

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the
Individuals with Disabilities Education Act

For reporting on
FFY 2023

Northern Mariana Islands



**PART C DUE
February 3, 2025**

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The CNMI Public School System (PSS) is a unitary educational system responsible for the provision and supervision of early intervention service and support for infants and toddlers with disabilities on three populated islands. PSS is the Lead Agency responsible for the implementation, supervision, and monitoring of the Early Intervention Program (IDEA Part C). The Commissioner of Education (COE) is the PSS Chief State School Officer responsible for administering the IDEA Part C. This Executive Summary includes a description of CNMI's IDEA Part C State Performance Plan (SPP) and Annual Performance Report (APR) for FFY 2023. A description of the CNMI's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement in the review of the SPP and APR, and how the CNMI will report the SPP and APR to the Public are provided separately within this Introduction section of CNMI's FFY 2023 APR.

In FFY 2023, the CNMI stakeholders looked at current data to identify if the CNMI met the target, showed improvement, or showed slippage in performance from the previous year. The Early Intervention program facilitated a process for ensuring broad stakeholder involvement and gathered input for the CNMI IDEA Part C FFY 2023-2024 APR. Stakeholders included the Interagency Coordinating Council (ICC), early intervention staff, parents, early childhood partner agencies, and the Board of Education. The review process included a discussion of OSEP's CNMI Part C determination letter issued on June 18, 2023, the RDA Matrix that consists of a Compliance Matrix, a Results Matrix, and a Compliance Score and Results Score. Also included are the following 3 documents: the 2022 Data Rubric Part C, the HTDMD, and the Dispute Resolution 2022-2023. With technical assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the stakeholders reviewed the performance data, national data for each indicator, and engaged in a discussion of each indicator's progress to determine performance, future targets, and to gather input or recommendations for improvement. This FFY 2023 APR includes current performance data on 10 of the 13 Indicator measures: Indicators 1, 2, 3, 4, 5, 6, 7, 8, 11, and 12. For each applicable SPP Indicator measure, CNMI reports FFY 2023 data to determine the CNMI's FFY 2023 performance and target.

For indicator 11, the CNMI's Part C State Systemic Improvement Plan (SSIP), has scaled up to meet the low performance area of expressive language. Stakeholders met to review current data, determine if the logic model and implementation plan are aligned with the State Improved Measurable Results (SiMR), and to identify if the CNMI met the target. The CNMI maintains the Theory of Action and Logic Model that was developed and aligned with the SiMR. The SSIP Implementation and Evaluation Plans continue to be used to ensure that the implementation of targeted activities is performed in efforts to meet the SiMR.

Specific Conditions imposed on all grants awarded to the CNMI for FFY 2023. The CNMI must report with its FFY 2023 SPP/APR submission, due February 2, 2025, on: (1) the technical assistance sources from which the CNMI received assistance; and (2) the actions the CNMI took as a result of that technical assistance –

1. Technical assistance received: CNMI continues to work with the Department's Risk Management Service (RMS) to address CNMI's Public School System Special Conditions through onsite and other technical assistance. As a result of the technical assistance provided, the CNMI PSS is no longer required to maintain and report on a Corrective Action Plan (CAP) but is required to submit a biannual report.

2. Actions taken as a result of the RMS technical assistance, the CNMI submits a biannual report with updates on its administration of Department grant funds, with an emphasis on areas of repeat audit findings. In addition, the CNMI PSS has:

A. Increased communication and dialogue with Federal Fiscal Office.

B. Improved information sharing regarding CNMI's longstanding non-compliance Special Conditions:

*Completed and submitted timely audit reports over the past five years; and

*Conducted the required activities and continue to demonstrate progress towards addressing the Special Conditions.

Additional information related to data collection and reporting

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

The CNMI has in place a system of general supervision and monitoring to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; improvement, correction, incentives, and sanctions; effective dispute resolution, and targeted technical assistance and professional development). In 2012, CNMI expanded the General Supervision procedures to include the three components of the Results Driven Accountability (RDA). CNMI's RDA is aligned with the US Department of Education, Office of Special Education Programs (OSEP), which shifted the accountability system to include a greater emphasis on improving early intervention results and functional outcomes for all infants and toddlers with disabilities in addition to monitoring compliance of the Part C IDEA requirements. These three components included –

* Creation of a State Systemic Improvement Plan (SSIP) that allowed States to select the area to be improved and identify the causes contributing to low performance. The SSIP is to be implemented in three phases: Phase 1: The analysis phase that will select an area contributing to low performance and identify measurable results to be improved. This phase includes an infrastructure analysis, identification of improvement activities, and a theory of action. Phase 2: Components of the SSIP that includes the identification of the infrastructure improvements, activities and timelines and methods to evaluate the SSIP implementation plan. Phase 3: The SSIP continues to be implemented and evaluated to determine the measurable results that are based on data and may be revised if needed.

- * Determination Levels are made annually based on levels of performance on results, as well as compliance; and
- * Differentiated Monitoring and Support (DMS) process for onsite verification that is conducted by OSEP or by the State's that are monitoring local Early Intervention Programs/ Providers.

The CNMI is a unitary system that is both state and local program there are no other programs that provide early intervention services in the CNMI. As part of the general supervision responsibility, Public School System (PSS) has mechanisms in place to identify and correct IDEA noncompliance and deficiencies within the Early Intervention (EI) system. The mechanism in place used to identify and correct noncompliance is an internal monitoring process that involves peer reviews, self-assessments, file reviews, data tracking, and child record reviews. Findings are analyzed to determine if the non-compliance is a system issue or individual EI Provider issue (failure to follow procedures or lack of documentation). Corrective measures are put in place to address any systemic issues and individual findings. The CNMI monitoring system is a continuous and ongoing process that encompasses several components that serve a different function. The monitoring components include the database, file reviews, the annual performance reports, self-assessments, quality assurance reports, parent forums, parent surveys, and a "drill down process." When non-compliance is found, either through the database, file reviews or another component, every effort is made to correct the noncompliance as soon as possible but in no case later than one year. When corrections are made, the correction is verified, and that area is monitored several times during the report year to demonstrate continued correction. For noncompliance in a time sensitive process, the activity is completed immediately and the "root cause" is discussed to determine if there continues to be systemic issues or an individual provider issue. When corrections are made, the correction is verified, and that area is monitored several times during the reporting year to demonstrate continued correction. The Monitoring Procedures, includes OSEP's Memorandum 09-02 on timely correction of non-compliance, a definition of a "Finding," a description of sanctions that are in line with PSS Disciplinary Procedures, the timelines and responsible party for the issuance of "Notice of Findings and/or Notice of Failure to Correct" from the Commissioner of Education, the monitoring responsibilities of the external monitor, and revisions to the file review checklist. CNMI PSS also has in place policies and procedures, consistent with IDEA 2004 regulations, to resolve complaints including procedures to resolve complaints through dispute resolution session settlements and mediation agreements.

The PSS monitoring activities for the Early Intervention Program include:

1. Integrated Monitoring on-site, off-site, and focused monitoring procedures conducted through internal and external processes of programs and services, including services provided through contracts with private providers for infants and toddlers with disabilities. The internal process is facilitated by personnel within the Early Intervention Program.
2. Focus Monitoring is a process that purposefully selects priority areas to examine for compliance and results while not specifically examining other areas for compliance. The Early Intervention Program implements a system of focused monitoring, when necessary, to identify and correct persistent noncompliance with IDEA requirements, including as a review of the quarterly progress report to the CNMI Interagency Coordinating Council (ICC). Focused Monitoring utilizes data from file reviews, the data base, the dispute resolution system, parent surveys and previous corrective action plans to select Service Coordinators or Service Providers that demonstrate difficulty implementing regulatory requirements (those with significant noncompliance or low performance). Monitoring is focused on the specific processes related to the indicators that put Service Coordinator or Service Provider on the Focus Monitoring list and is aimed at helping the Service Coordinator or Service Provider improve their compliance and performance on those indicators.
3. External Monitoring process is facilitated by the PSS Board of Education– Internal Auditor. PSS Accountability, Research, and Evaluation - Federal Programs Monitor or a contracted consultant, as designated by the Commissioner of Education. External Monitoring occurs every two (2) years. The PSS conducts a compliance review of Monitoring Priorities by an external monitor. The external monitor is defined as a person or entity outside of the Early Intervention Program, which could be the PSS Federal Monitor or a contracted consultant. PSS ensures that the external monitor is knowledgeable regarding IDEA Part C regulations, the monitoring procedures, and the PSS Early Intervention Program. The purpose of the external monitoring process is to identify the occurrence of noncompliance and to verify the reliability and accuracy of the data in the database, particularly of the monitoring priorities: 45-day evaluation, assessment and initial IFSP, 6-month IFSP reviews, annual IFSP reviews, timely services, and 90-day transition conferences.

The Early Intervention Program is a relatively small program housed in one location, the Children's Developmental Assistance Center. Therefore, all files for children who are currently enrolled (those who have an IFSP) are readily accessible for monitoring purposes. The Internal Monitoring Procedures include two main processes: A mid-year self-assessment process and an annual draw down from the database. The implementation of focused monitoring is developed based on the priorities established by the Early Intervention Program and/or in consultation with the CNMI ICC, one of the program's stakeholder groups. The External Monitoring Priorities Procedures is implemented on a bi-annual basis (every 2 years) and involves a compliance and performance review of the Early Intervention Program by an external monitor.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.

