that states experience in implementing Part C;
- the number and race and ethnicity of infants and toddlers who were referred (i.e., identified), evaluated, determined eligible, and enrolled in Part C programs; and
- primary referral sources—(i.e., individuals or entities that refer children to Part C programs).

The survey collected data from July 1, 2021 through June 30, 2022, however, three states provided data for an alternative, 12-month time period, in accordance with our survey instructions. We sent the survey to Part C programs in the 50 states, Washington D.C., and the five territories (Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and U.S. Virgin Islands). Fifty-four states responded to our survey, a 96 percent response rate (Nebraska and Nevada did not respond). See Appendix I for detailed information about our methodology.

We conducted this performance audit from May 2022 to October 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.



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## Background

The purposes of IDEA include ensuring that a free appropriate public education is available to all eligible children with disabilities; assisting states with providing early intervention services to infants and toddlers; protecting the rights of these children and their parents; and assisting states, local educational agencies, and early intervention service providers in providing IDEA services.<sup>5</sup> Part C of IDEA provides grants to states to assist them in making early intervention services available for infants and toddlers—children under 3 years old—with (1) developmental delays or (2) a diagnosed condition that has a high probability of resulting in developmental delay.<sup>6</sup> Part B of IDEA provides grants to states to assist them in providing special education and related services to eligible children with disabilities ages 3 through 21.<sup>7</sup> This report focuses on Part C.

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## Overview of Part C and Early Intervention Services

Early intervention is designed to ensure that all infants and toddlers with a disability are identified, evaluated, and have an individualized plan developed to meet their developmental needs. Each state Part C program follows a similar process to identify, evaluate, and ultimately enroll eligible children in early intervention services (see fig. 1).

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<sup>5</sup>20 U.S.C. § 1400(d)(1).

<sup>6</sup>20 U.S.C. § 1432(5)(A). IDEA defines an infant or toddler with a disability as an individual under 3 years of age who needs early intervention services. In this report we use “birth through age 2” when describing this group.

<sup>7</sup>20 U.S.C. §§ 1411(a)(1), 1412(a)(1).

**Figure 1: Overview of IDEA Part C Early Intervention Programs**



Source: GAO review of Department of Education documents and the Individuals with Disabilities Education Act (IDEA). GAO (images). | GAO-24-106019

IDEA requires states to develop and use a "rigorous definition of the term 'developmental delay.'" Since its enactment in 1986, IDEA Part C (then Part H) also allows states flexibility to establish the definition of "developmental delay," including the level or severity of the developmental delay in each of five developmental areas based on the level of functioning: physical (such as gross and fine motor, vision, and hearing), cognitive, communication, social or emotional, and adaptive.<sup>8</sup>

<sup>8</sup>20 U.S.C. § 1435(a)(1), 34 C.F.R. § 303.111.

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Under Part C, states must provide “a timely, comprehensive, multidisciplinary evaluation” of each child suspected of having a delay.<sup>9</sup> These delays must be measured using “appropriate diagnostic instruments and procedures” in the specified developmental areas, or the child must have a diagnosed physical or mental condition with a high probability of resulting in developmental delay.<sup>10</sup> Qualified personnel—individuals who have met state approved requirements to conduct evaluations, assessments, and provide Part C services—must also be permitted to use their informed clinical opinion to establish eligibility when other instruments do not establish eligibility.<sup>11</sup>

Once a child is determined to be eligible, the Part C program must conduct the child and family assessments.<sup>12</sup> Then a team, which includes the parent, identifies the Part C early intervention services needed by the child and family. Services are tailored to meet a child and family’s particular needs, as described in the Individualized Family Service Plan. These services may include speech therapy, physical therapy, counseling, or other services, depending on the child and the family’s needs. IDEA requires that, to the maximum extent appropriate, children should receive early intervention services in natural environments, which are settings and locations typical for a same-aged infant or toddler without a disability.<sup>13</sup> This is typically the child’s home, but could also be places in the community such as preschools or child care centers.

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## State Responsibilities

To participate in Part C, states must meet the requirements of IDEA. States must:

- **Designate a lead agency.** The lead agency administers and monitors Part C, and provides technical assistance, such as written guidance

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<sup>9</sup>34 C.F.R. § 303.321(a)(1)(i). In general, the initial evaluation, the initial assessments of the child and family, and the initial Individualized Family Service Plan meeting must be completed within 45 days from the date the lead agency or early intervention services provider receives the referral of the child. 34 C.F.R. § 303.310. An Individualized Family Service Plan is a written document that describes a child’s present level of development and lays out the supports and services the child and their family need to meet the child’s individual needs and the family’s concerns and priorities. See 20 U.S.C. § 1436(a)(3), 34 C.F.R. § 303.340.

<sup>10</sup>20 U.S.C. § 1432(5)(A). 20 U.S.C. § 1432(4)(C); 34 C.F.R. § 303.321(a)(3), (b).

<sup>11</sup>34 C.F.R. § 303.321(a)(3)(ii).

<sup>12</sup>See 20 U.S.C. § 1436(a).

<sup>13</sup>20 U.S.C. §§ 1432(4)(G), 1435(a)(16)(A).

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and formal training sessions, for early intervention service providers, among other responsibilities. States typically designate the Department of Health, but other states designate agencies such as their Department of Education or Human Services as the Part C lead agency.

- **Outreach to and engagement with families and primary referral sources.** States must regularly conduct public awareness activities designed to identify and refer, as early as possible, all infants and toddlers with disabilities who are in need of early intervention services. These activities are meant to disseminate information to primary referral sources, especially hospitals and physicians, to be given to families about (1) early intervention services available to help eligible infants and toddlers with developmental delays or disabilities; (2) the steps they can take to have an infant or toddler evaluated for early intervention eligibility, and (3) points of contact for families.<sup>14</sup> This may include television ads, pamphlets, and posters describing what Part C is and how parents can obtain services for their child.
- **Establish Comprehensive Child Find System.** “Child Find” is the process by which states identify, locate, and evaluate, as early as possible, all infants and toddlers who may benefit from early intervention services. In effective Child Find systems, Part C program officials and referral sources within communities work together to locate and identify all children who may be eligible for Part C. This system must have procedures in place for making referrals to service providers that include timelines and provides for participation by primary referral sources.<sup>15</sup>
- **Make early intervention services available to eligible children.** Part C qualified personnel determine eligibility by conducting a timely, comprehensive, multidisciplinary evaluation to determine whether an infant or toddler suspected of having a disability is eligible for

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<sup>14</sup>20 U.S.C. § 1435(a)(6). Under IDEA, primary referral sources include (1) hospitals, including prenatal and postnatal care facilities; (2) physicians; (3) parents, including parents of infants and toddlers; (4) child care programs and early learning programs; (5) local educational agencies and schools; (6) public health facilities; (7) other public health or social service agencies; (8) other clinics and health care providers; (9) public agencies and staff in the child welfare system, including child protective service and foster care; (10) homeless family shelters; and (11) domestic violence shelters and agencies. 34 C.F.R. § 303.303(c). Depending on the state, a parent can contact their child’s pediatrician or local hospital to get a referral or more information about early intervention services, or can contact their state’s Part C program directly.

<sup>15</sup>20 U.S.C. § 1435(a)(5).

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services.<sup>16</sup> Once a child is determined to be eligible for Part C services, the program must provide two assessments: one assessment of the child's unique strengths and needs and a second family-directed assessment which identifies the services appropriate to meet the child and family's needs.

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## Education's Role in Part C

The Office of Special Education Programs (OSEP), located within the Office of Special Education and Rehabilitative Services, administers the IDEA Part C state formula grant program to states and is responsible for monitoring and oversight. As part of its monitoring, OSEP requires states to report data annually on three indicators: (1) the percentage of infants and toddlers birth to age 1 receiving Part C services, (2) the percentage of infants and toddlers birth through age 2 receiving Part C services, and (3) the percentage of eligible infants and toddlers for whom an initial evaluation and initial child and family assessments and the initial Individualized Family Service Plan meeting were conducted within the 45-day timeframe specified in regulation.

Under section 618 of IDEA, states are required to submit certain data to Education; OSEP collects, among other things, data about the infants and toddlers receiving Part C services.<sup>17</sup> Education analyzes this data, known as section 618 data, and presents its analysis in an annual report to Congress. According to Education, there are four authorized data collections under Part C:

- **Child Count.** The number of infants and toddlers served, as of a state-designated point in time, and the cumulative number of infants and toddlers served during a 12-month reporting period. Data are to be disaggregated by race, ethnicity, and sex.<sup>18</sup>
- **Settings.** The primary setting in which children receive services (such as the home, community-based setting including child care, or other settings), as of a state-designated point in time.

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<sup>16</sup>A child's records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate that the child's level of functioning constitutes a developmental delay or that the child has a diagnosed condition that creates a high probability that the child will experience a developmental delay. For example, an infant's medical records may be used to establish eligibility for early intervention when a baby is born prematurely or diagnosed with a disability at birth.

<sup>17</sup>20 U.S.C. § 1418(a)(1)(B), (2).

<sup>18</sup>IDEA uses the term "gender" when referring to the disaggregation of data (see, e.g., 20 U.S.C. § 1418(a)(1)(B)). For purposes of this report, we use the term "sex."

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- **Exiting.** The number of infants and toddlers who, during a 12-month period, either no longer received services prior to age 3, or who reached age 3. Data are to be disaggregated by race, ethnicity, sex, and why a child no longer receives services.
  - **Dispute Resolution.** The Part C legal disputes and resolution data represent all complaints associated with three dispute resolution mechanisms under Part C during a 12-month period, specifically the number of 1) written, signed complaints; 2) mediation requests; and 3) due process complaints.

OSEP also funds six national technical assistance centers to support states' implementation of Part C as well as a network of parent centers that provide information and training to families of children with disabilities. These centers are intended to help improve outcomes for all children with disabilities and their families.

