

Data Notes for IDEA, Part C

These data notes contain information on the ways in which states collected and reported data differently from the OSEP data formats and instructions. In addition, the notes provide explanations of significant changes in the data from the previous year.

- 2002 Child Count
- 2001 Settings
- 2001-02 Exiting
- 2001 Services
- 2001 Personnel

2002 Counts of Infants and Toddlers Served

Alaska—Alaska’s child count includes 46 children over the age of 3 years. All 46 are counted in the column for children ages 2-3 years. These 46 children are awaiting enrollment in Part B services. In order to provide continuity of services while the LEA initiates an IEP, Alaska state regulations provide for serving children with Part C funds for up to 6 months past their third birthday (7AAC23.080(d)).

Alaska estimated race/ethnicity for 63 children. The state estimated race/ethnicity by distributing the 63 children proportionally based on the known racial/ethnic makeup of Part C children who are the same age.

Arkansas—The number of Hispanic children served in 2002 increased significantly over 2001 as a result of an increase in public awareness activities and an increase in the state’s Hispanic population.

California—The data are based on the number of Early Start consumers reported by the regional centers and by the California Department of Education. This represents all program participants.

In 2002, the number of children reported to the California Department of Education with a missing or unknown race/ethnicity was smaller than in 2001. This decline is the result of the assistance provided to local program implementers on reporting race/ethnicity and a clarification of the instructions related to reporting race/ethnicity. More accurate reporting also resulted in fewer children reported in the Hispanic category and more children reported in the other racial/ethnic categories. As a result, the number of children reported in each of the race/ethnicity categories varies significantly from last year's data.

In 2001, California did not report the number of at-risk children it served. In 2000, California reported an estimate of the number of at-risk children served. In that year, the state counted any child who did not have a diagnosed developmental disability as at risk. In 2002, California based its at-risk count on the results of a study of children entering Part C in 1998. For each regional center, the state determined what proportion of children entering Part C in 1998 became eligible for services based on a diagnosed developmental disability by the time they reach school age. The school-age population was not included in the analysis because California public schools do not serve high-risk children as a distinct target population. The results of this analysis were used to estimate the at-risk count for 2002.

Georgia—Georgia estimated race/ethnicity for 156 children.

Minnesota—One small district did not report its child count and is excluded from the state count.

Missouri—The state is implementing a new statewide database. Phase I was implemented April 1, 2002, and covered 17 counties. The 2002 child count data for these 17 counties are in the new database. Phase II implementation occurred March 1, 2003, and covered the remainder of the state. All of the 2003 child count data will be in the new database.

Nevada—The state attributes the decrease in the number of children served to unfilled and/or frozen direct service positions. Because of staff shortages, Nevada is unable to serve all of the children with disabilities that it identifies. There is a waiting list. In addition, Nevada no longer serves children who are at risk. This change in state policy was implemented for the 2001 child count.

New York—There was a substantial increase in New York's child count as a result of a number of factors: the impact of the September 11th attacks on the World Trade Center, improved data entry, shortened duration to IFSP, and increased rate of referral.

New York's child count includes children over the age of 3 years. All of these children are counted in the column for children ages 2-3 years.

New York estimated race/ethnicity for 11,697 children.

Ohio—The state believes that its 2002 child count is an undercount. During the last 6 to 9 months, the state implemented a new web-based data collection system, and it is possible that all the problems have not yet been ironed out.

Oregon—Because December 1 was a Sunday, the state informed OSEP that its child count was taken on December 2, 2002.

Rhode Island—The state reported that the 15% increase in its child count reflects increased outreach efforts in 2002.

Rhode Island's child count includes 36 children (2.9% of the total count) over the age of 3 years. They are counted in the column for children ages 2-3 years.

Rhode Island estimated race/ethnicity for 137 infants and toddlers (10.96%) with a reported race/ethnicity outside the five OSEP categories. These children were proportionately assigned to a race/ethnicity based on the distribution of race/ethnicity for other children.

The state also reported that it is changing the response options in its data system in response to feedback and quality assurance reviews. The system is still in development, and data elements are being defined more clearly.

South Carolina—The number of children reported by South Carolina dropped substantially because of better data reporting. South Carolina recently implemented a new web-based data collection system. Using the new system, the 2002 child count includes only those children who are eligible and have a complete initial IFSP. In previous years, South Carolina's child count incorrectly included all children referred for services.