The Early Intervention Program reviews all child records with the reporting period.

Integrated Monitoring activities include an annual draw down of the database, file reviews, self-assessments, the dispute resolution system and a "drill down" or analysis of the data. Other data sources used to monitor the effectiveness, and the quality of the Early Intervention Program are parent surveys, family forums, and staff and community interviews. Data collected from monitoring activities are used to report and/or verify compliance or performance on State Performance Plan (SPP) targets that most closely align with improving developmental results and functional outcomes for infants and toddlers with disabilities and their families. The SPP Monitoring Priorities is a list of the SPP indicators in relation to the monitoring priorities. A finding of noncompliance is issued when noncompliance is identified through: 1) its internal file reviews; and (2) external monitoring process, when noncompliance with Part C requirements is identified under each of those processes.

The following information is on how each monitoring activity is conducted.

- a. Database Draw Down. The database, an excel program with edit checks, is drawn down once per year for all children typically at the end of the report year on June 30 and provides the necessary SPP and APR data as well as data on other IDEA related requirements. The database identifies compliance with time sensitive requirements, such as 45-day evaluation, assessment and initial IFSP meeting, 6- month and annual IFSP reviews, timely services, and 90-day transition conferences. The database also indicates documentation for any delays, if the IFSP included transitions steps and services, LEA notification date, outcome measurement data, monthly services provided as per the IFSP and exit information. New data fields and edit checks are added as needed to ensure collection and reporting of valid and reliable data.

Data Collection and Entry: Data Tracking forms are filled out with all pertinent information beginning at referral through exit. The initial Data Tracking form, with referral information, is filled out by the Data Manger prior to entering the data in the database. The Data Manger verifies the information by comparing the Data Tracking form to the information on the data source, the Referral Form. Thereafter, the Data Tracking Form is filled out by Service Coordinators and submitted to the Data Manager for entry into the database.

Data Verification: Service Providers are required to submit all documentation (evaluation reports, IFSP's, Daily Contact Sheets, Reason for Delay forms, etc.) to Service Coordinators within 2 days of completion of the "process". The Service Coordinators review the documents for accuracy and completeness and fill out the Data Tracking form. If data is missing or inaccurate, the Service Coordinator returns the documents to the Service Provider with an explanation and timeline for resubmission.

The Service Coordinator submits documents and the Data Tracking form to the Data Manager for entry into the database. The Data Manager reviews the documents and the Data Tracking form prior to posting them in the database to ensure the data to be entered is accurate and complete. If the data appears to be inaccurate or incomplete, the Data Manager returns the documents to the Service Coordinator with explanation and timeline for resubmissions. The Data Manager determines if technical assistance is needed to clarify Part C requirements if data and documents submitted continue to show inconsistency, inaccuracies or are incomplete.

b. File Reviews. File reviews serve several purposes. To ensure the "accuracy" of the data in the database (dates, ages, names, gender etc.). The IFSP file information, the data source, is compared to the data base information to ensure correct data is entered in the database. To determine if IFSP files include all CNMI required documentation, such as Daily Contact Sheets, Reason for Delay Forms, copies of consents and authorization forms, evaluation and assessment reports, signed copies of receipt of procedural safeguards notices, meeting notifications, signed copies of receipt of Prior Written Notices, and other information.

c. Self-Assessment. A self-assessment is an interval process that is conducted through on-site, off-site, and focus monitoring procedures. The self-assessment is facilitated by personnel within the Early Intervention Program. A self-assessment is conducted annually, using the Child Record Review Checklist according to Service Coordinator assignments.

d. Dispute Resolution. Dispute Resolution System is used to identify and correct noncompliance with IDEA requirements and to identify components of the system that may need improvement. As a component of the general supervision monitoring activities, dispute resolution data, including child complaints, are monitored to ensure completion of procedures in a timely manner, effectiveness, or success of the procedures in resolving disputes, and trends in issues identified through the processes. Resolution agreements, settlement agreements, mediation agreements and Hearing Officer Decisions are monitored to ensure the agreements are implemented as stated in the agreement. Dispute Resolution data are also reported to OSEP in the APR.

e. Drill Down Analysis Data. Data Analysis or "Drill Down" Process is used to determine the root cause of a noncompliance or other issues. Appendix E: CNMI Identification and Correction of Noncompliance Process for Determination and Analysis provides a visually flowchart of the "drill down" process. When data indicate a noncompliance or a decrease in performance on an indicator is identified, the data and any other pertinent information are reviewed to determine the root cause of the noncompliance or poor performance. The drill down process looks to determine if the issue is "systemic" (a lack of or unclear policies or procedures) or an individual provider issue (the non-adherence to policies and procedures). The information from the drill down process is typically used for reporting progress or slippage in the APR indicator improvement activities and used to determine professional development and training needs.

Another monitor activity conducted to capture data sources used to monitor the effectiveness and quality of Early Intervention Programs include:

f. Parent Surveys and Forums. Data collected from annual parent surveys, forums, and interviews, is used to identify noncompliance specific to parent participation in the IFSP process and used to verify data in the IFSP files. Survey questions are designed to gather information from families regarding their participation in the IFSP process and the understanding of their rights. (refer to Appendix F for sample questions) Family Forums are a process used to validate the information from the surveys. Forums are facilitated by non-Public School System staff, typically a Technical Assistance Provider. A report of the information is provided to the Public School System Early Intervention Coordinator. The information is used to determine if noncompliance is occurring and to determine the necessary corrective action needed. The information is also used for reporting progress or slippage in the APR indicator improvement activities and used to determine professional development and training needs

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

The Early Intervention Program is a relatively small program housed in one location, the Children's Developmental Assistance Center. Therefore, all files for children who are currently enrolled (those who have an IFSP) are readily accessible for monitoring purposes. The Internal Monitoring Procedures include two main processes: A mid-year self-assessment process and an annual draw down from the database. The implementation of focused monitoring is developed based on the priorities established by the Early Intervention Program and/or in consultation with the CNMI ICC, one of the program's stakeholder groups. The External Monitoring Priorities Procedures is implemented on a bi-annual basis (every 2 years) and involves a compliance and performance review of the Early Intervention Program by an external monitor.

Internal Monitoring Procedures

Database Draw Down: At the end of the report year, June 30, the database is "frozen" in order to generate compliance data for reporting in the APR and to identify noncompliance --

- EI Director prepares the child selection list and provides a copy to the Service Coordinators.
- EI Director and Data Manager schedule with the Service Coordinators a time period to conduct the Self-Assessment, and interviews

Conduct Self-Assessment: The EI Director, the Data Manager and the Service Coordinators conduct Self-Assessment using the Child Record Review Checklist. The IFSP files are reviewed according to Service Coordinator assignments.

Post-Self-Assessment Activities: No later than 2 weeks upon completion of the Self-Assessment, the Data Manager compiles the Child Record Review results and prepares a preliminary monitoring report and provides a copy to the Service Coordinators and Service Providers of their performance on each monitoring indicator, including data generated from the database.

- The Service Coordinator or Service Provider is given a 5-day opportunity to confirm the data in the report or provide copies of documentation that substantiate that data was not correct if the Service Coordinator or Service Provider does not agree with the data as reported.
- Following confirmation of the data, the Data Manager will submit the Quality Assurance Report (monitoring report) to the EI Director.
- No later than 30 days from completion of the Self-Assessment, the EI Director will issue a written communication to the Service Coordinator/Provider regarding results of the Self-Assessment with the required enforcement, which may include a letter of commendation for demonstrating 100% compliance with the IDEA requirement or a Written Notification of Findings with the required Corrective Action Plan (CAP). (refer to the Enforcement Section of this manual for list of incentives and sanctions)
- The EI Director submits the results of the Quality Assurance Report to the ICC, the Commissioner of Education, and the Secretary of the Department of Public Health.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

A "Finding," the identification of noncompliance, is a Written Notification of Findings from the Early Intervention Director to a Service Coordinator or Service Provider that contains the conclusion that the Service Coordinator or Service Provider is in noncompliance, and that includes:

- a. Area of Noncompliance: The IDEA statute or regulation citation.
- b. Data and Evidence: A description of the quantitative and/or qualitative data supporting the monitor's conclusion that there is noncompliance with that statute or regulation.
- c. Actions Required for Verification of Correction: A statement that requires correction as soon as possible, but in no case later than one year from the written notification. The actions specified are the required correction for child-specific instances and verification of updated data for demonstration of correctly implementing the regulations specific to the citation.
- d. Additional Corrective Actions and Improvement Activities: Activities and timelines to support needed improvements.

Correction of Noncompliance: PSS ensures that noncompliance is corrected as soon as possible, but in no case later than one year from the identification of noncompliance. The correction of noncompliance timeline begins on the date of the written notification when the Early Intervention Director informs a Service Coordinator or Service Provider that it has concluded that the Service Coordinator or Service Provider is in noncompliance.

Consistent with OSEP Memorandum 09-02, dated October 17, 2008, included as verification of correction of noncompliance:

- a. Accounting for the correction of all child-specific instances of noncompliance; and
- b. Correctly implementing the specific regulatory requirements through the review of updated data demonstrating compliance.

For child-specific noncompliance that is not a timeline requirement, the Service Coordinator or Service Provider must ensure correction of the noncompliance in each individual case, unless:

- a. The requirement no longer applies; or
- b. The child is no longer within the jurisdiction of the Early Intervention Program.