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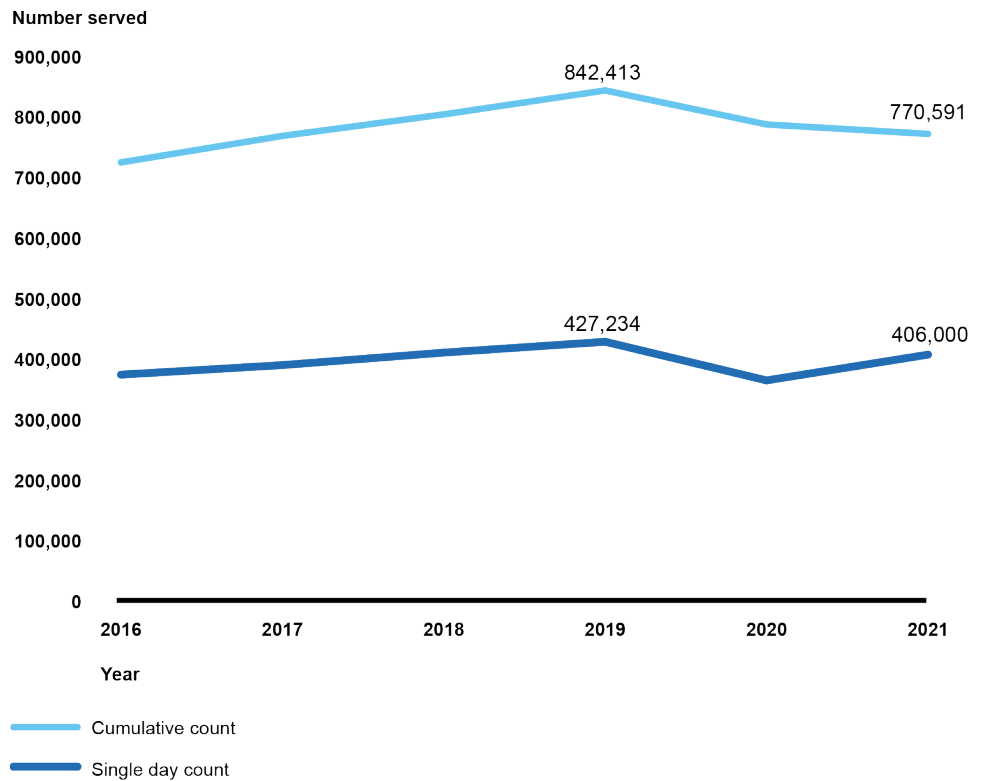
## Trends in Part C Participation

From 2016 to 2019, the number of infants and toddlers who received Part C services steadily increased, peaking at over 842,000 children served in 2019 (see fig. 2). Nationally, about 7 percent of children received services at some point in the most recent 12-month period (see fig. 3). However, this varied widely by state, from about 2 percent in Arkansas to about 20 percent in Massachusetts.<sup>19</sup>

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<sup>19</sup>The information in this paragraph is based on each state's cumulative child count in Education's data—the number of infants and toddlers birth through age 2 served under IDEA Part C, during the most recent 12-month period for which data are available, as defined by each state. Census population estimates are not available for all U.S. territories, so American Samoa, Guam, the Northern Marianas Islands, and U.S. Virgin Islands are not included in this data point. Maryland is not included in the cumulative count for 2021 because this data element was suppressed by Education due to data quality concerns.

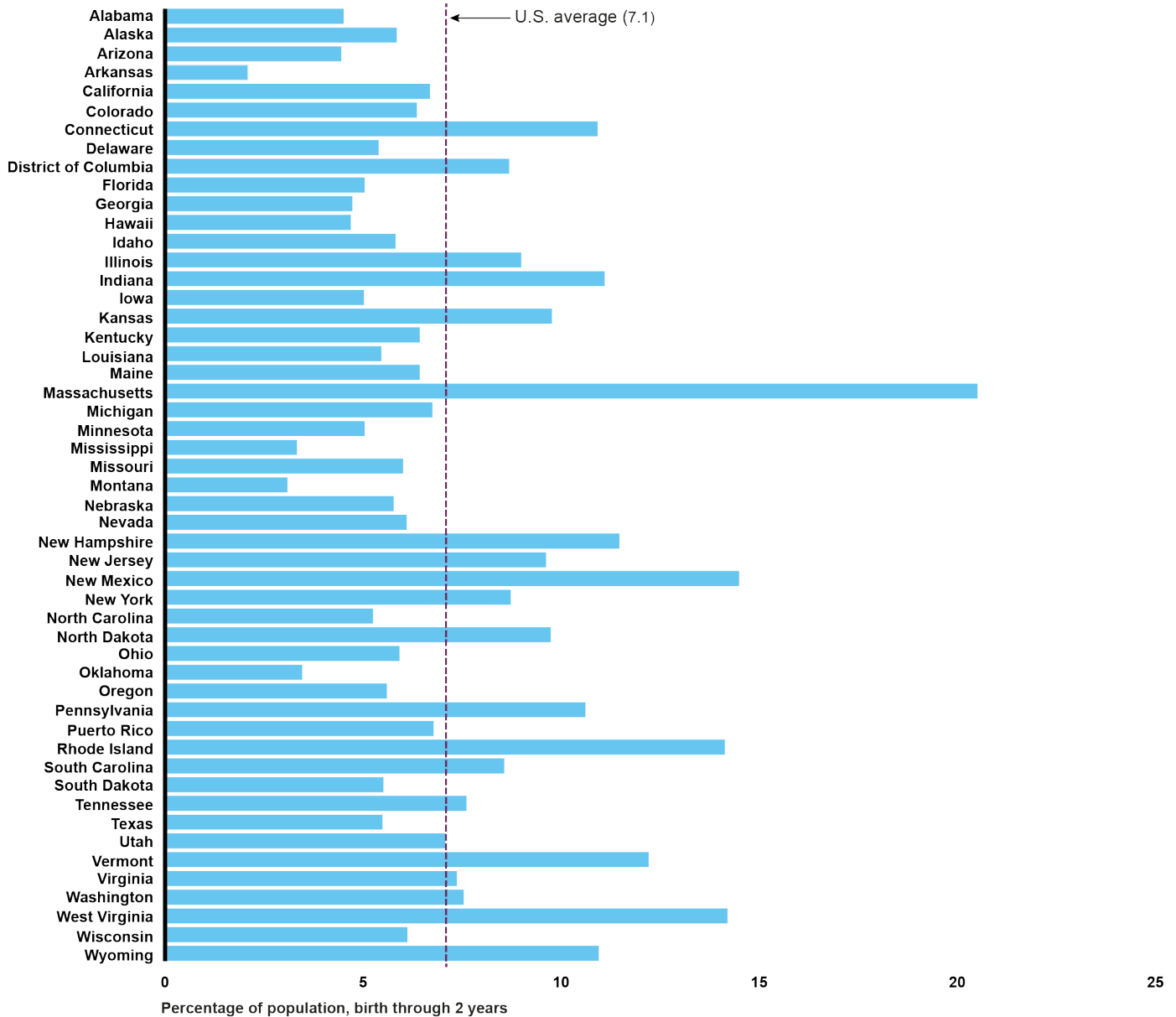
**Figure 2: Number of Children Birth through Age 2 Served Under IDEA Part C, 2016–2021**



Source: GAO analysis of Department of Education data. | GAO-24-106019

Note: Cumulative child count is the number of infants and toddlers birth through age 2 served during the most recent 12-month period for which data are available, as defined by each state. Single day count is the number of infants and toddlers birth through age 2 on a state-designated date in Fall each year. The data for Maryland is not included in the cumulative count for 2021 because this data element was suppressed by Education due to data quality concerns.

**Figure 3: Percentage of Children Birth through Age 2 Receiving IDEA Part C Services (Cumulative), by state, 2021**



Source: GAO analysis of Department of Education data. | GAO-24-106019

Note: Cumulative child count is the number of infants and toddlers birth through age 2 served under IDEA Part C, during the most recent 12-month period for which data are available, as defined by each state, in Education’s data. Census population estimates are not available for all U.S. territories, so American Samoa, Guam, the Northern Marianas Islands, and U.S. Virgin Islands are not included in this figure. The data for Maryland is not included in the cumulative count for 2021 because this data element was suppressed by Education due to data quality concerns.



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## Early Intervention Eligibility Criteria Vary Across States, and Staffing Shortages Are a Common Challenge

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### States Define Developmental Delays and Eligibility Criteria in Different Ways

States use different definitions of “developmental delay” and different program eligibility criteria for their early intervention programs. For example, in Illinois, children who have a 30 percent or greater delay in one or more developmental area are eligible for Part C services, whereas in Vermont, a child is eligible if they have “an observable and measurable developmental delay” in one or more developmental areas. See appendix II for a list of Part C programs’ definitions of developmental delay. Most states (38 out of 56) have Part C eligibility criteria that include multiple ways a child could qualify for Part C services, according to the Early Childhood Technical Assistance Center’s state policy database.<sup>20</sup> For example, in Montana, children who have either a 25 percent delay in two or more developmental areas or a 50 percent delay in one or more developmental areas are eligible (e.g., a child who is 24 months old who is talking at the level of a 18 month old is 25 percent delayed in the area of communication). Varying eligibility criteria in different states can result in a child being eligible for IDEA services in one state, but ineligible in another.

In general, state Part C eligibility criteria remain fairly consistent from one year to the next. For each of the last 5 years, at least 37 states responding to a survey conducted by the Infant and Toddlers Coordinators Association indicated their state had no change in eligibility

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<sup>20</sup>The Early Childhood Technical Assistance Center is funded by the U.S. Department of Education’s Office of Special Education Programs. This center maintains a database of “State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA Part C,” which includes information about Part C developmental delay eligibility criteria and eligibility definitions for each state. Although some of the information presented in this database is sourced to state laws and regulations, we did not conduct an independent legal analysis of state eligibility requirements for Part C.

criteria during the 3 years prior.<sup>21</sup> In the few states that changed eligibility criteria from 2018 to 2022, it was more common for states to broaden the eligibility criteria than to narrow it (see table 1).

**Table 1: Status of Eligibility Criteria in Part C Programs, 2018 to 2022**

	2018	2019	2020	2021	2022
	Number	Number	Number	Number	Number
States indicating no change in eligibility criteria	38	39	40	43	37
States that Narrowed Eligibility	1	0	0	1	1
States that Broadened Eligibility	1	2	4	3	2
States Planning a Change in Future	3	0	1	1	2
Number of states responding	43	41	45	48	42

Source: Infant and Toddler Coordinators Association Tipping Points Survey, 2018 to 2022. | GAO-24-106019

States also have flexibility to determine which diagnosed disability conditions qualify for Part C services, resulting in wide variation in the number and type of conditions included. According to a recent study, 620 unique conditions were included as qualifying for Part C services across the 54 states included in the study.<sup>22</sup> States listed on average 48 conditions that qualify a child for Part C services, ranging from none to 167. Hearing impairment, fetal alcohol syndrome, Down syndrome, vision impairment, and cerebral palsy were the five most frequently included conditions.

Additionally, states differ with respect to whether they choose to serve “at-risk” children who do not currently have an observable developmental delay and/or extend Part C coverage to children ages 3 through 5 years old.<sup>23</sup> According to Education, eight states have opted to cover “at-risk”

<sup>21</sup>The Infant and Toddler Coordinators Association organizes and provides support to state Part C coordinators and conducts an annual survey of these coordinators to track emerging issues and state responses related to eligibility, personnel, and involvement in the broader early childhood system, among other things.

<sup>22</sup>Barger, B, et al., “State Variability in Diagnosed Conditions for IDEA Part C Eligibility,” Vol. 32 *Infants and Young Children* No. 4, (December 2019): pp. 231-244.