Washington—Because Washington did not estimate race/ethnicity for the 252 (7.2%) children coded in the state system as other, the number of children reported by race/ethnicity is smaller than the number of children reported by age.

20001 Early Intervention Service Settings

Alaska—Alaska estimated race/ethnicity for 96 children. It estimated race/ethnicity by distributing the 96 children proportionally based on the known racial/ethnic makeup of Part C children.

California—In 2001, California reported primary setting for all children reported on its child count for that year. In past years, this was not true. For example, in 2000 no settings data were provided for 12,559 (56%) children. As a result of this improved reporting, there are dramatic changes in these data.

In California, some infants enter Part C while still residing in a newborn intensive care unit (NICU). These are the children reported in the hospital setting.

As a result of revised and improved data sources for determining race/ethnicity, the racial/ethnic distribution of California's Part C children varies from past years.

Connecticut—The one child reported in the other setting category received his/her early intervention services as an office supervised visit through child protective services.

Colorado—Colorado reported that it did not include 475 children in the settings data because the state was unable to determine what services they received. Eleven of these children are Asian, 16 are Black non-Hispanic, 109 are Hispanic, 329 are White non-Hispanic, and 10 are American Indian. For these same 475 children, 86 are in the 0-1 age group, 131 are in the 1-2 age group, and 258 are in the 2-3 age group.

District of Columbia—Of the 32 children reported in the other setting category, 19 received their early intervention services in a hospital on an outpatient basis; 9 received their services primarily in a school for the deaf; and 4 children received their services primarily in community child care settings.

Delaware—Children reported in the other setting category include those receiving their early intervention services primarily in a facility for medically fragile children.

In the past, Delaware interpreted that service coordination should be listed in the category other location. Last year, guidance from Westat indicated that if the location of the service was home for service coordination, then that is the appropriate category. This yielded a -99.78% difference from one year to the next. Other now includes only those settings not listed in the defined categories.

Florida—Although there was an increase of 22% in the number of children served in programs for developmental delay, the state believes that this change does not imply the use of more restrictive settings. These programs are predominantly integrated programs where the EI program supports early intervention special instruction in a holistic setting.

Florida explains the 86% increase in the number of children reported in the programs for typically developing children category, the 150% increase in the home category, the 73% decrease in service provider location category, and the 58% decrease in other locations category to the state's efforts to shift the service delivery model to more natural settings.

Georgia—Georgia estimated race/ethnicity for 124 children.

Illinois—In 2001, Illinois used payment data, rather than the IFSP, to determine primary setting. The children reported in the other setting category all had active IFSPs in place on the report date, but because the state had not yet paid for any services for these children (except service coordination) it had no data from which to determine primary setting. There are at least four reasons why no services had been paid for:

1. The child was not ready for services. The state is only tracking the child for supervision. This is most common for infants.
2. Because the IFSP started close to December 1, the state had received no bills to pay.

3. Because the insurance provider paid for all services, there were no state payments to base primary setting on. Illinois requires the use of insurance when it will cover authorized services.
4. In part of the state, a group of school districts provide free early intervention services. Although the local service coordination agency provides supervision and case coordination services to some of the children served, the districts do not accept payment. For children served by these districts, the state has no payment basis from which to determine primary setting.

Kentucky—Kentucky’s data collection only includes two service settings: home or community-based setting and office or center based. Of those children reported in the office or center-based setting, some are receiving services in settings designed for children with developmental delays, and others are receiving services in settings for typically developing children.

Maryland—Because Maryland did not estimate race/ethnicity for 238 children (4.9%), in the settings data, the number of children reported by race/ethnicity is smaller than the total number of children reported by age.

Massachusetts—The settings data reported for 2001 differ from the data reported in previous years because Massachusetts changed how it determines primary setting. In the past, Massachusetts counted 100% of its children in the home setting because all children receive at least one home visit. In 2001, Massachusetts used the summation of service hours received during early intervention fiscal years 2001 and 2002 to determine program setting.

Missouri—Children reported in the other setting category received their early intervention services in clinics, at a parent's office, and at unknown locations.

Nevada—Two of the largest programs, both traditionally clinic/center based, continue to shift their service delivery to natural environments

North Carolina—The state reported that it includes children served in Head Start in the category programs designed for typically developing children.