In the event a Service Coordinator resigns from the program prior to the issuance of a Written Notification of Findings, a finding will not be issued. The family caseload will be reassigned to other Service Coordinators. All child specific instances of non-compliance will be corrected immediately if not already done.

Corrective Action Plan (CAP) Development: All noncompliance identified through the monitoring processes must be corrected as soon as possible, but in no case later than one year of identification. Within 15 days of receiving the Written Notification of Findings, the Service Coordinator or Service Provider must complete the Additional Corrective Actions and Improvement Activities section of the Written Notification of Findings to the EI Director. This section, considered the Corrective Action Plan (CAP), needs to address the findings and correction of noncompliance. The Corrective Action Plan is reviewed by the EI Director and revised if necessary. The Corrective Action Plan may include the following:

- Strategies related to improving policies and procedures
- Changing provider practices
- Providing training and technical assistance
- Modifying administrative structures including direct supervision
- Revision Duties and Responsibilities
- Timelines for activities and submission of progress reports
- Evidence of change and how change will be documented
- How the implementation progress will be monitored

Tracking the CAP Implementation and Verification of Correction: In accordance with the evidence of change requirements and established timelines in the corrective action plan, the Service Coordinator or Service Provider must report progress data to the EI Director, as stipulated in the CAP. The EI Director conducts regular progress monitoring of the implementation of the CAP. The EI Director verifies whether the child specific noncompliance is corrected by examining records and other documents as well as updated data to verify correction of identified areas of noncompliance and to ensure the Service Coordinator or Service Provider is correctly implementing the specific regulatory requirements. Additional data may be collected when warranted. Updated or subsequent data to verify correction must be 100% compliant. Nothing prevents the EI Director from including additional activities and requirements in the CAP.

Written Notice of Timely Correction: As defined in the CAP consistent with OSEP Memorandum 09-02, if correction of noncompliance has occurred within the specified timelines, the EI Director will issue a Written Notice of Timely Correction to the provider.

Written Notice of Failure to Correct: As defined in the CAP consistent with OSEP Memorandum 09-02, if the noncompliance is not corrected within the specified timelines, the EI Director will issue a Written Notice of Failure to Timely Correct the Noncompliance to the provider. As outlined in the Enforcement Section of the Manual, the EI Director will initiate sanctions and further action if necessary.

Focused Monitoring is a process that purposefully selects priority areas to examine for compliance and results while not specifically examining other areas for compliance. The Early Intervention Program implements a system of focused monitoring or Continuous Quality Improvement (CQI), when necessary, to identify and correct persistent noncompliance with IDEA requirements, including as a review of the quarterly progress report to the CNMI Interagency Coordinating Council (ICC). Focused Monitoring utilizes data from file reviews, the database, the dispute resolution system, parent surveys and previous corrective action plans to select Service Coordinators or Service Providers that demonstrate difficulty implementing regulatory requirements (those with significant noncompliance or low performance). Monitoring is focused on the specific processes related to the indicators that put Service Coordinator or Service Provider on the Focus Monitoring list and is aimed at helping the Service Coordinator or Service Provider improve their compliance and performance on those indicators.

External Monitoring occurs every two (2) years. The PSS conducts a compliance review of Monitoring Priorities by an external monitor. The external monitor is defined as a person or entity outside of the Early Intervention Program, which could be the PSS Federal Monitor or a contracted consultant. PSS ensures that the external monitor is knowledgeable regarding IDEA Part C regulations, the monitoring procedures, and the PSS Early Intervention Program. The purpose of the external monitoring process is to identify the occurrence of noncompliance and to verify the reliability and accuracy of the data in the database, particularly of the monitoring priorities: 45-day evaluation, assessment and initial IFSP, 6-month IFSP reviews, annual IFSP reviews, timely services, and 90-day transition conferences.

External Monitoring Priorities Procedures. Every two (2) years, PSS shall facilitate a compliance review of Monitoring Priorities by an external monitor. The external monitor is defined as a person or entity outside of the Early Intervention Program, which could be the PSS Federal Monitor or a contracted consultant. PSS ensures that the external monitor is knowledgeable regarding IDEA Part C regulations, the monitoring procedures, and the PSS Early Intervention Program. The purpose of the external monitoring process is to:

- Identify the occurrence noncompliance
- To verify the reliability and accuracy of the data

Every second year in the fall, the external monitor shall use the database to review compliance requirements for the Monitoring Priority Indicators of all children. To verify the accuracy of the data for the Monitoring Priorities, the external monitor will randomly select 10% or not less than 10 files to review.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

The ICC shall serve as the key stakeholder group for review and prioritization of targeted noncompliance and improved performance areas. PSS shall provide quarterly progress updates to the ICC that reports accomplishments and implementation issues of prioritized program improvement activities, which could trigger a need for focused monitoring. The quarterly progress updates respond to the OSEP Part C State Performance Plan/Annual Performance Report/ State Systemic Improvement Plan (SPP/APR/SSIP) submitted to OSEP annually. The ICC ensures that the findings and recommendations from the Monitoring Activities are incorporated into the quarterly progress updates. The ICC reviews the CNMI PSS Part C SPP/APR/SSIP at the end of each fiscal year to ensure information from the quarterly progress updates are incorporated into the Report. The ICC conducts a final review and approval of the CNMI PSS Part C SPP/APR/SSIP for submission to OSEP at least one month prior to submission deadline, which includes data and information related to the identification of noncompliance and correction of the identified noncompliance.

Technical assistance and professional development (TA/PD) is part of an effective general supervision system. TA/PD serves multiple functions to assist the Early Intervention Program in improving results and compliance. PSS supports capacity building of parents, providers, and community partners on evidence-based practices through professional development activities. These professional development activities are based on SPP/APR/SSIP performance and feedback from stakeholders on recommendations for improvement. For example, early childhood coaching, mentoring, trainer of trainers, meeting/ conference, and direct training from state personnel and /or other resources from national and state expert.

Dispute Resolution System is used to identify and correct noncompliance with IDEA requirements and to identify components of the system that may need improvement. As a component of the general supervision monitoring activities, dispute resolution data, including child complaints, are monitored to ensure completion of procedures in a timely manner, effectiveness, or success of the procedures in resolving disputes, and trends in issues identified through the processes. Resolution agreements, settlement agreements, mediation agreements and Hearing Officer Decisions are monitored to ensure the agreements are implemented as stated in the agreement. Dispute Resolution data are also reported to OSEP in the APR.

CNMI PSS's Finance department is the principal custodian of public funds earmarked by the CNMI central government. It has a primary task of managing funds that it receives to ensure that they are sufficiently and equitably made available. Guided by its strong, high-level accountability, transparent reporting system and led and managed by a team of highly qualified and trained finance and accounting professionals, the Finance department has successfully managed local dollars with its strict implementation, compliance, and adherence to generally accepted accounting principles and practices.

The Federal Programs Office (FPO) coordinates a centralized grants management office that is responsible for federal program drawdowns and federal reporting. The Federal Programs Office establishes federal grant budget allocations to schools and programs, conducts daily expenditure compliance certification, report weekly, monthly, quarterly grant expenditures, prepare and execute daily electronic drawdown of federal funds that are wired to our bank; prepares quarterly and annual program progress reports and conduct periodic school and program monitoring. The Federal Programs Office coordinates relations with federal grantor agencies, NGOs and conducts the indirect cost negotiations.

The Early Intervention (EI) Director will work closely with Finance Department and FPO in the procurement of goods and services need for the Program. Lastly, FPO works with the Finance Department and our contracted independent auditing firm to ensure that PSS has annual audits that have a clean opinion on both federal compliance and internal control. This has enabled PSS to attain low-risk auditee status for the past three years.

As noted earlier, PSS general supervision and monitoring system reflects the integration and relationship between and among the components. The PSS general supervision system includes eight components:

1. State Performance Plan (SPP) (to include State Systemic Improvement Plan that was initiated in 2013)
2. Policies, Procedures, and Effective Implementation
3. Data on Processes and Results
4. Targeted Technical Assistance and Professional Development
5. Effective Dispute Resolution
6. Integrated Monitoring Activities
7. Improvement, Correction, Incentives, and Sanctions
8. Fiscal Management

Each component informs and provides information to each other in order to connect, interact, and articulate a comprehensive system of general supervision. The Early Intervention Program collects, examines, evaluates and report data demonstrating compliance and improvement of each SPP indicator. In efforts to support program improvement, the Early Intervention program focuses attention on specific areas identified in the SPP as slippage or noncompliance. Furthermore, specific areas identified may be a result of the Continuous Quality Improvement (CQI) process.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

The PSS has the following processes to address areas of strengths and areas in need of improvement:

Incentives: The following incentives may be used to acknowledge individual or system performance or improvement:

- Letter of commendation/acknowledgement to the PSS Commissioner and/or DPH Director/Secretary.
- Program recognition in the local newspaper and/or during community activities.
- Personalized incentives, as appropriate for the individual.

Sanctions: The PSS reserves the right to use any appropriate enforcement actions to correct deficiencies related to compliance with IDEA requirements. Deficiencies are defined as failure to correct findings of noncompliance identified by the PSS and documented in the Written Notice of Failure to Correct based on the results of implementing the integrated monitoring activities.

Service Provider to correct the noncompliance, however, if the Service Coordinator or Service Provider does not correct the noncompliance within the specified timelines, but no later than one year from identification, the EI Director will notify the Commissioner of Education to take appropriate actions as per Board of Education Policy Part 400-Employee Discipline, Subpart A- Forms of Discipline. For services provided through contracts with private service providers, sanctions may include a notice to terminate the contract.