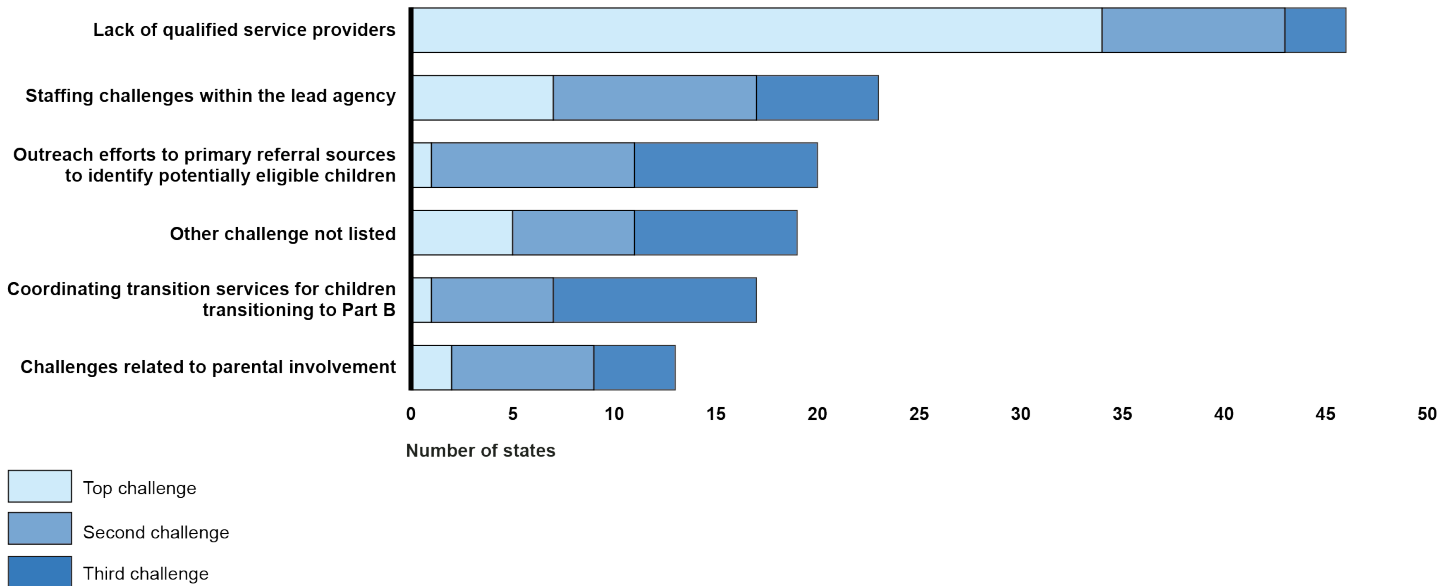
<sup>23</sup>20 U.S.C. §§ 1432(5)(B), 1435(c). An “at-risk” infant or toddler means an individual less than 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided. 20 U.S.C. § 1432(1). The Part C extension option provides flexibility for states to continue serving children beyond 3 years of age until entrance into elementary school, at which time they would be eligible for services under Part B.

children under their Part C policies and seven states have opted to extend Part C coverage to children 3 through 5 years old.

## Most States Reported Lack of Qualified Part C Service Providers As a Top Challenge

According to our state survey, 46 out of 50 states that responded to the question about challenges reported a lack of qualified service providers as one of the top three challenges they face in administering their Part C programs (see fig. 4).

**Figure 4: Top Challenges for Part C Programs**



Source: GAO survey of Part C programs. | GAO-24-106019

Note: GAO conducted a survey of the 56 state and territory Part C programs. A total of 54 states and territories responded to our survey overall, and 50 of them provided responses to the question included in this figure. Our survey asked states and territories to provide the top 3 challenges their program experiences identifying or providing early intervention services to eligible children.

Provider shortages can have several adverse effects on providing early intervention services to children and their families, such as meeting a state’s goal for providing timely services within the 45-day timeframe specified in regulation, according to Education officials. In addition, provider shortages may exacerbate other issues, such as difficulty providing services in rural areas that require more travel time, according to these officials. Officials from the Infant and Toddler Coordinators Association shared similar observations, noting that all states have

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described provider shortages as an enduring challenge for providing early intervention services to eligible children.

The second most common challenge cited in response to our survey was staffing challenges within the lead agency (23 states). According to officials from the Infant and Toddler Coordinators Association, this is a more recent development. Service coordinators play an important role in helping families understand and navigate the early intervention process, ensuring that timelines are met, and managing the Individualized Family Service Plan, according to these officials. However, many service coordinators have multiple roles or responsibilities beyond service coordination, which can make it challenging to provide timely, quality service as caseloads increase. These officials also explained that programs face challenges attracting and retaining qualified candidates, which makes it difficult to meet federal reporting requirements and build expertise to improve effectiveness in implementing their Part C programs.

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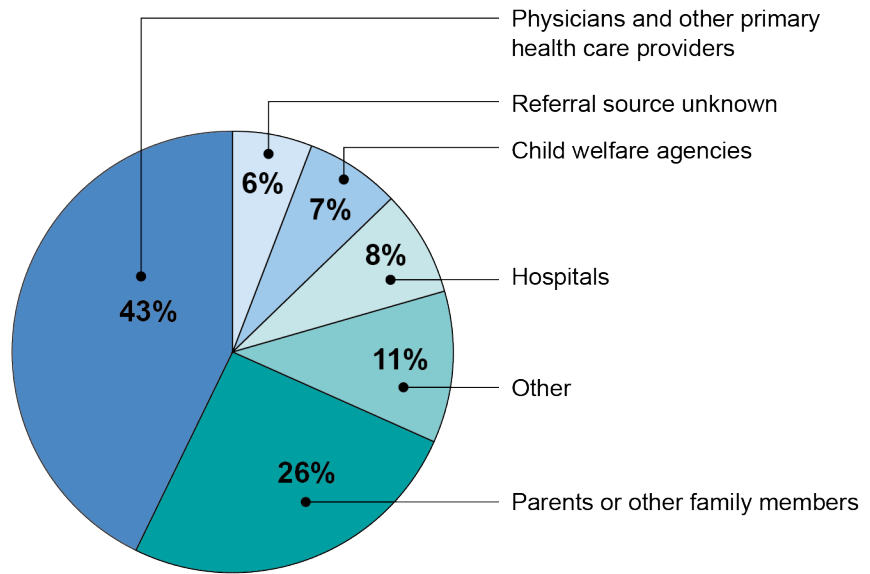
## Over One-Half of Children Referred for Services Ultimately Enroll, and Rates Vary Widely by State

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### Primary Health Care Providers Are the Most Common Source of Part C Referrals

“Physicians and other primary health care providers” were the most common primary referral source, according to our survey of Part C programs (see fig. 5). Of the 45 states that responded to this question in our survey, 34 reported this group as the top referral source. In addition, in 16 of these 34 states, more than half of all referrals came from physicians and other primary health care providers. Parents and families were the second most common referral source; combined, these two sources comprise 69 percent of all Part C referrals of children for services.

**Figure 5: Children Referred to Part C Programs, by Primary Referral Source, July 2021 through June 2022**



Source: GAO survey of Part C programs. | GAO-24-106019

Note: GAO conducted a survey of the 56 state and territory Part C programs. A total of 54 states and territories responded to our survey overall, and 45 of them provided responses to the question included in this figure. Our survey asked them about the number of Part C referrals from each source during the 12-month period from July 1, 2021 through June 30, 2022. However, three respondents provided data for a different, recent 12-month period, in accordance with our survey instructions. Percentages do not sum to 100 due to rounding. The “Other” category includes responses from multiple primary referral sources, including, childcare and early learning programs, local educational agencies and schools, public health facilities, homeless and domestic violence shelters, and other sources not already listed.

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### A Quick Look at Developmental Screening Questionnaires

The American Academy of Pediatrics recommends that healthcare providers administer developmental screening questionnaires for all children during regular well-child visits at 9 months, 18 months, and 30 months. These kinds of questionnaires ask questions about a child's development, including language, movement, thinking, behavior, and emotions.

Sample questions from a common 18-month developmental screening questionnaire:

- Does your child say eight or more words in addition to "mama" and "dada"?
- Does your child drink from a cup or glass, putting it down again with little spilling?
- Does your child throw a small ball with a forward arm motion?

Source: GAO review of information related to developmental screener questionnaires. | GAO-24-106019

Providers and caregivers use developmental screenings to assess if children are meeting developmental milestones (see sidebar). Nationally, an estimated 40 percent of children aged 9 to 36 months old received a developmental screening questionnaire in the previous year from a doctor, health care provider, or other caregiver, according to our analysis of data from the National Survey of Children's Health (NSCH) from 2016 through 2021.<sup>24</sup> However, this varied widely by state, ranging from an estimated low of 26 percent to a high of 60 percent of 9 to 36 month olds.<sup>25</sup>

A variety of characteristics are associated with an increased likelihood of a child receiving a screening questionnaire, according to our regression analysis of NSCH data. For example, children who were uninsured at the time of the survey were less than one-half as likely to have received a screening questionnaire compared with insured children.<sup>26</sup> Asian and Black or African American children were also less likely than White children to receive a developmental screening questionnaire.<sup>27</sup> See appendix III for additional details. Given that developmental screening questionnaires are a common way physicians identify children to refer to Part C programs, and that primary health care providers are the most

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<sup>24</sup>The NSCH, a national sample survey of households with children, collects information on the physical and mental health of children in the United States, using a questionnaire completed by a parent or other adult familiar with the health and health care of the child. The 95 percent confidence interval for the percent of children nationwide aged 9 to 36 months receiving a developmental screening questionnaire is 38 percent to 41 percent.

<sup>25</sup>The estimated percent of children aged 9 to 36 months who received a developmental screening questionnaire in Florida was 26 percent, with a 95 percent confidence interval ranging from 21 percent to 31 percent. This estimate was not significantly different from nine other states given this confidence interval. In Oregon, the estimate of children aged 9 to 36 months old who received a developmental screening questionnaire was 60 percent, with a 95 percent confidence interval ranging from 53 to 66 percent. This estimate was not significantly different from two other states given this confidence interval.

<sup>26</sup>Children who were not currently covered by insurance were 0.42 times less likely (confidence interval 0.34 to 0.50 times less likely) to receive a developmental screening questionnaire as children who were currently covered by insurance when controlling for child age, child race, immigrant status (i.e., first, second, etc.), family composition (i.e., married, single), parent education level, family poverty, child sex, language spoken in house, low birthweight status, premature status, year, and state.

<sup>27</sup>When controlling for the same variables, Asian children were 0.84 times less likely to receive a developmental screening questionnaire than White children (confidence interval 0.72 to 0.98 times less likely). Black or African American children were 0.87 times less likely to receive a developmental screening questionnaire as White children (confidence interval 0.76 to 0.995 times less likely). No other race/ethnicity categories were statistically significantly different from the likelihood of White children in receiving a developmental screening questionnaire.

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common source of Part C referrals, being less likely to receive a questionnaire may mean that a child is less likely to be referred to a Part C program.

Education released a technical assistance guide on Part C in December 2022. It identified universal screening as a strategy to increase referrals for Part C services among traditionally underserved populations. This guide also states that Part C programs should have data systems that can track screenings and referrals throughout the eligibility process, including the ability to disaggregate data by key demographic characteristics—such as race, ethnicity, or socioeconomic status—“to identify any disparities in who is getting screened and referred within communities and disparities in outcomes of referrals.”

Understanding where Part C referrals are coming from is important for helping a state assess the effectiveness of its Child Find efforts. Education’s self-assessment tool can help states address challenges with their Child Find efforts. This tool includes a range of questions about primary referral sources. For example:

- Are there some primary referral sources from which we do not get many referrals (e.g., potentially missing referrals)?
- Do we have a challenge getting referrals for children under age 1 (e.g., overall, or from certain primary referral sources)?
- Do some referral sources refer a high percentage of children who are not eligible (e.g., sources do not understand eligibility requirements, or are not screening children prior to referral)?