Ohio—Ohio bases primary setting on services received, not on the IFSP. Because the primary site of service was not a required data field on the services database, primary setting could not be determined for 1,297 children. Primary setting could not be determined for an additional 5 children because they received no services. Ohio’s new data system, implemented January 1, 2002, requires data entry for primary site of service. This will reduce the number of children whose primary setting is unknown.

Puerto Rico—According to Puerto Rico, children reported in the other setting category received their early intervention services in communal centers, private child care settings, and at the cerebral palsy center

Rhode Island—Rhode Island estimated race/ethnicity for 123 (11.29% of the total count) infants and toddlers reported by setting.

Rhode Island's settings data include 3 children (1.27% of the total count) over the age of 3 years. They are counted in the column for children ages 2-3 years.

The state is still reviewing and correcting the data system that was put in place in 2000. Because the new data system defines settings more clearly, the other settings category was used less in 2001 than in 2000.

However, the IFSP form does not currently include a space for defining other locations. For the 32 children reported in the other setting category, the definition of other comes from the services rendered form. This form is completed by providers at the time the services are provided. In the future, providers will be asked to define other location on the IFSP. Until then, it is possible that the number of children reported in the other setting category is inflated. The location codes will be reviewed and more clearly defined in the next 5 months. The state expects that the data for 2003 will be cleaner.

Virgin Islands—Because the settings data reported by age were notably different from the data reported by race/ethnicity, the race/ethnicity data were not included in the 26th *Annual Report to Congress*.

Washington—Because Washington did not estimate race/ethnicity for the 191 (6.2%) children coded in the state system as other, the number of children reported by race/ethnicity is smaller than the number of children reported by age.

According to Washington, the child reported in the other setting category received his/her early intervention services at his/her mother's workplace.

Wyoming—According to Wyoming, children reported in the other setting category are those who received their early intervention services at their parents' workplace.

2001-02 Early Intervention Program Exiting

Alaska—Alaska's exit data include 76 children whose race/ethnicity was unknown. The state estimated its race/ethnicity by distributing the 76 children proportionally based on the known racial/ethnic makeup of the exit category.

California—The state explained that because the 2001-02 race/ethnicity data are more accurate, the racial/ethnic makeup of children in the exit categories may be different from 2000-01.

The state also reported that this is its first full year of reporting exit data using exit codes that conform to the OSEP exit categories. As a result, the number of children

reported in some exit categories is much lower, and the number reported in other exit categories is much higher. The 2001-02 data were also affected by revised regulations for special incident reporting and by a new automated data system. This system now captures all deaths, resulting in an increase in the number of deaths reported.

Delaware—Delaware implemented a major effort to improve data accuracy for children exiting Part C. These efforts include the introduction of a revised Exit Data Form, now used statewide. In addition, the state is monitoring the exit data more closely, specifically, the use of the exit category Part B eligibility not determined, no referral.

Georgia—Georgia reported that it estimated race/ethnicity for 160 children exiting Part C. Georgia also reported that it reported children whose exit reason was not known in the category attempt to contact unsuccessful.

Maryland—Because Maryland did not estimate race/ethnicity for 208 (5.1%) children, the number of children reported by race/ethnicity is smaller than the total number of children exiting.

Massachusetts—Massachusetts reported that its exit data include children whose parents signed an IFSP, but who never received any services based on the IFSP. It excluded from its exit data those children who were transferred to another EI program at the time of their discharge.

North Carolina—The state reported that its exit data include children who did not meet eligibility criteria for I-TP in the exit category completion of IFSP prior to reaching maximum age.

The state also reported its cross-walk of other state exit categories into the OSEP exit categories. North Carolina cross-walked:

- entered into preschool program and eligible for preschool program; family refused services into OSEP's exit category Part B eligible.
- not eligible for preschool program into OSEP's exit category not eligible for Part B, exit to other programs.
- other into OSEP's exit category Part B eligibility not determined.
- moved, address unknown or out of state into OSEP's exit category moved out of state.
- parent refused enrollment and parent discontinued participation into OSEP's exit category withdrawal by parent.
- lost to follow-up into OSEP's exit category attempts to contact unsuccessful
- children who aged out without a closure report into OSEP's exit category Part B eligibility not determined.

The state does not report on the exit form those children coded as transferred to another county.

Rhode Island—Rhode Island estimated race/ethnicity for 82 (9.36%) of the children exiting Part C in 2001-02.

