**Part C Child Count and Settings**

**SY 2021-22 Reporting Year**

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

# Alabama

- The State provided the following response(s) to large Year to Year change(s):

* Birth through 2 Total by Community: We saw a significant decrease in the number of cases served in a community setting in SY 2020-21 due to the impact of COVID-19. As the effects of the pandemic lessened, more and more families are comfortable sending their children back into community settings such as daycares and preschools. We expect these numbers to continue to increase to pre-Covid rates.
* Total Hispanic/Latino; Total Black or African American; Total Two or more races: The year-to-year differences in the number of children identified as Hispanic/Latino, Black or African American, and Two or more races are likely related to an overall increase in the number of children served and typical year-to-year variation. Alabama has had an increased focus on child find efforts through our local councils, and we believe that some of this increase may be attributable to those efforts. We will begin a statewide Diversity, Equity, and Inclusion (DEI) initiative this year to reach even more of our underserved population.

# Arkansas

- The State provided the following response(s) to large Year to Year change(s):

* The increase in children served in the home, ages birth to 2; community, ages birth to 2; children served, ages one to two; children served, ages two to three; Hispanic children; and White children is due to the increased efforts and implementation of our child find plan and trainings.

# California

- The State provided the following response(s) to large Year to Year change(s):

* Section A - Totals 2 to 3: California’s overall total child count increased from previous year, therefore this category was highly impacted.
* Section B - Total Asian: California has reported an overall increase in child count. There is also a general increase in the total Asian category.
* Section B and Section E - Total Native Hawaiian or Other Pacific Islander: California has reported an overall increase in child count. There is also a general increase in the total Native Hawaiian or Other Pacific Islander category.

# Connecticut

- The State provided the following response(s) to large Year to Year change(s):

* The data showed an increase in birth through two in a community setting based on a significant increase in referrals and eligible children in Connecticut’s Birth to Three system. Additionally, there was an increase in the child count from 2 to 3. These increases led to an increase in children by race/ethnicity breakdown.

# Delaware

- The State provided the following response(s) to large Year to Year change(s):

* Delaware had an increase of eligible infants and toddlers from last year. The majority of the increase is shown in the 0-1 year category. More families felt comfortable keeping their 0-1 year old child in services due to service provision being available via telehealth.
* Delaware saw a decrease in the number of parents identifying as American Indian/Alaskan Native. This year our child count population for American Indian/Alaskan Native is higher than the state average.
* Delaware saw an increase in the number of parents identifying as Black/African American.
* Delaware saw an increase in the number of parents identifying as being of 2 or more races.
* With this year's overall increase in child count, Delaware also saw an increase of infants and toddlers identified as being male in gender.

# District of Columbia

- The State provided the following response(s) to large Year to Year change(s):

* The program has experienced an increase of referrals during the pandemic, especially after lockdown restrictions were lifted and families started to return to work, take their children to child care centers, and visit their pediatrician.

# Florida

- The State provided the following response(s) to large Year to Year change(s):

* The decline in data for children’s eligibility determination for Part C prior to reaching age three and for children exiting Part C prior to Part B eligibility determination is a direct result of the national pandemic, COVID-19. This pandemic has forced many families to adopt new routines such as parents teleworking, older siblings to learning remotely in virtual school and most importantly, limited or stopped in-person services. These new practices were overwhelming for many families, and in many cases disrupted and/or created an inability to render Early Intervention (EI) services within the home. In addition, disruptions in service occurred when families had exposure to, or tested positive for, COVID-19 which required quarantines. Once under quarantine, many families either indefinitely suspend services or chose to terminate services entirely to safeguard against additional exposure. As reflected in the data, Florida’s overall child population for the program has decreased, and the conditions surrounding COVID-19 directly impacted the ability to complete eligibility determinations.
* Section A: The percentage decrease is related to the impacts of the COVID-19 pandemic. In review of the data, there is a sharp increase in visitations that fall under the Home category. This spike is attributed to Telemedicine as this type of service constitutes as a Home setting. As a result, visits in the Community and Other settings had a decrease.
* Section D: COVID-19 also plays a role in the percentage decrease for At-Risk Individualized Family Service Plans (IFSPs) for ages 2-3 as historically, At-Risk IFSPs are generally low for this portion of our child population. Compounded by the impacts of COVID-19, these IFSPs became even more scarce due to children and families refraining from program engagement due to the risk of COVID-19 exposure.
* Section E: Another result of the pandemic but this is due to the reopening of Florida. As a result, the percentage increase in Native Hawaiian or Other Pacific Islander child counts is attributed to families reengaging and returning to the program.