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## About One-Half of Referred Children Enroll in Part C Services, Though Rates Vary Widely by State

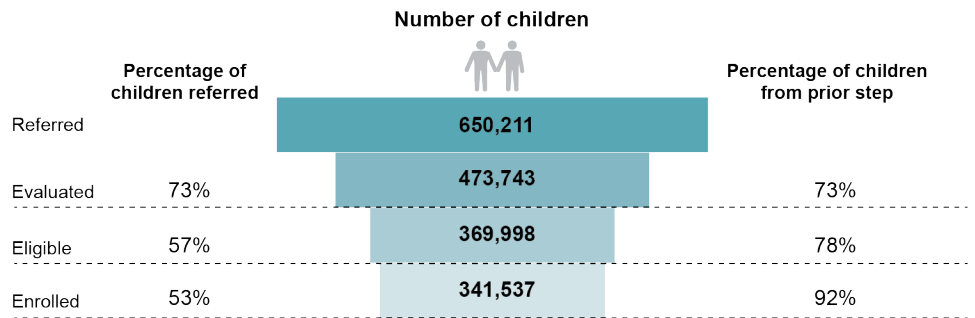
Fifty-three percent of children referred for Part C early intervention services ultimately enrolled in services, according to our “funnel tool” analysis of data from 41 states in our state survey.<sup>28</sup> This tool was created by two of Education’s Technical Assistance centers to calculate the percentage of children who moved on to each stage of the Part C process—referral, evaluation, eligibility, and enrollment (see fig. 6). We analyzed our survey data using this tool. According to this analysis, 73 percent of referred children were evaluated to see if they qualified for Part

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<sup>28</sup>Our survey asked states to identify the number of children referred to their Part C program for the 12-month period from July 1, 2021 through June 30 2022. Forty-one states responded to this question with usable data to calculate the percentage of children who enrolled in early intervention services out of those who were referred during that time period, though three respondents provided information for a different, recent 12-month period.

C services, and 57 percent of referred children were found eligible. We also looked at the number of children that moved on to the next stage of the process as a percentage of the stage before as shown on the left side of the figure. Specifically, 78 percent of the children evaluated were determined eligible, of which 92 percent ultimately enrolled. This type of analysis can highlight where children do not proceed to the next stage of the Part C enrollment process as expected. However, according to a representative from one of Education’s Technical Assistance centers, there is no model funnel that states should compare their data against. Instead, the tool is meant to help states analyze their data to determine ways they could improve access at different steps in the process.

**Figure 6: Percentage of Children Reaching Each Stage of Part C Enrollment Process as Reported on GAO’s Survey of Part C Programs, July 2021 through June 2022**



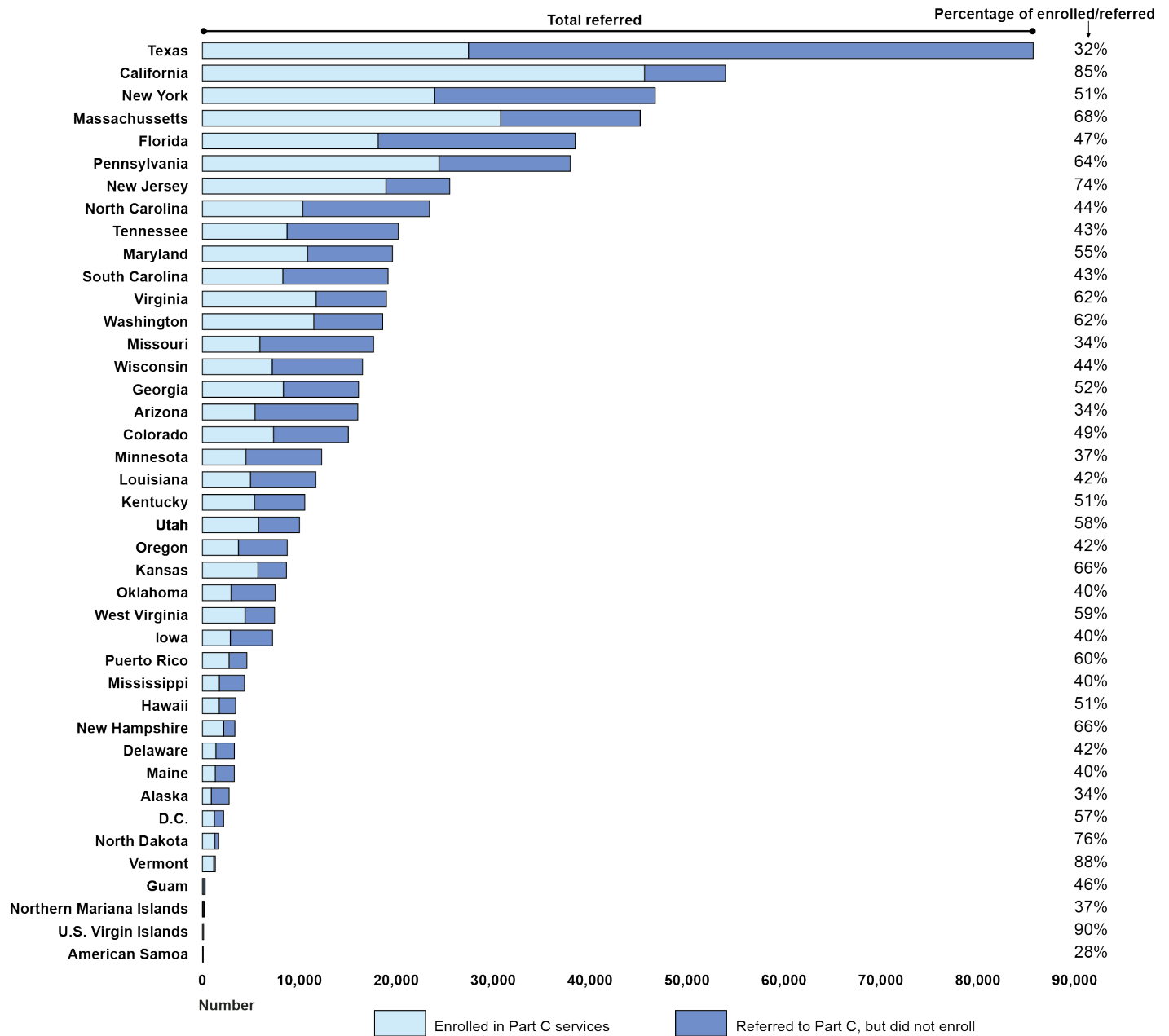
Source: GAO survey of Part C programs. GAO (images). | GAO-24-106019

Note: GAO conducted a survey of the 56 state and territory Part C programs. A total of 54 states and territories responded to our survey overall, and 41 of them provided responses to questions included in this figure. Our survey asked states and territories to provide counts of children referred to and moving through each stage of the state or territory’s Part C enrollment process during the 12-month period from July 1, 2021 through June 30, 2022. However, three respondents provided data for a different, recent 12-month period, in accordance with our survey instructions.

Overall, as noted above, about one-half of children referred to Part C services ultimately enrolled, but this varied widely by state, ranging from 28 percent of referred children in American Samoa to 90 percent of referred children in the U.S. Virgin Islands (see fig. 7).



**Figure 7: Percent of Children Referred to Early Intervention Services Who Ultimately Enroll, by State, July 2021 through June 2022**



Source: GAO survey of Part C programs. | GAO-24-106019

Note: GAO conducted a survey of the 56 state and territory Part C programs. A total of 54 states and territories responded to our survey overall, and 41 of them provided responses included in this figure. Our survey asked respondents to provide counts of children referred to the state or territory's early intervention program during the 12-month period from July 1, 2021 through June 30, 2022, and the

number of children who enrolled out of the number referred during that time period. However, three respondents provided data for a different, recent 12-month period, in accordance with our survey instructions.

Further, the number of children who move through each step of the enrollment process as a percent of the prior stage also varies considerably from one state to another (see table 2). For example, in California and Florida, 100 percent of children who were referred to Part C were evaluated, compared to 43 percent of referred children in Texas and 37 percent of referred children in the Northern Mariana Islands.

**Table 2: States with Highest and Lowest Percentages of Children Moving to Next Step in the Enrollment Process from July 2021 through June 2022**

Evaluated out of all Referrals		Eligible out of Evaluated		Enrolled out of Eligible	
California	100%	Colorado	100%	Florida	100%
Florida	100%	Northern Marianas Islands	100%	Guam	100%
Georgia	99%	U.S. Virgin Islands	100%	Kentucky	100%
North Dakota	97%	Washington	100%	Northern Marianas Islands	100%
New Jersey	96%	California	97%	Washington	100%
Alaska	51%	Arizona	63%	Tennessee	80%
Iowa	51%	American Samoa	59%	Minnesota	79%
Mississippi	49%	Georgia	54%	Louisiana	76%
Texas	43%	Florida	47%	Colorado	73%
Northern Marianas Islands	37%	Missouri	41%	American Samoa	62%

Source: GAO Survey of State Part C Programs. | GAO-24-106019

Note: GAO conducted a survey of the 56 state and territory Part C programs. A total of 54 states and territories responded to our survey overall, and 41 of them provided responses included in this table. Our survey asked states and territories to provide counts of children referred to their early intervention program during the 12-month period from July 1, 2021 through June 30, 2022. However, three respondents provided data for a different, recent 12-month period, in accordance with our survey instructions. States and territories also provided the number of children evaluated, the number of children determined eligible based on their eligibility requirements, and the number of children who enrolled out of the number referred during that time period.

A variety of factors, such as varying state policies, may contribute to these differences. For example, California indicated in our survey a programmatic policy to evaluate every child that is referred for Part C services. Our 2019 report on Child Find also found that sometimes parents do not provide consent for their child’s evaluation—either because they believe their child’s problem may be resolved over time or because of a lack of awareness about early intervention services or the

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early intervention process.<sup>29</sup> Other reasons children may not be evaluated include that they moved out of a state, or that Part C staff were unable to locate the family.

Similarly, the percentage of children who are determined eligible for services after they are evaluated varies from less than 50 percent of evaluated children in some states to 100 percent in other states. Higher percentages of children who are evaluated and determined to be not eligible for services may indicate that primary referral sources, such as physicians, do not understand the eligibility criteria for their state's Part C program.

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<sup>29</sup>GAO, *Special Education: Varied State Criteria May Contribute to Differences in Percentages of Children Served*, [GAO-19-348](#) (Washington, D.C.: April 11, 2019).

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## Education is Missing Opportunities to Help States Increase Access to Part C Programs Prior to Enrollment

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### Education's Analyses Focus on Children Already Receiving Services, Missing Potential Opportunities to Increase Access to Part C

Education's Part C data collection efforts focus on the race, ethnicity, and sex of infants and toddlers receiving early intervention services under Part C.<sup>30</sup> Education does not collect, or require states to collect, demographic data on children at earlier stages in the Part C enrollment process—(i.e., those identified or referred, evaluated, and found eligible for services). Education officials told us that this is because the agency does not have authority under IDEA Part C to do so.<sup>31</sup> Education officials said that absent a requirement for states to also analyze such data as part of a broader Child Find effort they are uncertain whether requiring states to collect and report such data would help them identify and address whether disparities exist at steps prior to enrollment.

In response to our survey, 28 states provided some level of demographic data on infants and toddlers at each stage of the enrollment process from

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<sup>30</sup>According to Education officials, the only data expressly required under Part C to be reported to the agency disaggregated by race, ethnicity, and sex is the data required to be reported pursuant to 20 U.S.C. § 1418(a)(1)(B) and (C) and 20 U.S.C. § 1418(a)(2). This includes data on children who receive Part C services, those who stopped receiving services because of program completion or other reasons, and those who are at risk of having substantial developmental delays. In addition, Education stated that it collects disaggregated data on the number of children served under the Part C extension option under 20 U.S.C. § 1435(c)(1). Although the collection requirement itself does not specify disaggregated data, the department stated that its residual data authority under 20 U.S.C. § 1418(a)(3) allows it to collect this disaggregated data because it is coupled with a specific reporting requirement in IDEA, in this case the requirement in 20 U.S.C. § 1435(c)(3). Officials stated that Education interprets 20 U.S.C. § 1418(a)(3), which allows Education to require states to submit data on “any other information that may be required” by the Secretary, as only allowing data collection that is tied to another specific reporting requirement in IDEA.