60-30.2-401 Formal Reprimand

60-30.2-402 Reduction in Rank or Pay
60-30.2-404 Suspension
60-30.2-406 Dismissal

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

The PSS is a unitary system with one Early Intervention Program that provides services to eligible infants and toddlers and their families on Saipan, Tinian, and Rota. Therefore, PSS monitors the (1) early intervention system as a whole.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

https://cnmipss.org/sites/default/files/mp.part_c.general_supervision_and_monitoring_procedures_v2024.508.pdf

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to EIS programs.

The PSS has a technical assistance system and mechanisms in place to ensure the timely delivery of high quality, evidence-based support that is provided to improve results for all infants and toddlers with disabilities. These evidence-based supports include the use of the Early Learning Guidelines, Case Tool Provider Checklist, CNMI's Early Childhood Coaching Fidelity Checklist, Tiers Of Intervention for Infants and Toddlers, and Early Childhood Family Coaching. The early childhood initiatives include TA provisions from National Centers, Regional Centers, or local support such as Guam CEDDERS. Due to the geographic location, accessing timely technical assistance support from Guam CEDDERS continues to meet the program's needs. Due to the need for training and technical assistance in the area of autism spectrum disorder, Guam CEDDERS in collaboration with the CNMI Special Education Program availed the services of Giacomo Vivanti Ph.D. and the author of "Implementing the Group-Based Early Start Denver Model (ESDM) for Preschoolers with Autism". In addition to the collaboration and support from Dr. Laura Vismara consultant for the ESDM Parent Coaching Practices training.

The PSS also accesses and benefits from universal technical assistance provided by OSEP and OSEP-funded TA Centers and Resources, either through publications, guidance tools, resource materials, monthly conference calls, and webinars specially on the ESDM Coaching, or in person on site assistance through Pacific Learning Collaborates or other venues. Technical Assistance such as the IDEA Data Center for evaluating the SSIP plans and high-quality data use; the DaSY Center for the collection and analysis of the Early Intervention and Special Education 619 data; the ECTA Center and NCSI for the improvement of Child Outcome Data; and the Center for IDEA Fiscal Reporting assist with fiscal data collection and reporting requirements.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for infants and toddlers with disabilities and their families.

The CNMI has in place a system for professional development to ensure that service providers have the knowledge and skills to effectively provide Early Intervention (EI) services that will result in improved outcomes for infants and toddlers with disabilities and their families. The PSS mechanism requires that all personnel participate in 10 professional development events. Two of the 10 days are statewide professional development, specific to PSS statewide changes and initiatives. Eight of the 10 days are specific to program level needs. The EI Program Director, with technical assistance from Guam CEDDERS researched evidence-based practices that are culturally and linguistically appropriate in meeting the needs of the diverse island population. The EI program continues to use the Early Intervention Service Provider/Coordinator Self-Assessment adapted from the Early Childhood Competency Checklist. The purpose of this self-assessment is to maintain a systematic approach to assessing the knowledge and skills of all providers in supporting and strengthening parent competencies and confidence.

Professional Development is ongoing and continues to focus on providing evidence-based practices in supporting the acquisition and use of knowledge and skills specifically on early literacy, language, and communication for infants and toddlers and their families. Continued professional development on the importance of on-going assessment and coaching skills are also a main focus using the early childhood coaching model and the ESDM Parent Coaching strategies. The EI program will continue to embed the Division of Early Childhood's Newly Recommended Practices as a resource and guide for providing effective and efficient EI services to improve the learning outcomes and promote the development of young children. EI providers annually conduct training for primary referral sources such as physicians and child care providers on EI services (referral processes, IFSP development, and transition processes). Annually, EI providers conduct presentations within the 3 islands to parents and other Early Childhood providers on overall child development, using the Center for Disease Control and Prevention (CDC) Developmental Milestone Checklists, and using the CNMI Early Learning Guidelines. The Comprehensive System of Personnel Development (CSPD) as indicated in the Part C Policies and Procedures revised in FFY 2012 includes training of parents, paraprofessionals, and primary referral sources with respect to the basic components of early intervention services available in the CNMI.

For example, in June 2024, three Service Coordinators completed a yearlong training entitled: Early Steps Service Coordinator Apprenticeship Training that includes 10 units developed by the Agency of Health Care Administration, Florida Department of Health. As a result of completing the training, Service Coordinators have adapted Service Coordinator's Observation Checklists that is used to monitor evidence-based practices used by Service Coordinators at each phase of the Individualized Family Service Plan (IFSP) process.

The CSPD includes professional development to implement innovative strategies and activities to include but not limited to the following topical areas: 1) early literacy, language, and communication of young children; and 2) strategies to support families in participating fully in the development and implementation of their child's IFSP.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.

2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.

3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.

4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Apply stakeholder input from introduction to all Part C results indicators. (y/n)

YES

Number of Parent Members:

69

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

On August 15, 2024, at the quarterly ICC meeting, the Project Director presented along with support from Guam CEDDERS, preliminary data of the FFY 2023 SPP/APR and to gather input and recommendations of how to make things better by improving early intervention services and support to infants and toddlers with at risk or with a disability and their families. There were 11 members that were in attendance. In addition, ICC members provided feedback on the SPP/APR stakeholder activities for engaging parents and other community partners.

On September 25, 2024, the SSIP Evaluation Plan: Parent Stakeholder Input Session was held with 18 parents and 8 EI staff in attendance. The purpose of the session was to gather input on the 9 evaluation questions and gather feedback on how the implementation of strategies impact child progress and families. Participants had the opportunity to provide feedback by way of texting in the chat or having an open discussion. The evaluation questions reflect the program's efforts to promote evidence-based practices that address language development in young children to meet the SiMR. Parents responded to the questions and provided examples related to the questions asked sharing their personal experiences. Specific responses to the questions are discussed in Indicator 11.

On October 15, 2024, an SPP/APR Input and Family Engagement Sessions were held in person and virtually for parents in Saipan and Rota. The asynchronous meeting was facilitated by the program director and the technical support from Guam CEDDERS. Parents from Saipan and Rota were all invited. There was a total of 55 parents and child care providers that attended in person and 3 parents that participated virtually. The first part of the session was to share the CNMI Part C FFY 2023 SPP/APR performance. Participants were given booklets that used infographics to depict each indicator and the FFY 2023 performance compared to last year's performance. In addition, parents were asked for their input and recommendations of how the EI Program could do better. Next, the parents and child care providers were provided information on the 8 strategies / tips to promote expressive language and functional communication skills. The session was facilitated by the Service Providers and pamphlets were given to each participant that outline each strategy and provided a "Refrigerator List" of how to implement the tip/ strategy. The parents were engaged and shared how they use the strategies with other families.

On October 16, 2024, an SPP/APR Input and Family Engagement Sessions was held in person with 11 parents and 17 child care providers were present for both sessions. The first part of the session was to share the CNMI Part C FFY 2023 SPP/APR performance. Participants were given booklets that used infographics to depict each indicator and the FFY 2023 performance compared to last year's performance. In addition, parents were asked for their input and recommendations of how the EI Program could do better. Next, the parents and child care providers were provided information on the 8 strategies / tips to promote expressive language and functional communication skills. The session was facilitated by the Service Providers and pamphlets were given to each participating outline each strategy and provided a "Refrigerator List" of how to implement the tip/ strategy. Parents asked questions regarding strategies to that would promote their child's verbal language. For example, a parent asked what is better to do with our baby to do "Baby Talk or Straight Talk"? Does baby talk help the child? If we are not talking and spending time with my child, will that lead to a speech delay? A parent shared that there are limited story books available. Participants asked for more information on Autism and for more training with other parents.

On November 25, 2024, at the quarterly ICC meeting, the Project Director presented along with support from Guam CEDDERS, presented the final draft of the CNMI Part C FFY 2023 SPP/APR and to gather input and recommendations of how to make things better by improving early intervention services and support to infants and toddlers with at risk or with a disability and their families. There were 14 members that were in attendance. ICC members provided positive feedback to the performance of the Part C Program noting -"Lots of good data, lots of areas of improvement, and exceeded targets and national benchmarks - Congratulations to the EI Team!" In addition, ICC approved the FFY 2023 Report that will be submitted by February 2, 2025.

On December 3 -5, 2024, seven members of the Early Intervention Team participated in a 3-day meeting entitled: CNMI Part C SPP/APR/SSIP Round Table Meeting facilitated by Guam CEDDERS. At the meeting, staff reviewed the final draft of the SPP/APR and provided recommended ACTIONABLE steps based on input from the stakeholders specifically the input from parents during the SSIP Evaluation Parent Session held on September 25, 2024. In addition, the Team reviewed and provided the updates to the Implementation and Evaluation Plans. Next, the Team reviewed and provided feedback to the updated CNMI Part C General Supervision and Monitoring System procedures using the National Early Childhood Technical Assistance (ECTA) Part C General Supervision Monitoring Procedures Checklist used as a tool to assess whether or not the Early Intervention Program's current procedures include the necessary elements to effectively monitor the implementation of the IDEA using the 19 indicators noted in Part 1: Overview of General Supervision System. As a result of feedback by the staff, updates were made to the CNMI Part C General Supervision and Monitoring Procedures.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

On October 30, 2023, the Core Team, in collaboration with community partners and support from Guam CEDDERS conducted Village Play Time on the island of Tinian. Community partners included the Division of Youth Services, Child Care Development Fund, HOME Visiting Program, Family 2 Family, and the Tinian Mayor's Office. The island-wide event took place at the youth center. The event included story time and games for young children. The

purpose of this 2-hour session was to provide families with space to interact and engaged with their children. Families were also able to learn about the different programs and resources available to them. A total of 13 parents participated and the youth center was filled with 22 young children engaged and excited to participate in the event.