# Guam

- The State provided the following response(s) to large Year to Year change(s):

* Due to the small population of Part C Special education students in Guam, any increase or decrease in reporting numbers from one year to the next will result in higher percentages of differences. Due to the COVID-19 pandemic, the number of referrals for Part C decreased resulting in a decrease of the number of eligible children. This can be seen in the decrease in Total Birth to 1, Totals 1 to 2, and Totals 2 to 3 between SY 2019-20 and SY 2021-22.

# Hawaii

- The State provided the following response(s) to large Year to Year change(s):

* During the COVID-19 pandemic, Hawaii did not determine eligibility because the initial or annual Multidisciplinary Evaluation (MDE) did not include a standardized tool. The Battelle Developmental Inventory-2 (BDI-2) could not be administered remotely, and it was unsafe for evaluators to administer the BDI-2 in-person. Evaluators completed a partial MDE (i.e., did not include a standardized tool) and children were presumed eligible based on parent reports, observations, and record review. IFSPs were developed in its entirety with initial IFSPs referred to as Interim IFSP and on-going eligibility were called Annual IFSP. Last year's Child Count numbers excluded Interim IFSPs and Annual IFSPs that were completed without eligibility determination. In April 2021, Hawaii began using the Developmental Assessment of Young Children (DAYC-2) to determine eligibility. Therefore, this year's Child Count consists of eligible children who have an initial or annual IFSP based on a complete MDE. This resulted in a significant discrepancy when compared to last year's data.

# Indiana

- Children without race/ethnicity information are due to the family choosing not to disclose.

- The State provided the following response(s) to large Year to Year change(s):

* A large decrease in the number of services provided to children birth through age 2 in community settings or other settings was reported. This is believed to be due to the impact of COVID-19 and the lack of community spaces open to the public combined with fewer child care facilities allowing early intervention providers into buildings in order to reduce possible exposure to COVID-19.

# Kansas

- The State provided the following response(s) to large Year to Year change(s):

* Total Asian: This shows many small variations in totals among the Local Programs. The small totals for Asians indicates that a change in collegiate educational or employment opportunities can create a large percentage change in totals.
* Total of 2 or more Races: This shows changes across the board, with positive increases in the number of children represented. The results could represent improvements in local Child Find activities or increases in minority population in general, both positive changes.

# Louisiana

- The State provided the following response(s) to large Year to Year change(s):

* Section A - Birth through 2 Total by Community: This change is the result of child care closures/restrictions and family choice to not utilize this location during COVID-19.

# Maine

- Child Count reports are pulled from Maine's system using two methods. The first outlines the primary setting in which a child receives their EI services, while the second is comprised of all children that have an active IFSP on October 1st of the reporting year. As some children have an IFSP with Service Coordination supports only, a primary service setting is not assigned. Therefore, the total number of infants and toddlers by age and race does not equal the total number of infants toddlers by gender, as the first two categories (age and gender) are reported by primary setting, and the third (gender) is not.

- The State provided the following response(s) to large Year to Year change(s):

* Section A - Birth through 2 Total by Community: Sixteen jurisdictions are responsible for the increase. This increase is due to more children being served in the community once COVID-19 vaccines became available for people 15 and older.
* Section A - Birth through 2 Total by Other Setting: Sixteen jurisdictions are responsible for the increase. These children received services in Early Intervention Classroom/Class for Children with disabilities.
* Section A - 3 and Older Total by Home: Sixteen jurisdictions are responsible for the decrease. This decrease is due to less children being served due to COVID-19 Pandemic.
* Section A - 3 and Older Total by Community: Thirteen jurisdictions are responsible for the decrease. This decrease is due to less children being served due to COVID-19 Pandemic.
* Section A - Totals 2 to 3: Twenty jurisdictions are responsible for the increase. This increase is due to more children being served between the ages of 2-3 because of rebounding from the COVID-Pandemic.
* Section B - Total Two or more races: Fifteen jurisdictions are responsible for the increase. This increase to the increase in the of children being served in which their parent or guardian identify as Two or more races.