Some changes in Rhode Island's exit data are the result of revisions to its exit codes. In 2000, Rhode Island implemented a new data collection system. However, when implemented, the system could not distinguish between children not eligible for Part B who exited with a referral to another program and those who exited without a referral. All of these children were classified by the system as exit with no referral. In late 2000, the discharge codes were corrected to make the distinction possible. These revised codes were used for the entire 2001-02 data collection period. As a result, in 2001-02 more children were classified as exiting with referral, and fewer were classified as exiting without referral. Rhode Island state law mandates that all children who exit Part C without completing IFSP goals must be referred when possible.

The state is reviewing the transition process and will conduct transition training in 2003. At that time, the state will make additional code changes to its data system to make the transition data more clear.

Washington—Because Washington did not estimate race/ethnicity for the 144 (5.8%) children coded in the state system as other, the number of children reported by race/ethnicity is smaller than the total number of children exiting.

2001 Early Intervention Services

Arizona—For social work services, the number of children reported by race/ethnicity is 300 children (65.4%) smaller than the total number of children reported.

Colorado—Children reported in the other early intervention services category include children and families receiving monitoring, cranio-sacral therapy, and hippotherapy.

Connecticut—Children reported in the other early intervention services category include children and families receiving services from a board-certified behavior analyst.

Delaware—Children reported in the other early intervention services category include children who received developmental (non-medical) evaluations. Delaware reported that it continues to refine its data collection effort to better define this service category.

Georgia—Georgia estimated race/ethnicity for 401 children. Children reported in the other early intervention services category include children and families who received service coordination or applied behavior analysis, an intervention

specifically focused on intensive work with young children with autism spectrum disorders.

Idaho—Children reported in the other early intervention services category include children and families who received translation services, interpreters, infant massage, kindermusik, bill assistance (utilities, telephone, funeral), or help with purchases (diapers, strollers, cribs, breast pumps, high chairs, humidifiers, house cleaning).

Indiana—Children reported in the other early intervention services category include children and families who received interpreter services, Lovass therapy, or discrete trial training.

Kansas—Children reported in the other early intervention services category include children and families who received the Exceptional Family Member Program (military), New Parent Support Program (military), foster care case management, transition planning, deaf educator services, playgroup, interpreter services, services from an autism consultation, services from an autism speech assistant, Early Head Start, or family service and guidance.

Kentucky—Children reported in the special instruction service category include children receiving what Kentucky calls developmental intervention.

Maryland—For 13 of the 17 service categories, the number of children reported by race/ethnicity is smaller than the total number of children reported.

Massachusetts—In previous years, Massachusetts used its early intervention personnel data to estimate the number of children receiving services in each service category. This year, Massachusetts based the services data on the IFSP information and service delivery data for the timeframe of the IFSP in place on December 1, 2001. As a result, the services data look quite different this year.

For some categories, Massachusetts continued to estimate services. These service categories are assistive technology services/devices, audiology, nutrition services, special instruction, and vision services.

- Children with an assistive technology or device are counted in the assistive technology services/devices category.
- Children whose IFSP includes nutrition as a specialty service are counted in the nutrition services category.
- Children receiving autism/PDD services are counted in the special instruction category.

- Children with certain diagnoses are counted in the audiology or vision services categories. For example, children with severe hearing loss are counted in the audiology category.

Massachusetts does not provide health or medical services according to the OSEP definition.

Michigan—Children reported in the other early intervention services category include children who received playgroups or service coordination.

Minnesota—Minnesota did not report early intervention services by race/ethnicity.

Missouri—Children reported in the other early intervention services category include children who received interpretive services or a developmental assessment.

Montana—Children reported in the other early intervention services category include children who received a toddler group, deaf/blind assistance, Eagle Mount (therapeutic recreation for disabled persons), daycare, NICU follow-up clinics, swimming, massage therapy, Early Head Start, Friends to Youth, Hab aid (Habilitation Trainers who follow through on the FSS recommendations in the IFSP), travel to medical follow-up, educational material, genetic counseling, ENT, recreation, or activity fees.

North Carolina—Children reported in the other early intervention services category include children who received genetic services, a preschool/program (Part B), financial assistance, an alternative residential placement, Supplemental Security Income, before and after school – summer care, immunizations, well child care, housing, WIC program services, a multidisciplinary evaluation and assessment, child care, other referrals, a hearing translator/interpreter, hearing consultant, vision consultant, non-English translator, referral to CAP MR/DD, referral to behavior management, and referral to parent skill training.