On November 29, 2023, the Core Team, with technical assistance from Guam CEDDERS, conducted a Parent Café (Family Engagement Session) on Saipan, with virtual access to families on Tinian and Rota. The Parent Café focused on Early Language and Literacy and specifically addressed the strategy of "Commenting and Narrating." The Core Team shared short video clips on this strategy, specifically on Self Talk, Parallel Talk, and Toy Talk. The Core Team referenced the National Association for the Education of Young Children or NAEYC and expressed the importance of promoting language development in young children. Participants had the opportunity to share how this strategy is being used at home. They discussed specific daily routines such as outdoor time, mealtime, and bath time and described how this strategy has helped them interact with their child. The 2-hour event brought 32 or 40% of families and child care providers together.

On October 15, 2024, a Family Engagement Sessions were held in person and virtually for parents in Saipan and Rota. The asynchronized meeting was facilitated by the Program Director and the technical support from Guam CEDDERS. Parents from Saipan and Rota were all invited. There was a total of 55 parents and child care providers that attended in person and xx that participated virtually. The parents and child care providers were provided information on the 8 strategies / tips to promote expressive language and functional communication skills. The session was facilitated by the Service Providers and pamphlets were given to each participating outline each strategy and provide a "Refrigerator List" of how to implement the tip/ strategy. The parents were engaged and shared how they use the strategies.

On October 16, 2024, a Family Engagement Sessions were held in person for parents in Tinian. There was a total of 11 parents and 17 child care providers were provided information on the 8 strategies / tips to promote expressive language and functional communication skills. The session was facilitated by the Service Providers and pamphlets were given to each participating outline each strategy and provided a "Refrigerator List" of how to implement the tip/ strategy. Parents asked questions regarding strategies to that would promote their child's verbal language. For example, a parent asked what is better to do with our baby to do "Baby Talk or Straight Talk"? Does baby talk help the child? If we are not talking and spending time with my child, will that lead to a speech delay? A parent shared that there are limited story books available. Participants asked for more information on Autism and for more training with other parents.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The CNMI continues to implement the following Parent Input Dissemination Protocol.

*Flier is distributed through social media/electronically and hard copy to families, by direct service providers, 2 weeks prior to Input Session.

*Phone calls are made, 3 days prior to Input Session, by the Family Partnership Advocate and Service Coordinator to confirm receipt of the flier. Staff are provided with a script to discuss the importance of parent attendance and parent role during the Input Session.

*Phone calls are made, 1-day prior to Input Session, by the Family Partnership Advocate and Service Coordinator to confirm parent attendance.

*The Core Team identified the need for incentives for parent participation. The incentive is identified on the flier and service providers are responsible to provide families with the incentive.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.

The Core Team identified that stakeholders would have 5 months (from August to January 2025) to solicit public input, to include, analyzing data, developing improvement strategies and evaluating progress to ensure information is made available to the public by mid-January 2025.

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The FFY 2023 SPP/APR will be uploaded to the official PSS website, <https://www.cnmipss.org/early-intervention-program> and available to the public no later than 120 days after submission in February 2025. Hard copies of the SPP/APR will also be available at the Early Intervention Program office. In addition, the FFY 2022, 2021, 2020, 2019, and 2018 SPP/APR are also on the website.

Intro - Prior FFY Required Actions

The Commonwealth of the Northern Mariana's (CNMI) IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In CNMI's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required CNMI to work with appropriate entities. The Department directed CNMI to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. CNMI must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2022 SPP/APR

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the Commonwealth of the Northern Mariana Islands' lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the Commonwealth of the Northern Mariana Islands' SPP/APR documents.

The Commonwealth of the Northern Mariana Islands' determinations for both 2023 and 2024 were Needs Assistance. Pursuant to Sections 616(e)(1)

and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 18, 2024 determination letter informed the Commonwealth of the Northern Mariana Islands that it must report with its FFY 2023 SPP/APR submission, due February 3, 2025, on: (1) the technical assistance sources from which the Commonwealth of the Northern Mariana Island received assistance; and (2) the actions the Commonwealth of the Northern Mariana Islands took as a result of that technical assistance. The Commonwealth of the Northern Mariana Island provided the required information.

OSEP notes the Commonwealth of the Northern Mariana Islands did not, if applicable, describe the adopted procedures that permit EIS providers/programs to correct noncompliance prior to the issuance of a finding (i.e., pre-finding correction).

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
86	86	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

The process used to collect the timely service start dates and monthly services dates is the Initial Start Date Form that is prepared by Early Intervention (EI) providers, signed by parents, and submitted to the Data Manager. The form indicates the service, the agreed upon start date as is written on the IFSP, a revised start date, if necessary, with an explanation based on the family’s request, and the parent signature.

CNMI Definition of Timely Services: The CNMI’s definition of “Timely Services” is the “initial start-date” of each service listed on the IFSP which is consented to by parents. There are no other allowable time periods such as 30 days from when the parent consent to each service. Parents and EI providers decide the start date of each service. The discussion typically involves taking into consideration parents work schedules or events the child and family may be involved in or child care schedules. The process used to verify the timely service start dates and monthly services dates is the Initial Service Documentation Form that is prepared by EI Providers. The Initial Service Documentation Form includes the EI service, the expected start date, the actual start date, and the parent signature. It also includes a Revised Start Date section, if applicable. This section is filled out when a family cancels a visit due to a valid family circumstance. A new revised start date is then identified by both the Parent and the Service Provider. An explanation for the revised date and the parent signature is also required. Initial Service Documentation Forms are then submitted to the Data Manager on a monthly basis and information is inputted into the database. The Data Manager prints monthly reports that are submitted to the EI Director for verification. Revised Initial Start Date/s are also documented in the child’s IFSP to reflect changes.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Timely Service Data reported for the period of July 1, 2023 to June 30, 2024 is taken from the database of the total count. Services include initial and any other services added to the IFSP during the report period.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The process used to verify the timely service start dates and monthly services dates is the Initial Service Documentation Form that is prepared by EI providers. The Initial Service Documentation Form includes the EI service, the expected start date, the actual start date and the parent signature. It also includes a Revised Start Date section, if applicable. This section is filled out when a family cancels a visit due to a valid family circumstance. A new revised start date is then identified by both the Parent and the Service Provider. An explanation for the revised date and the parent signature is also required. Initial Service Documentation Forms are then submitted to the Data Manager on a monthly basis and information is inputted into the database. The Data Manager prints monthly reports that are submitted to the EI Director for verification. Revised Initial Start Date/s are also documented in the child’s IFSP to reflect changes.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2018	2019	2020	2021	2022
Target >=	96.50%	95.00%	95.00%	95.00%	96.00%
Data	98.84%	98.67%	100.00%	100.00%	98.59%

Targets

FFY	2023	2024	2025
Target >=	96.00%	97.00%	97.00%

Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

- 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.
- 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.
- 3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.
- 4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey;	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early	79

Source	Date	Description	Data
Section A: Child Count and Settings by Age		intervention services in the home or community-based settings	
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	79

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
79	79	98.59%	96.00%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

- 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.
- 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.
- 3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.
- 4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2008	Target>=	75.10%	75.10%	78.38%	78.40%	79.00%
A1	75.00%	Data	89.13%	79.55%	78.38%	62.16%	69.77%
A2	2008	Target>=	66.00%	65.00%	59.09%	60.00%	61.00%
A2	64.00%	Data	45.45%	60.00%	59.09%	46.00%	51.72%
B1	2008	Target>=	70.00%	70.00%	82.50%	83.00%	83.00%
B1	54.20%	Data	86.79%	79.25%	82.50%	67.35%	74.55%
B2	2008	Target>=	55.00%	50.00%	38.60%	39.00%	39.00%
B2	32.00%	Data	30.36%	49.09%	38.64%	24.00%	37.93%
C1	2008	Target>=	83.00%	82.00%	72.50%	73.00%	74.00%
C1	81.80%	Data	72.34%	76.09%	72.50%	65.00%	70.83%
C2	2008	Target>=	77.00%	77.00%	54.50%	56.00%	60.00%
C2	76.00%	Data	39.29%	54.55%	54.55%	44.00%	46.55%

Targets

FFY	2023	2024	2025
Target A1>=	79.00%	79.50%	79.50%
Target A2>=	62.00%	63.00%	64.50%
Target B1>=	83.50%	83.50%	83.50%
Target B2>=	39.50%	39.50%	39.50%
Target C1>=	76.00%	78.00%	81.90%
Target C2>=	65.00%	70.00%	76.50%

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	7	14.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	16	32.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	16	32.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	11	22.00%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	32	39	69.77%	79.00%	82.05%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	27	50	51.72%	62.00%	54.00%	Did not meet target	No Slippage

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	10	20.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	20	40.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	20	40.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	0	0.00%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	40	50	74.55%	83.50%	80.00%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	20	50	37.93%	39.50%	40.00%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%

Outcome C Progress Category	Number of Children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	11	22.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	14	28.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	20	40.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5	10.00%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	34	45	70.83%	76.00%	75.56%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	25	50	46.55%	65.00%	50.00%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	75
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	25
Number of infants and toddlers with IFSPs assessed	50

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

CNMI Early Childhood Outcome Procedures:

All children, age 6 months or older, that receive at least 6 months of early intervention services, participate in Early Childhood Outcomes.