# Massachusetts

- Massachusetts implemented a new client data system in November 2019 and added an 'unassigned' category under sex as part of its data collecting. For this report, some children were identified in that sex category, resulting in the counts for totals being different.

- The State provided the following response(s) to large Year to Year change(s):

* The FFY 2019 to FFY 2020 year-to-year increase in the at-risk population under all categories is due to a change in state policy that was implemented in March 2020 as a response to the COVID-19 emergency. The BDI-2 eligibility assessment tool was prohibited from being used as an eligibility tool until the return of face-to-face visits resulting in more children being determined as eligible based on at-risk criteria only.

# Minnesota

- The State provided the following response(s) to large Year to Year change(s):

* Section A - Birth through 2 Total by Other Setting: The increase in both settings is consistent with the increase in enrollment and services after COVID-19 cases/restrictions dropped.
* Section A - Totals 2 to 3, Section B - Total Black or African American, Section E - Total Hispanic/Latino, and Section E - Total Black or African American: These are expected increases as students are now being identified and return to services as COVID case/restrictions drop.
* The overall increases were expected as students are now being identified and return to services as COVID case/restrictions drop.

# Mississippi

- The State provided the following response(s) to large Year to Year change(s):

* For SY 2021-22, due to the continuation of COVID-19, the state saw a statewide increase in services taking place in a community setting or other setting. Families have been unwilling to have providers come into the home to provide services or providers did not want to come into the homes because they had less control over families wearing masks during services.

# Missouri

- The State provided the following response(s) to large Year to Year change(s):

* An increase was seen in the Two or more races category. This increase is explained by both a gradual increase over the past several years and an overall rebound in child count post COVID-19.

# Montana

- The State provided the following response(s) to large Year to Year change(s):

* Section A – Birth through 2 by Other Setting: Beginning in SY 2021-22, settings data was no longer self-reported by the Service Coordinator. Data is collected from the actual settings as identified in the IFSP Care Plan by service, leading to an increase of EI services being provided to children in clinical settings.
* Section A & B – Totals 1 to 2 and Totals 2-3, and Section B – Total White: Child Count data collected the second Friday of November in 2020, mid-pandemic, showed a significant drop in the number of children served in comparison to the pre-pandemic collection from November 2019. November 2021 data collected shows an increase moving Montana closer to the number of children served pre-pandemic.
* Section B – Total American Indian or Alaska Native: November 2020 data showed a significant decrease in the number of American Indians or Alaskan Natives served from November 2019. At this time, all Montana reservations were closed. November 2021 data indicates the number of American Indians or Alaskan Natives served is slightly greater than pre-pandemic data.
* Section E – Totals for American Indian or Alaskan Native and White for SY 2021-22 show an exact number of children served as the pre-pandemic levels of SY 2019-2020 and a significant, cumulative increase in the number of children who identify as Black or African American is noted from SY 2019-20 and SY 2020-21. Upon further drill-down, two regions which include two of Montana’s largest cities identified the greatest increase in the number of children who identify as Black or African American who were served. Notably, an increase of children who identify as Black or African American were served and counted in November 2021.

# Nebraska

- The State provided the following response(s) to large Year to Year change(s):

* The data variations in Section A are directly linked to the COVID-19 pandemic. As noted in last year’s data note, many EI programs noted confusion around how to code settings on IFSPs due to changes in methods of delivery that alternated between virtual and in-person services. This led to programs inadvertently selecting “non-natural” environments for their settings. The “Other settings” substantially dropped and community settings increased. Both of these are positive data changes and now align more closely to historical settings data.
* The data increases in Sections B and E are likely due to the increases in child find outreach and referrals which were previously lower due to ramifications from the COVID 19 pandemic. Our statewide referrals increased, therefore explaining the increases throughout sections B and E.