<sup>31</sup>Education collects information on the percentage of infants and toddlers for whom an initial evaluation and initial assessment and the initial Individual Family Service Plan meeting were conducted within Part C's 45-day regulatory timeframe under its IDEA section 616 authority. However, this information is not disaggregated by any demographic characteristics that would allow Education to identify whether disparities may exist.

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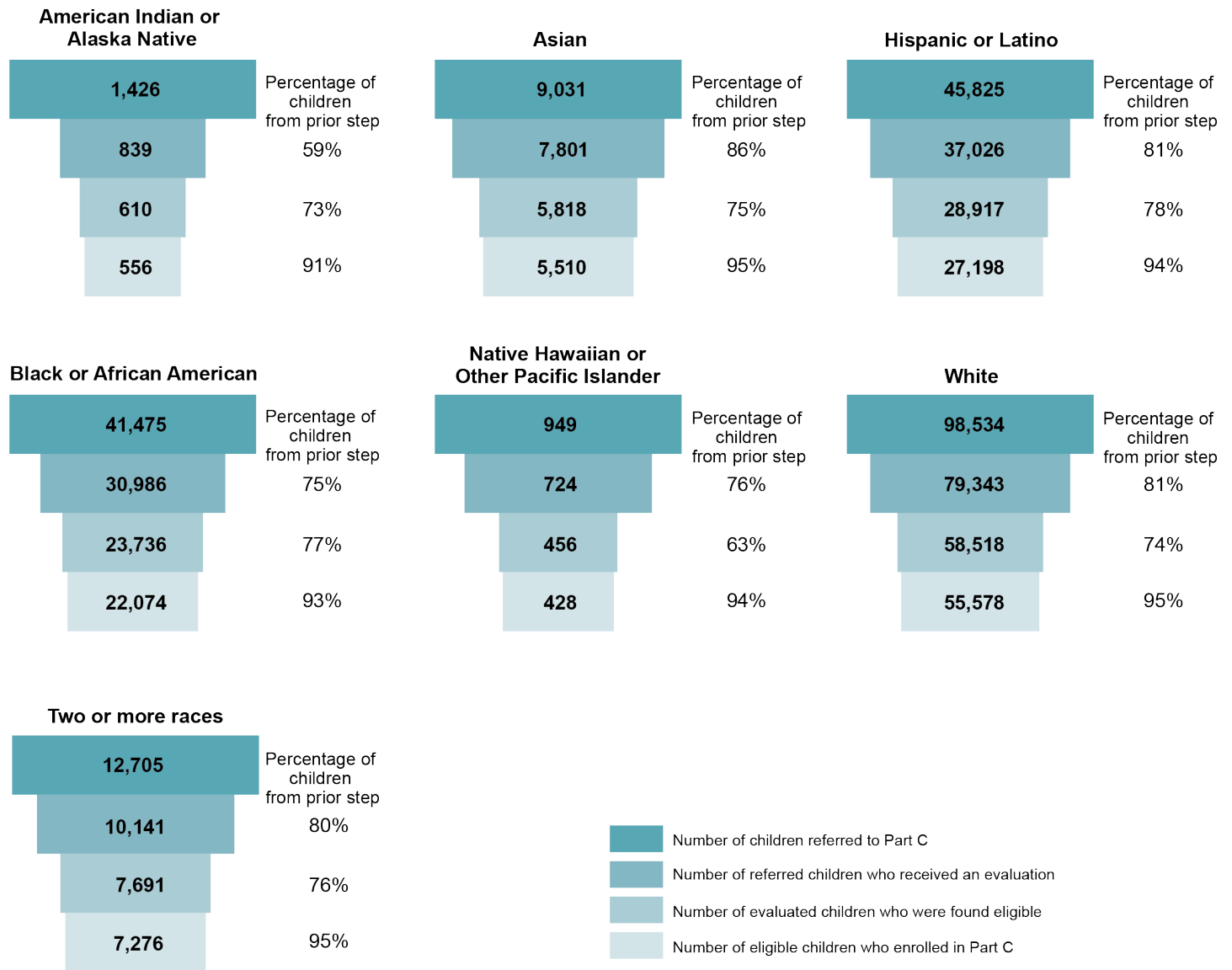
July 2021 to June 2022.<sup>32</sup> Figure 8 shows the percentage of children who moved through each stage of the Part C enrollment process by race and ethnicity.<sup>33</sup> We found that the percentage of infants and toddlers who made it through the first two steps (from referred to evaluated) differed widely by race, whereas the percentage of those who made it from the third to the fourth step (from eligible to enrolled) looked fairly similar across all races. For example, the percentage of infants and toddlers who were referred and subsequently received an evaluation ranged from 59 percent for American Indian and Alaska Native children to 86 percent for Asian children (a 27 percentage-point spread) in the 16 states that had usable data. In contrast, the percentage of those determined eligible and subsequently enrolled ranged from 91 percent for American Indian or Alaska Native children to 95 percent for Asian and White children (a 4 percentage-point spread).

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<sup>32</sup>We asked states to provide data for this time period; however, three states provided data for a different but recent 12-month period.

<sup>33</sup>While 28 states were able to report race data for all stages of the enrollment process, some states did not collect consistent race data at the referral stage. Due to the high number of children whose race was unknown at the referral stage for some states, we only analyzed data from states that had 8 percent or fewer whose race was unknown at the referral stage in this figure. Sixteen states were ultimately included in this analysis.

**Figure 8: Percent of Infants and Toddlers in Each Step of the Part C Enrollment Process by Race, Based on 16 States Responding to GAO’s Survey**



Source: GAO survey of Part C programs. | GAO-24-106019

Note: GAO conducted a survey of the 56 state and territory Part C programs. A total of 54 states and territories responded to our survey overall, and 16 of them provided responses included in this figure. Our survey asked them to provide counts of children referred to the state and territories’ early intervention program during the 12-month period from July 1, 2021 through June 30, 2022. Respondents also provided the number of children evaluated, the number of children determined eligible based on their state or territories’ eligibility requirements, and the number of children who enrolled out of the number referred during that time period. Three survey respondents provided data for a different, recent 12-month period, rather than the July 1, 2021 through June 30, 2022 period. If a

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child is Hispanic or Latino they are represented in the Hispanic or Latino category only, regardless if they also identify as one or more other races. This approach is consistent with how the Department of Education collects and reports racial and ethnic data for Part C.

IDEA, Education, and the states have all recognized the need to ensure access to Part C services.

**IDEA and access to Part C programs.** IDEA recognizes the importance of access to early intervention services for all children who need them. In the 2004 amendments to IDEA, Congress found “an urgent and substantial need to enhance the capacity of state and local agencies...to identify, evaluate and meet the needs of all children, particularly minority, low-income, inner city, and rural children,” among other subgroups.<sup>34</sup> Further, Child Find activities in each state are a critical component to ensure that states identify all eligible children.

Data collection is one way Education monitors the Child Find activities occurring in each state. Each year, Education collects data from states on the number of infants and toddlers who are receiving early intervention services (enrolled children), as part of its child count data collection authorized under Section 618 of IDEA. However, as discussed above, according to Education officials, the department does not have authority to require states to report demographic data about children prior to enrollment. Therefore, Education cannot use Section 618 data to identify potential disparities in accessing Part C programs for children at all stages of the enrollment process.<sup>35</sup> Education officials noted that IDEA does not require states to report data on potential disparities in access to early intervention services, and Education does not currently plan to do so without a change to IDEA.

**Education and access to Part C programs.** Citing external research studies showing that a high percentage of children who are eligible for Part C do not receive services, in its fiscal year 2024 budget request, Education requested authority from Congress to implement additional requirements for states to promote “equitable access to Part C services”

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<sup>34</sup>See 20 U.S.C. § 1431(a)(5), (b)(3).

<sup>35</sup>According to Education officials, the department monitors for a broad range of issues, including Child Find and timely provision of services, and recently issued three IDEA Part C monitoring reports. These officials also told us that prior to a monitoring visit they review the state’s IDEA section 618 data, in addition to other information. However, these reports do not directly examine IDEA section 618 data to identify disparities in who is accessing Part C services.

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by developing and implementing equity plans.<sup>36</sup> Under these equity plans, states would be required to provide Education annual updates and data on the service rates for the identified subgroups of children, to demonstrate progress in closing gaps in access to IDEA Part C services for these children.<sup>37</sup> However, Education's request does not seek authority to require states to provide data for children at steps prior to enrolling in Part C services.

**States and access to Part C programs.** A majority of state Part C programs already use demographic data on infants and toddlers to identify disparities and take steps to close any gaps in their access to Part C services. In addition to the Congressional action discussed above, if Education were to encourage all states to make use of existing data in this way, all state Part C programs could better identify and serve as early as possible those infants and toddlers who need support. Using these existing data could put Education in a better position to enhance their monitoring of state Child Find efforts. As recognized by IDEA, children who receive early intervention services at the earliest age experience better educational outcomes at a lower cost compared to children who do not receive needed services until they are older.

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### Some States Leverage Education's Technical Assistance Centers to Examine Access Disparities in their Part C Programs

Education offers technical assistance to states interested in examining disparities in their programs. In December 2022, Education released two guides about implementing effective practices to identify, evaluate, and serve infants and toddlers with disabilities, in part to help states increase

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<sup>36</sup>See U.S. Department of Education, 2024, "Special Education Fiscal Year 2024 Budget Request." The budget request also acknowledges that Education's Part C program data on enrolled children shows disparities in Part C services received by Native American children when compared to White children but this does not address disparities prior to enrollment. The budget request includes language that would require all states receiving funds under Part C to reserve at least 10 percent of their annual allocations to develop and implement an equity plan approved by Education.

<sup>37</sup>Education's fiscal year 2024 budget request also states that Education plans to fund an Equity Data Center to assist states in collecting data on the race and ethnicity of infants and toddlers eligible for Part C services. According to Education officials, the Equity Data Center would help states enhance the effectiveness of their Child Find efforts and improve data reported to Education by encouraging the use of available state data—such as family income level, access to health care, geographic location, and racial and ethnic demographics—to identify children who could be served under IDEA Part C.



## A Quick Look at Equity Based Practices for Examining Access



The U.S. Department of Education has issued guides to help states improve 1) Child Find related outreach and engagement with families and 2) procedures for monitoring, screening, and referring children who may be eligible for Part C services. These guides include recommended practices for states specifically aimed at providing Child Find and equitable access to Part C services. For example, states can promote culturally responsive outreach by translating materials into languages used in their communities. Further, states can offer flexible approaches for screening children to address access issues. For example, offering screenings via telehealth may help families who live far away from health care professionals who may be able to make referrals to the Part C program.

Source: GAO analysis of U.S. Department of Education documents. Prostock-Studio/stock.adobe.com. | GAO-24-106019

children’s access to Part C programs.<sup>38</sup> For example, Education’s “Outreach and Engagement with Families” guide explains that states can determine if there are disparities in children’s access by examining available data on who refers families to Part C, the demographics of referred families compared to other families within their state, and which children are being found eligible for early intervention services (see sidebar).