The Child Outcome Summary (COS) process consist of four key features of a quality. These features include ---

1. Uses information from multiple sources. The process produces a description of the child's functioning at a single point in time by synthesizing multiple sources of information. Multiple source of information is used to determine the status of the COS. Most of the information needed is already collected as part of the development of the child's IFSP and therefore, collecting child assessment information is currently part of the IFSP development process and is not an added step. Multiple sources of information are used to make decisions regarding the child's performance related to the three child outcomes.

Data sources include:

- * The Hawaii Early Learning Profile
- * Other assessment results if appropriate
- * Parent and other caregiver information
- * Child observations
- * Service provider observations and input

2. Relies on team-based discussion and team decision making. This approach is a team process, involving professionals and family members contributing to decision-making. The COS process is designed to be a team consensus process where each individual member contributes information about the child's functioning across a variety of setting and situations. The members of the team participate collectively in a discussion to determine the child's rating. The child's family is an important member of the COS team. The family provides critical information about the child. The family may not be familiar with the COS process, but they are experts on what their child is doing across settings and situations. The team shall include family members, professionals who work with the child, and others familiar with the child's functioning such as child care providers. Teams can range in size from two people to as many the parent and team feels is needed.

3. Uses a 7-point rating scale to describe the child's function across settings and situations. The process involves team members using the information gathered about a child to rate his or her functioning in each of the three outcome areas on a 7-point scale. Using the 7-point rating scale requires the team to compare the child's skills and behaviors with those expected for his or her age. The purpose of the rating is to document current functioning. The Early Childhood Outcome (ECO) Center recommends not correcting for prematurity. At a later age, the child's functioning may show a higher rating, reflecting that the child has now caught up with age expectations. The COS process results in a rating for each of the three child outcomes. The rating is based on child's functioning across settings and situations. A child's functioning is compared with what is expected for a child at that age. The rating reflects the child's functioning at each of the time points and should be determined as close to the actual entry and exit as possible. The comparison of entry to exit ratings provides information about the child's progress. Ratings on all three outcomes must be reported for every child enrolled. Ratings are needed in all areas even if: 1) No one has concerns about a child's development, and 2) A child has delays in one or two outcome areas, but not in all three outcome areas. The ECO Decision Tree is a helpful tool for facilitating the rating process and guides the team through the process for each outcome.

4. Embedding the child outcome summary (COS) key practices into the IFSP process continues to be a practice and is part of the IFSP standard operating procedures. This ensures progress monitoring of the child and families priorities and functional outcomes are reviewed every six months.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

The Commonwealth of the Northern Mariana Islands (CNMI) reported 50 as the denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time, they turned three years of age or exited the program. However, the CNMI reported 161 infants and toddlers with IFSPs were assessed. The CNMI must explain this discrepancy.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

When reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2006	Target>=	94.10%	95.00%	96.60%	97.00%	97.00%
A	94.00%	Data	98.15%	99.15%	96.63%	96.60%	97.18%
B	2006	Target>=	94.00%	94.00%	98.70%	98.00%	98.00%
B	93.00%	Data	96.30%	98.31%	98.88%	97.96%	98.31%
C	2006	Target>=	94.10%	94.10%	95.50%	96.00%	96.00%
C	94.00%	Data	98.15%	98.31%	95.51%	99.32%	96.61%

Targets

FFY	2023	2024	2025
Target A>=	97.25%	97.50%	97.50%
Target B>=	98.30%	98.50%	99.00%
Target C>=	96.25%	96.50%	96.50%

Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

- 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.
- 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.
- 3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.
- 4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	150
Number of respondent families participating in Part C	150
Survey Response Rate	100.00%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	148
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	150
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	149
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	150
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	148
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	150

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	97.18%	97.25%	98.67%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	98.31%	98.30%	99.33%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	96.61%	96.25%	98.67%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2022	2023
Survey Response Rate	100.00%	100.00%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

Stakeholders reviewed and provided input to the data reported on the representativeness of respondents. Data on the race/ethnicity and geographic location includes villages of all three island on Saipan, Tinian, and Rota.

All families who receive early intervention services are provided with an annual Family Engagement Survey. Surveys are distributed throughout the year and collected (electronically or hard copies) upon completion or within a period. Therefore, all families are represented, based on their length of service with early intervention. Based on CNMI's Ethnicity Representativeness Report for FFY 2023-2024 of the 150 out of 150 families or 100% families' respondent to the family survey. Sixty-two (62) or 41.3% are Indigenous Chamorro and/or Carolinian; 26% are Filipinos; 2% Asian (Chinese & Korean); 2% is Caucasian; forty (40) or 26.6% are 2 or more ethnicities, including ethnicities mixed with Chamorro and Carolinian; and 2% are Micronesian (Chuukese & Palauan). The report indicates that yes, these ethnicities are representative of the number of families who receive services.

The CNMI's metric includes all families who receives services are represented and data on race/ethnicity, age, and geographic location. If CNMI would identify discrepancies in the disproportion of responders based on a targeted group, CNMI will use the -1/+1 metric based on input from the CNMI stakeholders.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

Of the 150 families who participated in the survey, from villages on the islands of Saipan, Tinian, and Rota, 62 respondents are indigenous, Chamorro/and or Carolinian, 39 respondents are Filipino, 2 respondents are Chinese, 1 is Korean, 3 respondents are Caucasian, 2 respondents are Chuukese and 1 Palauan. In addition, 40 respondents reported that they are of 2 or more ethnicities which include African American/Filipino, Carolinian/Chamorro/Filipino, Carolinian/Filipino, Caucasian/Chinese, Caucasian/Filipino, and Chamorro/Palauan, to name a few.

The following geographic locations were identified and represent the 150 respondents who participated in the survey. On the island of Saipan, there are a total of 142 respondents who represent 31 of 34 villages. On the island of Tinian, there are a total of 4 respondents who represent 1 of 8 villages. On the island of Rota, there are a total of 4 respondents who represent 2 of the primary villages on the island.

Of the 150 respondents, 128 identified that English is spoken at home and that they are proficient in the English language. Fifteen (15) respondents reported that English is not their primary language but also spoken at home. Seven (7) reported English as not their primary language and not spoken at home and have limited English proficiency.

The following are a description of the seven (7) parents or guardians whose primary language is other than English and who have limited English proficiency. Two (2) of the 7 respondents listed Chinese as their primary language. These respondents were provided an electronic copy (Google Forms) and contacted by staff via phone call to assist. Two (2) reported Filipino and in both instances, staff assisted the families after their IFSP meetings. One (1) reported Chuukese as their primary language and the family was contacted via phone call and spoke to a family member who assisted in interpreting the survey. As a result, the family completed the survey by getting assistance from other family members. One (1) reported Korean as their primary language and was assisted by staff after their IFSP meeting. During regular home visits, the EI provider supported families and made themselves available to answer any questions should the family need clarification. As a result, one (1) who reported Carolinian was able to complete and deliver their survey.

The CNMI continues to provide support and assistance to ensure that all families are represented of the demographic categories such as race/ethnicity, geographic location, and those whose primary language is other than English. The Core Team works diligently so that all families have access to early intervention services.

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

YES

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The Core Team considered parent input and incorporated strategies to increase the response rate year over year, particularly for those groups that are underrepresented. The following strategies were provided to help increase the number family survey responses:

- Provide families with more information about the survey (survey importance, survey due dates, how surveys will be collected) before dissemination
- Provide options (hard copy or electronic) for surveys
- Use phone calls to follow up with families and offering to complete the survey via phone interview
- During home visits, EI staff will remind parents to complete survey (at least 1 page at a time)
- Provide families with incentives upon submission of surveys

The Early Intervention Program took note of the input and implemented these strategies made to ensure that the dissemination and collection of surveys reflect all families being served in the program.

For this reporting period, CNMI took an aggressive approach to gather parent's input by completing the Annual Family Engagement Survey. Of the one hundred and fifty (150) parents were contacted to complete the survey, all 150/150 or 100% surveys were completed. When disseminating the survey, Early Intervention (EI) staff "Thanked" the parents for their time and explained the purpose of the survey and that the program will use the information in making program improvements.

Based on the data, of the 150 family that were provided with a link or a hard copy of the Annual Family Engagement Survey of which 24% or 36/150 were returned digitally via Google Forms and 44% or 66/150 surveys were hard copies surveys that were completed and received by the families dropping it off at the office and other parents had given the survey to the EI staff to return on their behalf.

The Program closely monitored the 48 families that had not completed the survey or did not initially respond to the text and email. Therefore, the EI Family Partnership Advocate called each family and requested that interviews be conducted over the phone. As a result, 48 parent agreed to completing the surveys via phone interviews.