# Nevada

- The State provided the following response(s) to large Year to Year change(s):

* On December 1, 2021, the COVID-19 Pandemic was still affecting the number of children enrolled in Nevada's (NV) EI program; though it had increased from the previous year, it had not returned to pre-pandemic enrollment. There was a reduction in the use of community-based settings as a result of the pandemic and tele-intervention services.

# New Hampshire

- The State provided the following response(s) to large Year to Year change(s):

* Section A – Birth through 2 total by other settings showed an increase of children from year 2 to year 3 receiving services in a non-natural setting due to COVID-19 concerns. Families requested services take place at local program offices, as they did not want providers in their home. Families also preferred going to locations that had adequate ventilation systems that are not typically found in homes.
* Section A – Total Birth to 1 and Section E – Total Hispanic/Latino showed an increase of children from year 2 to year 3 receiving services. This increase is due to families becoming more comfortable as the COVID-19 State of Emergency was lifted and families began to get out more in their community. More children went to child care and pediatrician offices, and families began to interact more with others, leading to an increase of referrals.

# New Jersey

- The State provided the following response(s) to large Year to Year change(s):

* The State notes the following year-to-year differences in multiple child count and setting categories when comparing year 2 to 3:
  + In Section A, the differences in the home and community settings are attributed to the shelter in place mandates of the Governor due to COVID-19. Child care and other community settings had limited availability to children, resulting in most of the EI population receiving their services in the home setting. As the pandemic improved, children returned to community settings and New Jersey's (NJ) Part C returned to providing services in available community settings. The state also notes that different community settings had different reopening guidelines impacting the use of community settings for Part C services by families.
  + In Section A, differences in child count ages 1-2 and ages 2-3 again are attributed to the effects of the COVID-19 pandemic. NJ Part C experienced a reduction in the number of children referred and participating in the program beginning in March of 2020 through March 2021, and the average age of referral shifted slightly for the state as evidenced by the increases in these two age categories. Comparison to Year 1 shows that the state is back to pre-pandemic numbers in almost all categories.
  + In Section B, race/ethnicity categories are a result of the decrease in the overall number of children who participated in the program during the early part of the pandemic. The four race/ethnicity categories that account for the majority of the NJ Part C population, show pandemic decreases in year 2 (SY 2020-21) followed by positive gains in each category in year 3 (SY 2021-22). Despite the percentage changes within those categories, the percent of those categories compared to each other held the same throughout the 3 years. Example, “Section B – Total Hispanic/Latino” saw flagged differences throughout the 3 years but the percent of that race category compared to the other race categories held the same during that time, showing that the program was consistent in who was being referred but not how many were referred, because of the pandemic.

# New York

- The State provided the following response(s) to large Year to Year change(s):

* Under certain circumstances, children ages 3 or older can remain in the Part C program if they are found eligible for Preschool Special Education prior to turning 3. They remain in the Part C Program until the effective date of their Individualized Education Plan (IEP). The numbers reported exclude children over age three who were enrolled in the New York's EI Program on October 1, 2021.
* During the continued COVID-19 pandemic and New York State (NYS) Declared Emergency, the NYS EI Program has seen a partial recovery in enrollment.

# North Dakota

- The State provided the following response(s) to large Year to Year change(s):

* Section B- Total American Indian or Alaska Native: Data suggests that during the COVID-19 pandemic, there was a decrease in individuals who identified their race as American Indian or Alaska Native. As services began to normalize and return to in-person service delivery, there was an increase of children, bringing the total number of those who identified their race as American Indian or Alaska Native back to pre-pandemic levels. This resulted in a large percentage change.
* Section E- Total Hispanic/Latino and Section B- Total Two or more races: Families in North Dakota are asked to self-report their race during the intake process. Due to this option, this year more families chose to identify as Two or more races instead of Hispanic or Latino. The cumulative data (Section E) for this category illustrates this change with an increase in the number of individuals reporting Two or more races as their race, and a decrease in the number of individuals reporting Hispanic or Latino. Due to families self-reporting race, North Dakota often sees fluctuation in single race categories and Two or more races.