According to Education officials, in 2023 the department plans to release additional guides to assist states seeking to increase access to Part C programs. Education also convened an interagency working group with the U.S. Department of Health and Human Services and other federal partners to collaborate on improving Child Find and enhancing equity in Part C programs. This interagency group has hosted listening sessions with providers, families, and states to identify strategies to reach families who need Part C services.

Further, Education’s Technical Assistance centers support states that are interested in increasing their capacity to identify and examine disparities. For example, one technical assistance center’s website has a collection of resources that focus on using data to advance racial equity. These resources include guides on designing surveys to collect information about disability, sex, race, and ethnicity; trainings on how to use root cause analysis to pinpoint problems; and other resources to help states improve data collection, analysis, and reporting.

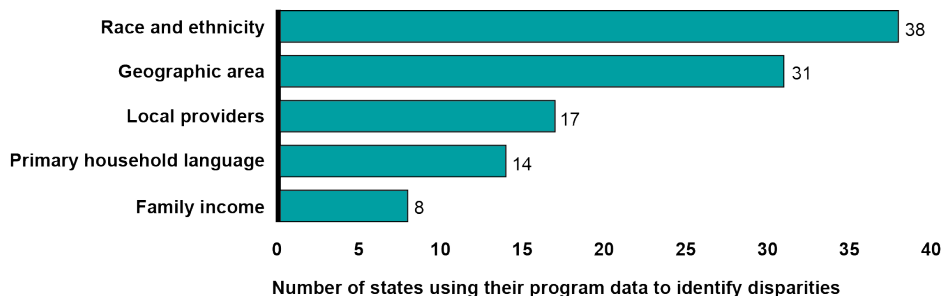
Additionally, states can use the “funnel tool” described earlier, which was developed by two of Education’s Technical Assistance Centers to help states identify disparities among different subgroups of infants and toddlers. They can use this funnel tool to generate charts for subgroups based on characteristics such as race and ethnicity, referral source, geographic region, and local program. Guidance for the funnel tool notes that Part C staff can use these charts to identify patterns based on these subgroup characteristics. Specifically, by comparing charts for subgroups with the same characteristic, Part C staff can pinpoint what subgroups of infants and toddlers are disproportionately not progressing to the next stage of the Part C enrollment process and at which stage this is occurring. The tool is also intended to help states visualize how to use

<sup>38</sup>U.S. Department of Education, December 2022, “Part C Administrator Implementation Technical Assistance Guide: Outreach and Engagement with Families” and “Part C Administrator Implementation Technical Assistance Guide: Developmental Monitoring, Screening, and Referral.”

data to identify strategies for improving the degree to which infants and toddlers who need services receive them.

According to our state survey, many states are already examining disparities in children’s access to Part C services across different demographic characteristics (see fig. 9).

**Figure 9: Part C Programs Using Data to Examine Potential Disparities in Access**



Source: GAO survey of Part C programs. | GAO-24-106019

Note: GAO conducted a survey of the 56 state and territory Part C programs that asked if their program analyzed Part C data for the purpose of identifying differences in program access for the categories shown in this figure. A total of 54 states and territories responded to our survey overall, and 52 provided responses included in this figure.

Further, some states reported taking steps to address differences in access to services they found among racial and ethnic groups (see text box). Therefore, states that analyze their data to identify disparities in children’s access to Part C program services may have a greater opportunity to address gaps in their Child Find and public awareness efforts, as well as at each of the four stages of the enrollment process.

**Examples of States that Examined Part C Program Data to Identify and Address Racial/Ethnic Disparities**

**Michigan:** To address disparities in access to services among children from certain racial and ethnic subgroups Michigan’s Part C program identified in its data, the program pursued and received a grant to conduct additional data analysis and develop an action plan. The program plans to implement new strategies and undertake activities designed to address equity issues in the state’s Part C program.

**Massachusetts:** To address inequities in access among children from certain racial and ethnic subgroups Massachusetts’ Part C program identified, the program took several steps including (1) surveying families about any racism they have experienced within Part C programs, (2) sharing data and analysis broadly with Part C service providers and researchers, and (3) developing training for Part C service providers on combatting racism.

Source: GAO survey of Part C programs. | GAO-24-106019

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## Conclusions

IDEA, Education, and many states have recognized a need to address possible inequities in who has access to Part C services. In particular, Congress established the importance of early intervention services and emphasized a need to ensure all children—regardless of their race, income, and geographic location—have access to these services. Part C programs are crucial to ensure that all infants and toddlers with developmental delays or disabilities receive high-quality early intervention services and supports as early as possible, in order to improve their educational outcomes and enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities. Providing early intervention through support and services is not only required by IDEA, but is also widely recognized as cost effective. However, our work shows variation in the demographics of children at various points in the enrollment process.

Education does not collect demographic data on children prior to enrollment in Part C due to its stated lack of authority to collect it. Amending IDEA to give Education the authority to require all states to collect and use these data to identify and address potential disparities is an important next step to ensure all children have access to needed early intervention services. Further, such a change would allow Education to monitor states' progress in closing gaps in access to services and better meet the goals of IDEA. Absent such authority, many children may continue to lack access to crucial early intervention services that can significantly improve their outcomes and reduce their need for more extensive services in the future.

Despite Education's lack of authority to require states to collect data, many states have taken initiative to improve their Child Find efforts and, accordingly, children's access to Part C services, while others have not. Education could encourage all states to make use of their existing data in this way. Doing so could help all state Part C programs identify and serve as early as possible those infants and toddlers who need support.

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## Matter for Congressional Consideration

Congress should consider strengthening efforts to maximize children's access to Part C early intervention services by 1) providing the Secretary of Education with authority to require states to collect and report to Education the demographic data on children for additional steps in the Part C enrollment process (i.e., at the referral, evaluation, and eligibility stages) and 2) requiring Education to use these data to better assist states in their efforts to identify and rectify gaps in access to Part C services. (Matter for Consideration 1)

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## Recommendation for Executive Action

The Assistant Secretary for Special Education and Rehabilitative Services should encourage all states to use demographic data they already collect to maximize children's access to Part C early intervention services. (Recommendation 1)

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## Agency Comments and Our Evaluation

We provided a draft of this report to Education for review and comment. In its comments, reproduced in appendix IV, Education concurred with our recommendation. Education stated it plans to address our recommendation by developing revised instructions for states to follow when submitting required annual plans and reports. Specifically, the department described plans to encourage all states to conduct a root cause analysis using all available Child Find data for two related monitoring indicators and require reporting for states that are having trouble meeting Child Find data requirements. Education said such analysis may include demographic data (such as race and ethnicity data), as well as other Child Find related data.

Education also commented on our proposed matter for Congressional consideration, stating that requiring states to collect demographic data on the pre-referral and referral process may not necessarily provide actionable information for states because state eligibility requirements vary, and not all infants and toddlers who are referred may be eligible. In addition, Education noted that demographic data (by race or ethnicity) are only a small subset of the data needed to identify all eligible infants and toddlers who need services. As we note in the report, states have some flexibility to set their own eligibility criteria and disability definitions, and gaps between the number of children referred and the number who ultimately receive services is not necessarily indicative of a problem. We also recognize that demographic data are not the only information necessary to better identify infants and toddlers who need services. However, we continue to believe Education could gain valuable insights into how to help states increase access for all eligible children if Congress took action to provide additional authority to the department, as described in our report. Such action would enable Education to collect and analyze data on children throughout the Part C enrollment process (i.e., at the referral, evaluation, and eligibility stages). Analyzing such information would help ensure that all states consider whether and where disparities may exist and give Education additional tools to ensure states have effective strategies in place to close any gaps in access to Part C services.

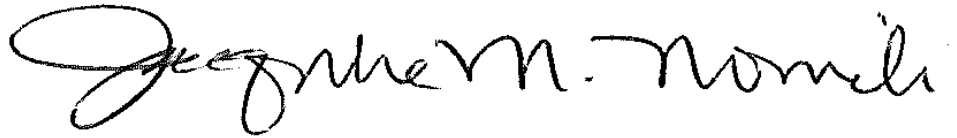
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We are sending copies of this report to the appropriate congressional committees, the Secretary of Education, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or [nowickij@gao.gov](mailto:nowickij@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix V.

A handwritten signature in black ink that reads "Jacqueline M. Nowicki". The signature is written in a cursive style with a large initial "J" and a distinct "M".

Jacqueline M. Nowicki, Director  
Education, Workforce, and Income Security Issues

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# Appendix I: Objectives, Scope, and Methodology

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The objectives of this report were to determine 1) how states' Part C early intervention programs differ and what challenges states face in serving eligible families; 2) available data on characteristics of children referred to, evaluated for, determined eligible, and enrolled in Part C programs; and 3) how Education and states use available data to identify opportunities to increase children's access to Part C services. To address these objectives, we:

- administered a web-based survey to state and territory Part C officials,
- reviewed state and territory level Part C eligibility information compiled by an Education-funded Technical Assistance center,
- conducted a regression analysis of a nationally representative survey about children's health,
- reviewed data and documentation from Education, and
- interviewed Education and Education-funded Technical Assistance center officials.

The following sections contain additional details about the scope and methodology for this report.

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## Survey of State and Territory Part C Programs

To address our objectives, we designed and administered a web-based survey of Part C programs in the 50 states, Washington D.C., and the five territories.<sup>1</sup> We sent the survey to the Part C coordinator for each state, identified via an Education-funded Technical Assistance center website. Part C coordinators are responsible for administering the Part C program for their state or territory. Our instructions encouraged the respondent to coordinate with their colleagues when responding to the survey, if necessary. The survey collected data from July 1, 2021 through June 30, 2022. However, if a state was unable to provide data for this time-period, our instructions allowed for a state to provide data for an alternative, recent, 12-month period. Three states provided data for an alternative 12-month period. We received 54 responses to our survey, a 96 percent response rate, however, not all respondents provided answers to each question. When providing data in the report, we included the number of Part C programs that responded to the specific question with usable data. Nebraska and Nevada did not provide a response to our survey.

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<sup>1</sup>For the purposes of this report, we use the term "states" or "Part C program" to refer to all 56 programs that participate in Part C, including the states and the territories.

The survey asked about a range of topics, including:

- the number and race/ethnicity of children who were referred to, evaluated for, determined eligible for, and enrolled in the state's Part C program,
- the number of referrals from each primary referral source,
- challenges states face in administering the Part C program, and
- types of analyses states conduct on their data.

We administered this survey from October 2022 through April 2023. We contacted all respondents who had not returned the questionnaire by the initial date requested by email and/or phone.

Because this was not a sample survey, it has no sampling error. To ensure the quality and reliability of the data, we conducted pretests with three Part C coordinators, as well as an expert review, to check for the clarity of questions and flow of the survey. Further, we included questions in our survey about data quality and reliability. We also followed up with respondents who submitted answers that required clarification. When data reliability was unclear, we used our best judgment to determine if any responses should be omitted. For example, when identifying states to include in the race/ethnicity data funnels presented in the report, we omitted states where more than eight percent of the children had their race/ethnicity as "Unknown" at the referral step. This ensured that the resulting funnels were not biased by children who dropped out of the Part C enrollment process prior to providing their race/ethnicity information. We also omitted data where the race/ethnicity breakdown for each state were more than 5 percent different than any given total presented at the corresponding stage in the referral process. Additionally, we omitted referral source data where the number of referral sources were more than 10 percent different from the total number of children referred.