Of the 150 families that completed the survey, there were 142 parents' surveys completed from the island of Saipan, 4 from Tinian, and 4 from Rota. As noted earlier, the strategies used by the Program such as sharing how important it is to get their surveys completed and submitted; the follow up with the Primary Service Providers with the families during home visits; the follow-up reminder calls; and incentives were a SUCCESS. The Programs received 100% response rate for this reporting period.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

For this reporting period, CNMI took an aggressive approach to gather parent's input by completing the annual parent survey. One hundred and fifty (150) parents were contacted to complete the survey and 100% or 150/150 completed the survey. When disseminating the survey, Early Intervention (EI) staff "Thanked" the parents for their time and explained the purpose of the survey and that the program will use the information in making program improvements.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (*EMAPS*)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.85%

FFY	2018	2019	2020	2021	2022
Target >=	0.95%	1.00%	0.75%	0.75%	0.80%
Data	1.12%	1.40%	0.75%	1.12%	0.87%

Targets

FFY	2023	2024	2025
Target >=	0.80%	0.85%	0.90%

Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

- 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.
- 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.
- 3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.
- 4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	13
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	689

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
13	689	0.87%	0.80%	1.89%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates.

For this reporting period, there were 44 referrals for early intervention services for babies under one year of age. The primary referral sources identified included: 13 from Children’s Clinic; 23 from NICU; 4 from CAPTA; 1 from parents, 1 from the Home Visiting Program, 1 from the Maternal Infant, Children, and Adolescents Health Services, and 1 from Hospital Nursery Ward.

Furthermore, of the 44 referrals under age one, 14 or 31.82% (14/44) of the babies were found eligible for early intervention services and 30 of 68.18% (30/44) referrals were terminated. Stakeholders requested the following drill down data of the 30 referrals that were terminated to include-- Reasons for Termination; Child’s Ethnicity; Geographic Location and Age at Referral.

1. Reasons for Termination: Ten (10) parents had no concerns; 8 no responses from parents; 3 referred to Maternal Infant, Children, and Adolescents Health Services; 6 parents wanted to wait; 2 moved, and 1 screening results were above the cut off.

2. Child’s Ethnicity: Of the 30, 7 are Chamorro, 5 are Filipino, 5 are Carolinian, 4 Bangladesh, 5 are mixed, 1 Palauan, 1 Chuukese, 1 Asian, and 1 Chinese.

3. Geographic Location: Of the 30 referrals that were terminated, 23 of the babies were from Saipan and residing in the following region and villages: Northern East Region - One infant resides in the village of Papago; Central Region – five (5) from the village of Dandan, 2 from Chalan Laulau, 2 from Garapan, and 3 from Oleai; Southern Region - One infant reside in the village of Chalan Kanoa, 4 from San Antonio, 2 from Susupe, 1 from Aslito, 1 from As Perdido, and 1 from Koblerville. Five families did not include the village residing in Saipan. In addition, there were 2 children from the island of Rota residing in the village of Sinapalo.

4. Age at Referral: Of the 30 referrals that were terminated, 8 babies were less than one month; 11 babies were one-month of age; 2 babies were 4-months; 2 babies were 5-months; 2 babies were 7-months; 1 baby was 8-months, and 4 babies were 11-months of age.

Of the 44 referrals, 14 or 31.81% (14/44) were evaluated and found eligible for EI Services.

Provide additional information about this indicator (optional)

Based on OSEP’s guidance, CNMI was directed to use the 2020 US Census Population Data. On December 27, 2023, the CNMI received clarification on the 2020 Child Count Census data noting a count of 689 under 1. As a result, the Core Team reviewed the new data information and revised the Birth to One count to reflect the new information. Based on this data, there were 13 infants under one served with a performance of 1.89% (13/689). Furthermore, the CNMI met the target of .8%for this reporting period. The following is the link to the 2020 Census Data Table based on the CNMIs Demographic and Housing Characteristics Table.

[https://data.census.gov/table/DECENNIALDHCMP2020.PCT1?q=PCT1&g=040XX00US69\\$0600000&d=DECIA](https://data.census.gov/table/DECENNIALDHCMP2020.PCT1?q=PCT1&g=040XX00US69$0600000&d=DECIA)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.58%

FFY	2018	2019	2020	2021	2022
Target >=	2.20%	2.20%	2.02%	2.02%	2.10%
Data	2.67%	2.33%	2.02%	2.27%	3.75%

Targets

FFY	2023	2024	2025
Target >=	2.10%	2.20%	2.20%

Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

- 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.
- 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.
- 3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.
- 4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	79
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	1,891

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
79	1,891	3.75%	2.10%	4.18%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

For this reporting period, there were 168 referrals for early intervention services. The primary referrals sources identified included: 86 from Children's Clinic; 30 from Parent/Relatives; 23 from NICU; 6 CAPTA, 1 from Tinian Community Health Center; 1 from Rota Community Health Center; 1 from Kagman Community Health Center; 3 from the Home Visiting Program; 1 from Nursery Ward; 3 from Maternal Infant, Children, and Adolescents Health Services, 2 physicians, 1 hospital, 2 from Early Head Start, 4 from Child Care Centers, and 4 from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Furthermore, of the 168 referrals, 85 or 50.6% (85/168) of these children were found eligible for early intervention services and 83 or 49.4% (83/168) of the referrals were terminated. Stakeholders requested the following drill down data of the 84 referrals that were terminated include—Reasons for Termination; Child's Ethnicity; Geographic Location and Age at Referral:

- Reasons for Terminating: Of the 83 terminated, 34 parents had no concerns; 27 no responses from parents; 5 children were referred to Maternal Infant, Children, and Adolescents Health Services; 8 parents wanted to wait; 4 moved off-island, and 5 children scored above the cutoff and the child's development appears to be on schedule based on the results of a developmental screening.
- Child's Ethnicity: Of the 83, 30 are Chamorro; 18 are Filipino; 10 are Carolinian; 5 Bangladesh; 7 are mixed; 6 Chuukese, 3 Chinese; 1 is Palauan, 1 Pohnpeian, 1 Yapese, and 1 Tahitian.
- Geographic Location: Of the 83 referrals that were terminated, 78 of children were from Saipan and residing in the following region and villages: Northern Eastern Region includes 3 from Kagman, 3 from Papago, 2 Tanapag, 1 from As Matutuis, 1 from Capitol Hill; Central Region includes 8 from the village of Dandan, 2 from Chalan Laulau, 8 from Garapan, 2 from Oleai, 2 from Finasusu, 1 from Kannat Tabla, 4 from Navy Hill, and 3 San Vicente; Southern Region includes 5 residing in the village of Chalan Kanoa, 5 from San Antonio, 5 from Susupe, 4 from Aslito, 2 from As Perdido, 3 from Koblerville and 1 from Afetna. There were 13 families that did not indicate where in Saipan they reside. There were 3 children from the island of Rota residing in the village of Sinapalo and 2 children from the island of Tinian residing in the village of San Jose.
- Age at Referral: Of the 83, 30 children were under 1 year old, 28 children were between 12 to 23 months old; and 25 children were between 24 to 33 months old.

Of the 168 referrals, 85 or 50.6% (85/168) of the families that completed the evaluation, 1 parent withdrew after the evaluation/ eligibility meeting was held and did not complete the IFSP process. Two parents withdrew their child noting no concerns with their child's development, and no longer eligible for part C. One parent withdrew after completing the initial IFSP services. There were 13 toddlers that were transitioned to Part B with 10 children eligible for Part B service and 3 children not eligible for Part B services and families were provided information of other early childhood programs they may avail to.

Provide additional information about this indicator (optional).

Based on OSEP's guidance, CNMI was directed to use the 2020 US Census Population Data. On December 27, 2023, the CNMI received clarification on the 2020 Child Count Census data noting a count of 1891 infants and toddlers birth to 3 years. As a result, the Core Team reviewed the new data information and revised the Birth to Three count to reflect the new information. Based on this data, there were 79 infants and toddlers birth to 3 with IFSP served with a performance of 4.18% (79/1891). Furthermore, the CNMI met the target of 2.1% for this reporting period. The following is the link to the 2020 Census Data Table based on the CNMIs Demographic and Housing Characteristics Table.

[https://data.census.gov/table/DECENNIALDHCMP2020.PCT1?q=PCT1&g=040XX00US69\\$0600000&d=DECIA](https://data.census.gov/table/DECENNIALDHCMP2020.PCT1?q=PCT1&g=040XX00US69$0600000&d=DECIA)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
82	82	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The reporting period is from July 1, 2023 to June 30, 2024

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The Early Intervention Program is the entry point for all referrals. When referrals are received from any referral source, the Data Manager posts the referral date and referral source into the database. The database automatically generates the 45-day timeline that the evaluation and initial IFSP meeting must occur. The Data Manager disseminates the "referral" information to Service Coordinators on a rotating basis. The Service Coordinators make initial contact with the family and schedule Initial evaluation and IFSP dates and locations. Upon completion of the evaluation and initial IFSP meetings, these documents are submitted to the Data Manager for verification and posting in the database. The database is formatted to "red flag" dates that fall outside the 45-day timeline. For any "delays" in the process, or red flags, a Reason for Delay form is also submitted to the Data Manager. The Data Manager "determines" if the reason is due to an exceptional family circumstance, or a systemic issue. The "valid" or "invalid" reason is also logged into the database. At the end of the reporting year, the Data Manager draws down the data for inclusion in the APR.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
38	38	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The reporting period is from July 1, 2023 to June 30, 2024.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

In the CNMI, children eligible for Part B services are defined as those children who, based on current evaluation, assessment, and IFSP information, continue to demonstrate a 25% delay in one or more areas of development or have an established condition that has a high probability resulting in a disability that aligns with the Part B eligibility definitions or categories and because of that condition or disability, the child may need special education and related services. The determination of whether the child is potentially eligible for Part B is made by that toddler's IFSP team. Part B eligibility is determined by the Part B providers. Individual "referral notice" is sent to the Special Education Program which triggers the Part B child find process. Upon parental consent to release information, pertinent information such as evaluation reports, current IFSPs, Outcome Measurement information, and other information is sent to the Special Education Program team to prepare for the transition conference. Upon approval of the parent, a Transition Conference is scheduled and meeting invitations are sent to receiving special education teams and the preschool providers.