# Ohio

- The State provided the following response(s) to large Year to Year change(s):

* Section A - Birth through 2 Total by Community: The total percentage of children primarily served in community settings increased. While this difference could be due to typical year-to-year change, the increase in this reporting year is likely due to the percentages beginning to return to the pre-pandemic percentages.
* Section A: Totals 2 to 3: The increase in the percentage of children served who were 2 to 3 years old is likely due to children getting referred at a slightly higher age, on average, during the pandemic and staying active in EI a little longer during this timeframe, as well.
* Section B - Total Asian: The percentage of children served on December 1, 2021, who were Asian increased. This difference is believed to be due to typical year-to-year change.

# Oregon

- The State provided the following response(s) to large Year to Year change(s):

* Starting with SY 2018-19, Oregon allows for three permitted values in the gender category: male, female, and non-binary. The counts of non-binary cannot be entered into this report so the totals by gender are impacted for Section C: Total Infants and Toddlers, Ages Birth through 2 and E2: Cumulative Count of Infants and Toddlers, Ages Birth through 2, by Gender.
* Increase in Settings: The increase in counts is COVID-19 related. The prior year, SY 2020-21, the Governor’s executive order precluded in-person instruction, as schools were closed and operated virtually. Therefore, the counts of students served the prior year decreased significantly. Then in SY 2021-22, the Governor lifted these restrictions in the fall, so the counts of children served in Community and Other Settings increased significantly due to access to in-person instruction.
* Increase in Total Black or African American: The prior year, SY 2020-21, in-person classroom instruction could not be provided in public settings due to the Governor’s executive order precluding or limiting in-person instruction. When restrictions were lifted in SY 2021-22, Oregon noted an increase in counts served across all race/ethnicities, but especially for Black or African American children, which had decreased the prior year.
* Decrease in Cumulative Counts: The decrease in cumulative counts is COVID-19 related. The Governor’s executive order precluded in-person instruction in SY 2020-21 as schools were still closed and operating virtually. Many parents opted to not access services offered virtually.

# Pennsylvania

- The State provided the following response(s) to large Year to Year change(s):

* Section A – Birth through 2 Total by Community: Families have not made significant returns to EI services outside of their home since the beginning of the COVID-19 pandemic.
* Section A – Total Birth to 1: As described in the response in 2021, we anticipated that as COVID-19 mitigation restrictions were lifted, the youngest children “Birth to 1” population would increase and the data for SY 2021-22 demonstrated that prediction. Excerpt from the 2021 response: “This shift is most definitely attributable to the COVID-19 Pandemic and explained by a lack of use of external resources exposing the youngest and most vulnerable citizens, young infants. As a result of a better understanding of COVID-19, it is anticipated that in future years, the count of children will shift again raising in the Birth to 1 age category resulting in a “Year to Year” change in the next reporting period.”
* Section B – Total Asian and Two or more races: There are decreases in the category “White” which is likely now represented by “Two or more races.”

# Puerto Rico

- The State provided the following response(s) to large Year to Year change(s):

* During March 2020, a COVID-19 Executive Order was implemented, and a lockdown was enforced. Between March 16th and April 21st, services where interrupted and a protocol for virtual early intervention services was developed and implemented. This impacted, not only the number of children receiving services, but the number of children receiving services in community settings, since the majority started receiving teleintervention services in their homes.
* However, the jurisdiction had an increase on the percent of referrals for services in every age group between January and December 2021 when comparing the same period in 2020. In total, the Puerto Rico Early Intervention Program (PREIP) received more referrals for early intervention services in all age categories. Consequently, Puerto Rico saw an increase in its 2021 child count when compared to 2020. As public health measures such as the vaccination for adults became widely available, the EIP started the return to in-person process and services.
* During March 2021, the third phase was authorized and in-person early intervention services in the families’ homes and community settings started to be provided, although families still decided the modality in which they desired to receive the services. As COVID-19 cases started to decrease, and in-person services became available, the PREIP started to receive more referrals which translated into a higher child count.
* Specifically, Birth to 2 by Community saw an increase since in 2020 there were less children in this category due to community settings providing virtual services as well. As these returned to provide in-person services following public health protocols in 2021, more children could be provided early interventions in these settings. Since totals increased, the number of Hispanic/Latino children also increased.