Children reported in the family training, counseling, home visits, and other support service category include children receiving family counseling and therapy, parent support programs, and in-home support.

Children reported in the special instruction category include children receiving home and special instruction.

Nebraska—Children reported in the other early intervention services category include children and families who received interpreter services, recreation, or services coordination.

New Hampshire—Children reported in the other early intervention services category include children and families receiving transdisciplinary services ($N=478$) and family support ($N=218$).

New Mexico—Children reported in the other early intervention services category include children who received service coordination.

Northern Marianas—Children reported in the other early intervention services category are those who received services from the Shriner's Clinic or Cleft Palate Clinic.

Ohio—Ohio reported that 1,687 children are missing from its services data, probably because the services data were not required data fields in its old data system.

In January 2002, Ohio implemented a new data system that requires data entry for the services data fields. This should result in better services data next year.

Children reported in the other early intervention services category include children and families who received child care, child protective services, clothing, drug/alcohol, education, employment, financial help, housing, legal assistance, recreational/social, rehabilitation, shelter (temporary).

Oklahoma—Children reported in the other early intervention services category include children and families who received services from an orientation mobility, child development, or child guidance specialist.

Oregon—Children reported in the other early intervention services category include those who received transportation services, services from an instructional aide/assistant/intervener, and augmentative communication, autism spectrum disorder, behavior/behavior consultation, braille, ESL/migrant, sign language interpreter, language interpreter for the parent, and transition services.

Rhode Island—Rhode Island estimated the race/ethnicity of 492 (10.62% of the total count) children.

In Rhode Island, all children receive service coordination. As per the reporting instructions, service coordination is not included in Rhode Island's services data

Three new providers started in the year 2000. The new system is still in development, and data elements are being defined more clearly. HEALTH is changing some of the data response options in the system due to the feedback. HEALTH has offered new IFSP training that includes better goal writing and family participation. The code other was noted as a problem code in 2002; providers have been asked not to use other but to choose a better description of the services provided.

Children reported in the other early intervention services category include those receiving transition planning ($N=167$) and translation services ($N=116$). Together

these services account for 48% of the children reported in the other services category.

Texas—Children reported in the other early intervention services category include children and families who received translation/interpretation services, hippotherapy, sign language education, or music, play, or aqua therapy.

Vermont—Children reported in the other early intervention services category include children and families who received aquatic therapy, services from a personal care assistant or childcare aide, or childcare.

Virginia—Children reported in the other early intervention services category include children and families who received service coordination.

Washington—Because Washington did not estimate race/ethnicity for children coded in the state system as other, for most service categories the number of children reported by race/ethnicity is smaller than the total number of children reported.

Other early intervention services include hydrotherapy, interpreter, care-taker, screening and/or assessment consultation, Early Head Start program, aquatic center swimming, screening and evaluation consultation, ENTs, follow-up with CHRMC, neurology, support application for developmental delay, and therapeutic horseback riding.

2001 Early Intervention Personnel Employed

Alaska—The state reported that personnel in the other professional staff category include 8.0 FTE master's degree in early childhood special education, 2.0 FTE BS or BA in special education, 13.2 FTE BS or BA in education or early childhood education, 2.0 FTE BS in speech/communication disorders, 1.0 FTE BA in audiology.

Alabama—The other professional staff category includes home trainers, developmental specialists, and a music therapist.

Arizona—The other professional staff category includes audiological test assistants, developmental screeners, and sign language instructors.

California—This is the first year California reported Part C personnel data. In past years, the state reported that it had no reliable method for collecting personnel data. This year, California estimated personnel data using the DDS purchased services database. These data were designed for billing purposes and are not ideal for reporting personnel data. It took many programmer hours to produce these rough estimates. In the future, the state plans to use more refined methods for estimating personnel.

Delaware—Delaware is working to refine the data collected from providers to better define the other professional staff personnel category.

Hawaii—The other professional staff category includes executive directors, administrative assistants, program managers, support specialists, and clinical staff.

Iowa—The other professional staff category includes regional coordinators, technology and staff development staff, and other health service providers.

Illinois—The other professional staff category includes ophthalmologists and other vision staff.

Indiana—The other professional staff category includes service coordinators, vision specialists, optometrists, and interpreters.