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## Analysis of National Survey of Children's Health Data

We also analyzed data from the National Survey of Children's Health (NSCH) from 2016 through 2021, which is an annual, nationally representative survey on a wide range of child health metrics, including if a child received a developmental screening questionnaire. We used the survey to estimate the percentage of children who received a developmental screening questionnaire from a health care provider or other caregiver as a proxy for identifying the population who might benefit from being referred to Part C services in their state.

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The NSCH is funded by the Health Resources and Services Administration's Maternal and Child Health Bureau and administered by the U.S. Census Bureau. Each survey was completed by an adult in the household who is familiar with the child's health and health care, typically a parent.

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## Survey Estimates

We analyzed data from the NSCH to produce estimates on the percentage of children aged 9 months up to 36 months who received a developmental screening questionnaire. To account for the sample representation and design used in the NSCH, we used the population weights present in the data and calculated standard errors as the agency suggested. All estimates use a subpopulation procedure that targets the specific subpopulation (e.g., children from 9 up to 36 months, and any further subsets such as children from 9 months up to 36 months in each state, etc.) while keeping all survey design information. The subpopulation procedure ensures that variance estimates are correct. Data from 2016 to 2021 were combined into a single dataset. To adjust the survey weights for multiple years, we divided the survey weights by six.

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## Regression

We used the NSCH to predict receiving a developmental screening questionnaire from a number of independent variables by using a multivariate logistic regression analysis. The specification of the model was as follows:

$$\text{Screener}_i = \text{Age}_i + \text{Race}_i + \text{Generation}_i + \text{ParentalMaritalStatus}_i + \text{Parental Education}_i + \text{Insurance}_i + \text{FamilyPoverty}_i + \text{Sex}_i + \text{HouseholdLanguage}_i + \text{BirthWeight}_i + \text{Premature}_i + \text{Year}_i + \text{State}_i + e_i$$

We filtered the dataset by age, as described above. We again combined 2016 through 2021 data into one dataset, used surveys weights in the regression, and adjusted the survey weights by dividing by six. We used multiple imputation for missing family poverty values in the regression. More specifically, the NSCH uses sequential regression methods to create six versions of family poverty that are multiply imputed. We ran a separate regression model with each version of family poverty and averaged the results across the different regressions.

The following changes were made to the variables Parental Marital Status, Birth Weight, and Family Poverty Level:



- Parental Marital Status: other relation; grandparent household; other, currently married or formerly married; and other, no parent in household were collapsed into a single level: "Other." Two parents (at least one not biological/adoptive), currently married; two parents (at least one not biological/adoptive), not currently married; two biological/adoptive parents, currently married; and two biological/adoptive parents, not currently married were collapsed into a single level: "Two Parents." Single mother; single father; one mother, currently married (living apart) or formerly married; one mother, never married were collapsed into a single level: "Single."
- Birth Weight: low birth weight and very low birth weight were combined into a single level: Low Birth Weight.
- Family Poverty Level: family poverty was coded as family income 150 percent of the federal poverty level or less, family income 151 to 300 percent of the federal poverty level, family income 301 to 399 percent of the federal poverty level, and family income 400 percent or more of the federal poverty level.

We removed the following rows from the dataset due to low cell counts and or collinearity with other variables:

- Child Race = "Other." This response comprised 1 percent of the total dataset, and was only available as an option in 2016, making it collinear with the variable year.
- Insurance Coverage = "No Valid Response." This response comprised less than 1 percent of the total dataset.
- Parental Education = "No Valid Response." This response comprised less than 1 percent of the total dataset.

In order to ensure the consistency of our reported results, we ran the model while leaving out a single predictor. We completed this procedure once for each predictor in the model. In addition, we ran 1) the model without survey weights, 2) the model without survey weights and without birthweight as a predictor, 3) the model without weights and without birthweight and state as predictors, and 4) the model with survey weights. The final model specification used survey weights, but results across the different specifications were consistent.

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## Interviews with Education, Education-Funded Technical Assistance Center Officials, and other National Organizations

To understand Education’s role in monitoring Part C programs and collecting data to identify potential disparities, we interviewed Education officials from the Office of Special Education and Rehabilitative Services, including the Office of Special Education Programs. To understand state implementation of Part C, and challenges faced by programs and families seeking services, we interviewed representatives from two of Education’s Technical Assistance centers that support Part C programs and three other organizations with relevant expertise.

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## Review of Federal Special Education Data

To determine the number of children receiving early intervention services over time and differences in the percentage of children receiving early intervention services across states we reviewed Education’s state level data files on IDEA Part C Child Count and Settings—known as section 618 data. We reviewed data from reporting year 2016 through 2021 to report the cumulative count of children that received Part C services during that time period, as well as the single day count—the number of infants and toddlers receiving services on a state-designated date in Fall each year. We also reviewed data for 2021—the most recent reporting year—to compare the percentage of children receiving Part C services across states. We determined these data were sufficiently reliable for purposes of reporting section 618 data in our report.

We conducted this performance audit from May 2022 to October 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

# Appendix II: Eligibility Definitions for Infants and Toddlers with Disabilities, IDEA Part C

The Early Childhood Technical Assistance Center, funded by the U.S. Department of Education’s Office of Special Education Programs, maintains a database of “State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA Part C”. The database includes information about the developmental delay eligibility and criteria each state and territory uses to determine whether a child can participate its Part C program. Table 3 presents state and territory eligibility criteria for Part C provided on Education’s website.

We reviewed this information in January 2023. Although some of the information presented in this database is sourced to state laws and regulations, we did not conduct an independent legal analysis of state eligibility requirements.

**Table 3: Definition of Developmental Delay for Early Intervention Services under IDEA Part C**

State/territory	Part C developmental delay eligibility criteria
Alabama	25% or greater delay in one or more developmental areas
Alaska	50% or greater delay in one or more developmental areas
American Samoa	Any delay in one or more developmental areas
Arizona	Child has not reached 50% of the developmental milestones expected at his/her chronological age in one or more developmental areas
Arkansas	25% or greater delay in one or more developmental areas
California	25% or greater delay in one or more developmental areas
Colorado	33% or greater delay in one or more developmental areas when compared with chronological age or presence of atypical development or behavior
Connecticut	2 [standard deviation (SD)] below the mean in one developmental area or 1.5 SD below the mean in two or more developmental areas
Delaware	25% delay in one or more developmental areas; or at least 1.66 SD below the mean in any developmental area
District of Columbia	25% delay in one or more developmental areas
Florida	1.5 SD below the mean in two or more developmental areas or 2 SD below the mean in one or more developmental areas
Georgia	2 SD below the mean in one or more developmental areas; or at least 1.5 SD (moderate delay) below the mean in two or more developmental areas; and/or the child’s developmental issues interfere with their functional ability when compared with peers
Guam	2 SD or more below the mean or 30% or greater delay in one or more developmental areas or 1.5 SD or 22%-29% below the mean in two or more developmental areas
Hawaii	1.4 SD or more below the mean in at least one developmental area or sub-area; or 1 SD or more below the mean in at least two or more developmental areas or sub-areas
Idaho	30% below age norm or exhibits a six-month delay, whichever is less; or at least 2 SD below the mean in one developmental area; or at least 1.5 SD below the mean in two or more developmental areas
Illinois	30% or greater delay in one or more developmental areas

**Appendix II: Eligibility Definitions for Infants  
and Toddlers with Disabilities, IDEA Part C**

<b>State/territory</b>	<b>Part C developmental delay eligibility criteria</b>
Indiana	At least 25% in function below child's chronological age or 2 SD below the mean in one or more developmental areas; or at least 20% in function below child's CA or 1.5 SD below the mean in two or more developmental areas adjusted for prematurity as applicable and on an assessment instrument that yields scores in months
Iowa	25% or greater delay in one or more developmental areas
Kansas	Discrepancy of 25% or more between CA and developmental age, after correction for prematurity, in any one developmental area or at least 20% discrepancy between CA and developmental age, after correction for prematurity, in two or more developmental areas
Kentucky	2 SD below the mean in one developmental area or at least 1.5 SD below the mean in two developmental areas
Louisiana	1.5 Standard Deviations (SD) below the mean on the Battelle Developmental Inventory, 2nd Edition (BDI-2) in two developmental areas
Maine	2 or more SD below the mean in at least one developmental area or 1.5 or more SD below the mean in at least two developmental areas
Maryland	25% delay in at least one or more of five developmental areas or manifests atypical development or behavior in one or more of the five developmental areas, interferes with current development, and is likely to result in a subsequent delay (even when diagnostic instruments and procedures do not document a 25% delay)
Massachusetts	1.5 SD below the mean, as measured by the Battelle Developmental Inventory - 2nd Ed. (BDI-2), in one or more developmental areas
Michigan	Any delay for infants up to two months of age (adjusted for prematurity) or 20% (or one Standard Deviation below the mean) in one or more areas of development for infants and toddlers between two months and 36 months
Minnesota	1.5 SD below the mean in one or more developmental areas
Mississippi	33% delay in one area of development or a 25% delay in two or more areas of development; or 2 SD below the mean in one developmental area or 1.5 SD below the mean in each of the two developmental areas
Missouri	Documented half-age delay in at least one developmental domain
Montana	50% delay in one developmental area or 25% delay in two or more developmental areas
Nebraska	2 SD below the mean in one developmental area or 1.3 SD below the mean in two developmental areas
Nevada	50% delay of a child's chronological age in any one developmental area or 25% delay of child's chronological age in any two developmental areas
New Hampshire	33% delay in one or more developmental areas; or atypical behavior
New Jersey	2 SD below the mean in one developmental area or 1.5 SD below the mean in two or more of the developmental areas
New Mexico	25% or greater delay in one or more developmental areas using the IDA (Infant Toddler Developmental Assessment) or another approved tool; a domain-specific tool may be used to establish eligibility if the score is 1.5 SD below the mean or greater
New York	12-month delay in one domain; or 33% delay in one domain; or 25% delay in each of two domains; or if standardized instruments used, a score of at least 2 SD below the mean in one domain; or at least 1.5 SD below the mean in each of two domains; or for children with delay only in the communication domain, a score of 2 SD below the mean in the area of communication; see state link for additional eligibility criteria for children with communication delays