# Rhode Island

- The State provided the following response(s) to large Year to Year change(s):

* Rhode Island saw a significant dip in referrals to Early Intervention during the months of March to August of 2020. The dip in referrals was primarily due to families staying at home and not participating in the normal activities as pre-COVID times. Rhode Island reported significant decreases in pediatric visits and childcare attendance which are Rhode Island's two greatest referral sources other than parent referrals typically due to being involved in these two types of services.
* From August 2020 to July 2021, Rhode Island saw a steady incline of referrals leading to an increase in child count over that period of time. Rhode Island also noted that many referral sources had a misconception that Early Intervention was closed like child care centers and other early childhood programs. We implemented an intensive outreach campaign in early Fall 2021 to let community agencies and pediatricians that EI never stopped providing services to families and encouraged them to continue to make referrals. This had a positive impact on our EI system. In addition, state American Rescue Plan Act (ARPA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act funds have been provided to the EI agencies to encourage staff retention and recruitment, and to help with outreach related activities to improve referral rates which, in turn, improves child count rates.

# South Carolina

- The State provided the following response(s) to large Year to Year change(s):

* For Section A, Birth through 2 Total by Other Settings, the settings report generated by the state’s data system excludes active children who have an IFSP in place, but whose services are limited to service coordination and/or collateral services (e.g., foreign language interpretation, transportation, etc.). To ensure the submission meets the data validation checks in ED*Facts* Metadata and Process System (*EMAPS*) (i.e., the total for child count matches the total for primary settings), South Carolina has chosen to include these children in the Other Settings category.

# South Dakota

- The State provided the following response(s) to large Year to Year change(s):

* Section A – Birth through 2 Total by Community: During to the COVID-19 State of Emergency (Year 2), most community-based settings such as day care, library, community centers etc., were closed or did not allow outside entities into their facilities due to health concerns. Along with this, many families began working remotely from home and children were served via OSEP approved alternative methods in their home setting. In 2021 (Year 3), South Dakotans began returning to pre-pandemic scenarios. Therefore, children were once again seen in community-based settings such as day care, library, community centers, etc.
* Section E - Total Hispanic/Latino: During the Pandemic (Year 2), child count decreased throughout the state for all ethnic groups. In 2021 (Year 3), South Dakotans began returning to pre-pandemic scenarios. Likewise, the number of Hispanic/Latino infants and toddlers served increased. The Hispanic/Latino ethnic category normally has a small N-size, therefore, any increase in child count will indicate a greater impact when comparing year-to-year percentages.

# Tennessee

- The State provided the following response(s) to large Year to Year change(s):

* Section A - Birth through 2 Total by Community and Section A - Birth through 2 Total by Other Setting: The onset of the pandemic (COVID-19) prompted the state to all but cease therapies in "Community" setting for a significant time period, replacing them with virtual (online) visits, originally considered as "Other" in Tennessee's Settings data until the Tennessee Early Intervention Data System (TEIDS) could be updated to appropriately capture services delivered via telehealth while ensuring appropriate reimbursement for services. The modification was deployed July 1, 2021, but continued to impact settings data throughout SY 2021-22.
* Section B - Total Hispanic/Latino: Tennessee Early Intervention System (TEIS) had an increase across all race/ethnicity categories between Year 2 (SY 2020-21) and Year 3 (SY 2021-22). The category of “Hispanic/Latino” accounted for an increase. Between July 1, 2020, and July 1, 2021, the largest population gains among Tennessee cities were in the middle region. Analysis showed the largest percentage of increase in six of Tennessee’s 95 counties, five counties of which are in middle TN. County data were sent to the three TEIS districts with the largest increases for leadership to review for input. Responses indicated increased job opportunities likely contributed to the increase.
* Section E - Total Two or more races: TEIS had an increase across all race/ethnicity categories between Year 2 (SY 2020-21) and Year 3 (SY 2021-22). The category of “Two or more races” accounted for an increase. Analysis showed the largest percentage of increase in 10 of Tennessee’s 95 counties. County data were sent to the four TEIS districts with the largest increases for leadership to review for input. Responses contributed the change to increased referrals in the 10 counties.