Kansas—The other professional staff category includes Spanish interpreters, director/administrative staff, teachers of hearing impaired children, behavior specialists, administrative assistants/secretaries, assistive technology specialists, vision teachers/specialists, transition services staff, deaf education, teachers of vision impaired children, certified occupational therapy assistant, SLA, physical therapy assistance, physical therapy/occupational therapy aid, and CDA.

Kentucky—The other professional staff category includes group therapists, teachers of deaf and children who are hard of hearing, and teachers of children with visual impairments.

Massachusetts—The other professional staff category includes specialty providers, orientation and mobility specialists, deaf educators, teachers of the deaf, and expressive therapists.

Michigan—The other professional staff category includes service coordinators and consultants.

Missouri—The other professional staff category includes interpreters and developmental assessors.

Montana—The other professional staff category includes special needs assistants, OT/PT assistants, Early Head Start staff, nurse for NICU follow-up clinic, swimming instructor, massage therapist, family support specialists, MT adaptive equipment staff, and Friends to Youth staff.

Nebraska—The other professional staff category includes program supervisor/director, program consultants/coordinators, speech language technicians, home school liaison, special education administrators, administrative supervisor/director, and administrative coordinator.

Nevada—Nevada experienced a 12.26% decrease in total staff between 2000 and 2001. It attributes the decline to the governor’s freezing staff vacancies and staff positions. Approximately seven public service intern positions were eliminated as a result.

New Jersey—The other professional staff category includes service coordinators (82.23 FTE) and child development specialists (2).

New Mexico—The other professional staff category includes service coordinators, parent advisors, and role models for the deaf.

New York—New York assumes that physicians providing services are primarily pediatricians, and therefore counts all physicians providing early intervention services as pediatricians.

The other professional staff category includes certified low vision specialists.

Northern Marianas—The other professional staff category includes site managers and office/data clerk.

Ohio—This was the first year that Ohio collected personnel data using a survey of each county’s Help Me Grow Program. This survey method of collecting personnel data may underreport the non-Help Me Grow personnel listed on IFSPs. In prior years, Ohio used a different survey method to collect these data. It is felt that the old survey method overestimated the personnel count.

The other professional staff category includes adaptive PE personnel, behavior support personnel, case managers, communication specialists, driver/transportation personnel, Early Start providers, family advocates, family stability coordinators, family support coordinators, mental health therapists, music therapists, outreach personnel, playground leaders, parent coordinators, parent educators, parent mentors, prevention specialists, project directors, regional infant hearing program specialists, rehabilitation technology specialists, respite workers, sign language specialists, and supervisors.

Oklahoma—The other professional staff category includes child development specialists, patient care assistants (translators), consultants for children who are deaf or hard of hearing, and vision consultants.

Oregon—The other professional staff category includes autism specialists, behavior specialists, assistive technology specialists, CDS, and augmentative communication specialist.

Puerto Rico—The other professional staff category includes data entry staff, administrators, directors, evaluators, and epidemiologists.

Rhode Island—The other professional staff category includes administrators (9.98), interpreters (2.50), early interventionists (5.59), early childhood educators (11), parent consultants (6.83), operations support staff (16.83), service coordinators (31.35), clinical supervisors (8), and state staff (6).

South Carolina—The other professional staff category includes intake and eligibility staff.

South Dakota—The state discovered that the query used to report the personnel data for 2000 used 15 minute units to calculate FTEs, not the number of hours. However, the results were reported in hours. As a result, more FTEs were reported than were actually used. This error resulted in an overcount of personnel for 2000 and explains the large decrease in total staff for 2001.

Tennessee—The other professional staff category includes program directors and child care personnel.

Texas—The other professional staff category includes early intervention specialists, program directors, educational diagnosticians, licensed professional counselors, and psychological associates.

Utah—The other professional staff category includes administrative personnel, B.S. Com.D, sociology, early childhood, family growth and development, vision specialists, specialists for deaf children, and mentors for deaf children.

Vermont—The other professional staff category includes community resource parents.

Virgin Islands—The other professional staff category includes vision therapists.

Virginia—The other professional staff category includes counselors, certified therapeutic recreation therapists, and educational interpreters and generalist.

West Virginia—The other professional staff category includes 12 parent liaisons, 59 early childhood educators, and 41 family services specialists.

Wisconsin—The other professional staff category includes program directors.