**Appendix II: Eligibility Definitions for Infants and Toddlers with Disabilities, IDEA Part C**

<b>State/territory</b>	<b>Part C developmental delay eligibility criteria</b>
North Carolina	2 SD below the mean of the composite score (total test score) on standardized tests in at least one of the areas of development; or 30% delay on instruments which determine scores in months in at least one of the areas of development; or 1.5 SD below the mean of the composite score (total test score) on standardized tests in at least two of the areas of development; or 25% delay on instruments which determine scores in months in at least two of the areas of development
North Dakota	25% below age norms in two or more areas of development; or 50% below age norms in one or more areas
Northern Marianas	25% delay in one or more areas of development
Ohio	1.5 SD below the mean in at least one area of development as indicated by the use of one of the two approved evaluation tools
Oklahoma	A delay in developmental age compared to CA of 50% or a score 2 SD below the mean in one of the developmental domains or sub-domains; OR a delay in developmental age compared to CA of 25% or score 1.5 SD below the mean in two or more of the developmental domains or subdomains
Oregon	2 SD or more below the mean in one or more developmental areas, or 1.5 SD below the mean in two or more developmental areas
Pennsylvania	25% delay or 1.5 SD below the mean in one area of development
Puerto Rico	Quantitative and qualitative criteria listed for each area, including: Motor, cognitive and language skills: 2 SD below the mean or 33% delay; 1.5 SD below the mean or 25% delay with other delays Social-Emotional and Adaptive skills: informed clinical opinion
Rhode Island	2 SD below the mean in at least one area of development or 1.5 SD below the mean in two or more areas of development
South Carolina	Delay of 40% (2 SD below the mean) in one area of development or a delay of 25% (1.5 SD below the mean) in two areas of development
South Dakota	At least 1.5 SD below the mean in one or more areas of development
Tennessee	25% delay in two developmental areas or a 40% delay in one area
Texas	Delay of at least 25% in one or more of areas of development; or a delay of at least 33% if the child's only delay is in expressive language; or a qualitative determination of delay, as indicated by responses or patterns that are disordered or qualitatively different from what is expected for the child's age, and significantly interfere with the child's ability to function in the environment
Utah	1.5 SD at or below the mean, or at or below the 7th percentile in one or more of the areas of development on approved instrument
Vermont	The child is experiencing an observable and measurable developmental delay, as measured by State approved diagnostic instruments and procedures, in one or more of the developmental areas
Virgin Islands	25% delay in one or more areas of development when comparing functional age to CA or standardized test scores of 1.5 SD below the mean
Virginia	At least 25% below chronological or adjusted age in one or more areas of development or atypical development (even in the absence of 25% delay)
Washington	1.5 SD or 25% delay from chronological age in one or more developmental areas
West Virginia	40% delay in functional abilities/ developmental skills in one or more areas of development; or 25% delay in functional abilities/ developmental skills in two or more areas of development; or substantially atypical development in two or more developmental areas, even when evaluation does not document a 25% delay
Wisconsin	25% or 1.3 SD below the mean in one or more areas of development
Wyoming	1.5 SD below the mean or 25% delay in one or more areas of development

Legend: SD = standard deviation; CA = chronological age

Source: GAO presentation of Early Childhood Technical Assistance Center information. | GAO-24-106019

# Appendix III: National Survey of Children's Health Regression Analysis Results

We analyzed survey data from the National Survey of Children's Health to estimate the percentage of children aged 9 up to 36 months who received a developmental screening questionnaire. We conducted multivariate logistic regression analysis to examine the association between certain demographic characteristics, such as sex or race, and the likelihood of a child receiving a developmental screening questionnaire, while holding other demographic characteristics constant.<sup>1</sup> This analysis produced estimated odds ratios, values higher than one indicate that the specific characteristic is associated with a higher likelihood of receiving the developmental screening questionnaire. Values lower than one indicate that the specific characteristic is associated with a lower likelihood of receiving the developmental screening questionnaire.

Table 4 shows the full regression results. We included survey year and state as fixed effects in the model. We also conducted a sensitivity analysis, and the results were robust.

**Table 4: Likelihood of Child Aged 9 Months up to 36 Months Having Received a Developmental Screening Questionnaire from 2016 through 2021, by Demographic Characteristic**

	Odds Ratio	Lower Bound	Upper Bound
<b>Insurance</b> (reference group: Currently Insured)			
Not Currently Insured	0.415*	0.343	0.502
<b>Family Composition</b> (reference group: Two Parent Household)			
Single Parent Household	0.703*	0.642	0.770
Other	0.872	0.625	1.220
No Valid Response	1.240	0.819	1.890
<b>Sex</b> (reference group: Male)			
Female	0.952	0.904	1.000
<b>Age</b> (reference group: 24 months up to 36 months)			
9 months through 11 months	0.656*	0.594	0.725
12 months through 23 months	0.935*	0.885	0.989
<b>Highest Level of Parental Education</b> (reference group: College Degree or Higher)			
Less than a High School Degree	0.607*	0.479	0.769
High School (including vocational, trade, or business school)	0.584*	0.529	0.646
Some College or Associate Degree	0.772*	0.718	0.830

<sup>1</sup>The results of this regression analysis are associational and do not imply a causal relationship; we do not identify the causes of any demographic disparities. This survey is based on respondent recall.

**Appendix III: National Survey of Children's  
Health Regression Analysis Results**

	Odds Ratio	Lower Bound	Upper Bound
<b>Primary Household Language</b> (reference group: English)			
Spanish	0.884	0.736	1.060
Other	0.708*	0.604	0.830
No Valid Response	1.040	0.683	1.580
<b>Household Generation<sup>a</sup></b> (reference group: Third + Generation)			
First Generation	0.572*	0.349	0.937
Second Generation	0.894*	0.818	0.979
Other	0.512*	0.352	0.744
<b>Race/ethnicity</b> (reference group: White, non-Hispanic)			
Black or African American, non-Hispanic	0.870*	0.761	0.995
Asian, non-Hispanic	0.837*	0.716	0.978
Hispanic	1.050	0.948	1.150
American Indian/Alaska Native, non-Hispanic	1.200	0.808	1.770
Native Hawaiian/Pacific Islander, non-Hispanic	0.787	0.429	1.440
Some Other Race, non-Hispanic <sup>b</sup>	1.020	0.660	1.580
Two or More Races, non-Hispanic	1.100	0.993	1.220
<b>Family Income Level</b> (reference group: 301% to 399% of the Federal Poverty Level)			
150% or Less of the Federal Poverty Level	0.995	0.877	1.130
151% to 300% of the Federal Poverty Level	0.955	0.863	1.060
400% or More of the Federal Poverty Level	0.968	0.886	1.060
<b>Birth Weight</b> (reference group: Not Low Birth Weight)			
Low Birth Weight	1.070	0.954	1.200
No Valid Response	0.705*	0.598	0.830
<b>Born Three or More Weeks Before Due Date</b> (reference group: No)			
Yes	1.180*	1.070	1.310
No Valid Response	0.890	0.626	1.270

Source: GAO analysis of National Survey of Children's Health, 2016 to 2021. | GAO-24-106019

Note: State and survey year are omitted from the table for clarity. In order to include rows with missing data, we created a separate "No Valid Response" category within certain variables, as necessary. An asterisk indicates statistical significance at a 95 percent confidence level.

<sup>a</sup>A first-generation household refers to a household in which the child and all reported parents were born outside of the United States. A second-generation household refers to a household in which the child is born in the United States and at least one parent is born outside of the United States, or a household in which the child is born abroad, one parent is born in the United States, and one parent is born outside of the United States. A third or more generation household refers to a household in which all parents in the household were born in the United States. The "other" group includes children who were born in the United States but whose parents were not listed.

<sup>b</sup>This response option was available in the 2016, 2017, and 2018 surveys, but was eliminated as an option from 2019 onward.

# Appendix IV: Comments from the U.S. Department of Education



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

THE ASSISTANT SECRETARY

September 13, 2023

Ms. Jacqueline M. Nowicki  
Director, Education, Workforce, and Income Security Issues  
Government Accountability Office  
441 G Street, N. W.  
Washington, DC 20548

Dear Ms. Nowicki:

Thank you for providing the U.S. Department of Education (Department) the opportunity to review and comment on the Government Accountability Office's (GAO's) draft report: "Special Education: Additional Data Could Help Early Intervention Programs Reach More Eligible Infants and Toddlers" (GAO-24-106019). As the Assistant Secretary for the Office of the Special Education and Rehabilitative Services (OSERS), I am pleased to respond on behalf of the Department.

We appreciate GAO conducting this review of State child find efforts in their early intervention programs under Part C of the Individuals with Disabilities Education Act (IDEA). We are providing general comments below before we confirm how we have already begun implementation of GAO's one specific recommendation to the Department.

The Department appreciates GAO's perspective on the importance of analyzing data to improve child find and service outcomes for infants and toddlers with disabilities. Regarding GAO's proposed matter for Congress, requiring States to collect demographic data on the pre-referral and referral process may not necessarily provide actionable information for States. This is true because (1) State eligibility requirements vary, and not all infants and toddlers who are referred may be eligible; and (2) demographic data (by race or ethnicity) are only a small subset of the data needed to identify all eligible infants and toddlers who need services.

The Department agrees that early identification of children with disabilities is critical to impacting the trajectory of their lives including their education. We also agree that States should analyze all available (not just demographic) data that can help them identify as early as possible infants and toddlers in need of IDEA services. The administration included two proposals in its fiscal year (FY) 2023 and FY 2024 budgets to encourage States to improve their child find efforts. The first proposal was to use the Department's funds to support a technical assistance center that, as part of its portfolio, will assist States to improve child find efforts as they analyze their available child find data, including data on race and ethnicity of infants and toddlers under IDEA Part C. The second proposal was to request that Congress require States to use 10 percent of their IDEA Part C awards to develop equity plans to ensure equitable access to, and participation in, IDEA Part C services in the State, particularly for populations that have been traditionally underrepresented in the program.

Regarding this first proposal, the Department intends to fund a technical assistance center to increase the capacity of States to collect, report, analyze, and use all available data to improve the child find data they report through their State Performance Plan/Annual Performance Reports (SPP/APR). As explained further below, the Department has proposed language in its IDEA Part C SPP/APR instructions to encourage all States to conduct a root cause analysis of all available child find data (not just demographic

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**Appendix IV: Comments from the U.S.  
Department of Education**

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data). As with all new initiatives, the Department will undertake a comprehensive review of existing investments to implement this data center as effectively and efficiently as possible.

Finally, we suggest that GAO revise its title for this report to reflect the IDEA Part C requirements to identify and serve all eligible children. Thus, we respectfully suggest the title be: "*Special Education: Additional Data Could Help Early Intervention Programs Identify and Serve More Eligible Infants and Toddlers.*"

The Department's response to the one recommendation in GAO's draft report is below.

**Recommendation:** *The Assistant Secretary for Special Education and Rehabilitative Services should encourage all states to use demographic data they already collect to maximize children's access to Part C early intervention services.*

**Response:** We agree that the Department should encourage all States to use available data (including demographic data) to improve their efforts to identify and serve all children eligible for IDEA Part C.

Specifically, we have proposed to revise the instructions for IDEA Part C SPP/APR child find Indicators 5 and 6. To encourage all States to improve their child find analyses, we are proposing that States conduct a root cause analysis of the data reported under SPP/Indicators 5 and 6. In our proposal, we noted that this root cause analysis may include examining not only demographic data (such as race and ethnicity data), but also other child-find related data available to the State (community and family access to resources, communities where there are limited referrals, etc.). We are proposing to require this reporting for those States that have experienced slippage (as defined in the SPP/APR instructions) in their child find data under these SPP/APR indicators.

We appreciate GAO's work on the IDEA Part C early intervention program, the opportunity to comment on the draft report, and GAO's consideration of our comments as you finalize the report.

Sincerely,



Glenna Wright-Gallo  
Assistant Secretary  
Office of Special Education  
and Rehabilitative Services

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# Appendix V: GAO Contact and Staff Acknowledgments

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## GAO Contact

Jacqueline M. Nowicki, (202) 512-7215 or [nowickij@gao.gov](mailto:nowickij@gao.gov)

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## Staff Acknowledgments

In addition to the contacts named above, Sara Schibanoff Kelly (Assistant Director), Connor L. Kincaid (Analyst-in-Charge), Lauren Shaman, and Jessica L. Yutzy made key contributions to this report. Additional assistance was provided by Pin-En Annie Chou, Justin Dunleavy, Aaron Karty, Kirsten B. Lauber, Mimi Nguyen, Samuel Portnow, James Rebbe, Sara Rizik, Meg Sommerfeld, and Almeta Spencer.

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## Public Affairs

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