# Utah

- The State provided the following response(s) to large Year to Year change(s):

* Section A - Totals 2 to 3: In 2021, there was a flagged increase in the number of children 2 to 3 years of age who received services, compared with 2020. Utah had an overall population increase between 2020 and 2021. During 2020, many families desired to delay services for several months due to the COVID-19 pandemic. In 2021, local EI programs identified a large push of referrals and services related to social-emotional and language delays.
* Section B – Total Hispanic/Latino, Section B – Total Asian, Section B – Total Two or more races, Section E – Cumulative Total Asian: In 2021, there was a flagged increase in the total number of children birth through age two of Hispanic/Latino, Asian, or Two or more races/ethnicities who received services, compared with 2020. Utah had an overall population increase between 2020 and 2021. Local EI programs performed child find practices which included reaching out to pediatric clinics and attending early childhood community events. Enrollment of children residing on and around military bases increased in 2021. During 2020, many parents desired to delay services for several months due to the COVID-19 pandemic. This may have caused peripheral increases of culturally diverse children later through the pandemic and may have been especially challenging among families with limited stability or resources. In 2021, local EI programs identified a large push of referrals and services related to social-emotional and language delays.

# Virginia

- The State provided the following response(s) to large Year to Year change(s):

* Changes for Section A - Birth to 2 more children served in community (safe) and other (safe) settings are due to COVID-19.
* Changes for Sections B/E - Total Hispanic, Section B/E - Total Asian, and Section B - Two or More Races reflects census increases in these populations and equity efforts.
* Since COVID-19 impacted minorities more severely, it is expected that more children from these groups will enter Part C.

# Washington

- The State provided the following response(s) to large Year to Year change(s):

* Section A: Birth through 2 Total by Community: We strive to serve children in their natural environment and have been able to successfully implement training and guidance to emphasize this to our contractors and service providers. Children served in a community setting are served in childcare centers and family daycares. Based on analysis shared by the State Interagency Coordinating Council (SICC) Data Committee, new COVID 19 protocols that were implemented over the course of the recent reporting period allowed these centers and family daycares to re-open and offer services to families. This increase in availability of childcare also increased the number of services that were provided in the community setting. Families were able to take advantage of services being offered while their child attended childcare.
* -Section A:Birth through 2 Total by Other Setting: After consultation with the SICC and more in-depth analysis of our data, we were able to narrow this increase down to one provider agency. This provider entered all virtual services in the “other” category, rather than in the “Home” setting. This was a reporting error on the part of the provider.
* Section B:Total Asian: Analysis of our data show that the increase of children identifying as “Asian” is primarily attributed to programs in one county where there is a large population of Asian families. This county has been increasing recruitment efforts and has seen an increase in referrals as a result. This overall increase in children referred to Early Support for Infants and Toddlers (ESIT) is also reflected in the higher number of children identifying as “Asian” in our dataset.
* Section B: Total Two or more races: The total number of children served in this category is similar to the number of children identifying as “Two or more races” in the data from SY 2019-20 and we believe that this is related to the overall increase of children receiving ESIT services in SY 2021-22.

# West Virginia

- The State provided the following response(s) to large Year to Year change(s):

* West Virginia (WV) observed a large year-to-year increase in the number of infants/toddlers receiving services in our African American and Two or more races population. Overall WV observed an increase in the total number of infants/toddlers receiving services for this reporting period which can be most noticeable in these minority populations with lower child counts. WV is observing our child count return to pre COVID-19 child count numbers and is showing an increase even from pre COVID-19 reporting periods. WV also observed a decrease in the number of infants aged 1-2 in our At-Risk population; the At-Risk population is small and just slight variations in numbers can be flagged.

# Wyoming

- The State provided the following response(s) to large Year to Year change(s):

* During the COVID-19 pandemic, Wyoming saw an increase of Hispanic families moving from larger suburban areas to less populated regions. Increased reach out between regions, local physicians, and area churches has increased referrals during this time as well. Regarding the decrease in children served in the "Other" category", regions are reporting going back to serving more kids in home or community-based settings, as COVID-19 numbers are continually on the decline and parents are more comfortable using these settings for services again.