The CNMI does not have an "opt out" policy for parents to opt out of the referral. Service Coordinators are required to submit all documentation related to the transition requirements to the Data Manager. This includes copies of the referral to special education, copies of the invitation of the Transition Conference meeting, copies of the Prior Written Notices, the IFSP Transition Steps and Service Plan, and the Transition Conference notes.

The Data Manager verifies the information contained in the IFSP and "dates" before posting the data in the database. The database includes the date of the LEA (Special Education Program) notification, the date steps and services were discussed with the family, the date of the Transition Conference with Early Childhood Special Education providers, and the age of the child on the conference date. The database is formatted to red flag less than 90 days from the Transition Conference date and third birthday. The database now includes timeline requirements for LEA notification and Steps and Services in the Transition Plan. For any Transition Conferences held less than 90 days from the third birthday, a Reason for Delay form is attached and submitted to the Data Manager. The Data Manager is responsible to verify the reasons and makes a determination of valid (exceptional family circumstance) or invalid (system issue).

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$ times 100.
- B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.
- C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
38	38	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

Service Coordinators are required to submit all documentation related to the transition requirements to the Data Manager. This includes copies of the referral to special education, copies of the invitation of the Transition Conference meeting, copies of the Prior Written Notices, the IFSP Transition Steps and Service Plan, and the Transition Conference notes.

The Data Manager verifies the information contained in the IFSP and "dates" before posting the data in the database. The database includes the date of the LEA (Special Education Program) notification, the date the steps and services were discussed with the family, the date of the Transition Conference with EC SPED providers, and the age of the child on the conference date. The database is formatted to red flag less than 90 days from the Transition Conference date and third birthday. The Database now includes timeline requirements for LEA notification and Steps and Services in the Transition Plan. For any Transition Conferences held less than 90 days from the third birthday, a Reason for Delay form is attached and submitted to the Data Manager. The Data Manager is responsible to verify the reasons and makes a determination of valid (exceptional family circumstance) or invalid (system issue).

Do you have a written opt-out policy? (yes/no)

NO

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The data reporting period is from July 1, 2023 to June 30, 2024

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

In the CNMI, children potentially eligible for Part B services are defined as those children who, based on current evaluation, assessment, and IFSP information, continue to demonstrate a 25% delay in one or more areas of development or have an established condition that has a high probability of resulting in a disability that aligns with the Part B eligibility definitions or categories and because of that condition or disability, the child may need special education and related services. The determination of whether the child is potentially eligible for Part B is made by that toddler's IFSP team. Part B eligibility is determined by the Part B providers. Individual "referral notice" is sent to the Special Education Program which triggers the Part B child find process. Upon parental consent to release information, pertinent information such as evaluation reports, current IFSPs, Outcome Measurement information, and other information is sent to the Special Education Program team to prepare for the transition conference. Upon approval of the parent, a Transition Conference is scheduled and meeting invitations are sent to receiving special education teams and the preschool providers.

The CNMI does not have an "opt out" policy for parents to opt out of the referral. Service Coordinators are required to submit all documentation related to the transition requirements to the Data Manager. This includes copies of the referral to special education, copies of the invitation of the Transition Conference meeting, copies of the Prior Written Notices, the IFSP Transition Steps and Service Plan, and the Transition Conference notes.

The Data Manager verifies the information contained in the IFSP and "dates" before posting the data in the database. The database includes the date of the LEA (Special Education Program) notification, the date steps and services were discussed with the family, the date of the Transition Conference with EC SPED providers, and the age of the child on the conference date. The database is formatted to red flag less than 90 days from the Transition Conference date and third birthday. The database now includes timeline requirements for LEA notification and Steps and Services in the Transition Plan.

For any Transition Conferences held less than 90 days from the third birthday, a Reason for Delay form is attached and submitted to the Data Manager. The Data Manager is responsible to verify the reasons and makes a determination of valid (exceptional family circumstance) or invalid (system issue).

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$ times 100.
- B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.
- C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct the transition conference, held with the approval of the family, at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
38	38	100.00%	100%	100.00%	Met target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The reporting period is from July 1, 2023 to June 30, 2024.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

In the CNMI, children potentially eligible for Part B services are defined as those children who, based on current evaluation, assessment, and IFSP information, continue to demonstrate a 25% delay in one or more areas of development or have an established condition that has a high probability of resulting in a disability that aligns with the Part B eligibility definitions or categories and because of that condition or disability, the child may need special education and related services. The determination of whether the child is potentially eligible for Part B is made by that toddler's IFSP team. Part B eligibility is determined by the Part B providers. Individual "referral notice" is sent to the Special Education Program which triggers the Part B child find process. Upon parental consent to release information, pertinent information such as evaluation reports, current IFSPs, Outcome Measurement information, and other information is sent to the Special Education Program team to prepare for the transition conference. Upon approval of the parent, a Transition Conference is scheduled and meeting invitations are sent to receiving special education teams and the preschool providers.

The CNMI does not have an "opt out" policy for parents to opt out of the referral. Service Coordinators are required to submit all documentation related to the transition requirements to the Data Manager. This includes copies of the referral to special education, copies of the invitation of the Transition Conference meeting, copies of the Prior Written Notices, the IFSP Transition Steps and Service Plan, and the Transition Conference notes. The Data Manager verifies the information contained in the IFSP and "dates" before posting the data in the database. The database includes the date of the LEA (Special Education Program) notification, the date steps and services were discussed with the family, the date of the Transition Conference with EC SPED providers, and the age of the child on the conference date.

The database is formatted to red flag less than 90 days from the Transition Conference date and third birthday. The database now includes timeline requirements for LEA notification and Steps and Services in the Transition Plan. For any Transition Conferences held less than 90 days from the third birthday, a Reason for Delay form is attached and submitted to the Data Manager. The Data Manager is responsible to verify the reasons and makes a determination of valid (exceptional family circumstance) or invalid (system issue).

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

None

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baselines and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

- 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.
- 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.
- 3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.
- 4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Historical Data

Baseline Year	Baseline Data

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

The Commonwealth of the Northern Mariana Islands (CNMI) reported fewer than ten resolution sessions held in FFY 2023. The CNMI is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

- 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.
- 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.
- 3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.
- 4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

The Commonwealth of the Northern Mariana Islands reported fewer than ten mediations held in FFY 2023.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The Commonwealth of the Northern Mariana Islands (CNMI) reported fewer than ten mediations held in FFY 2023. The CNMI is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages), and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

By June 2025, all children who exit the program will have 80% or greater skills in the area of expressive language to include verbal, non-verbal, or augmentative alternative communication to support the child’s functional communication plan based on the Early Literacy and Language Child Profile.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

https://www.cnmipss.org/sites/default/files/mp-_partc_spp_ffy_2020_theoryofaction_logicmodel.pdf

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2020	47.73%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	52.00%	53.00%	54.00%

FFY 2023 SPP/APR Data

# of children who exited with 80% or > skills	# of children who exited	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
27	50	60.34%	52.00%	54.00%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

The Core Team identified all available data sources to determine the State-Identified Measurable Results (SiMR). Below is a list of the quantitative and qualitative key data sources identified and analyzed.

1. INDICATOR 4C FAMILY ENGAGEMENT SURVEY

ANALYSIS: The Core Team decided to continue the use of Indicator 4C, Annual Family Engagement Surveys, to capture parent feedback. The team focused on indicator 4C: Early Intervention (EI) helps their children learn and grow, since this directly impacts progress towards the SiMR. The family

survey is disseminated to families that are new, ongoing, and exiting. The survey was disseminated to 150 families on the islands of Saipan, Tinian, and Rota. Of the 150, 150 surveys were returned, yielding a 100% return rate. Based on the survey results, 148 of 150 or 98.67% of all families indicated that EI helps their child develop and learn. Parents provided suggestions on improving how EI services are provided: More daycare / home visits; To get more doctors to see their child; Get more parents in extra activities; More case workers to provide more sessions; A place for children on Tinian; and We hope for complete therapy to be available on island.

Data analysis indicated that the overall new, ongoing, and existing survey represents:

- 74 of 74 new surveys received
- 40 of 40 on going surveys received
- 36 of 36 exiting surveys received

2. EARLY LITERACY AND LANGUAGE (ELL) PARENT FEEDBACK SURVEY

ANALYSIS: In efforts to gather feedback from parents specifically in expressive language and functional communication skills, the EI Program with technical assistance from Guam CEDDERS drafted the Parent Feedback Survey. This survey was sent out to 75 parents that have infants and toddlers enrolled in the EI Program. The ELL Survey was disseminated in August-September 2024 with 55 out of the 75 parents responding yielding a 73.33% response rate.

There are 20 items that parents were asked to respond to. To gather data of parent level of understanding and confidence, parents were asked to 1) Rate their understanding and 2) Rate ability or confidence to the following 3 questions: 1) I know how to support my child by recognizing his/her cues when he/she tells me what he/she wants; 2) I know how to engage my in playing and following his/her lead; and 3) I know how to support my child in expanding communication in words and labelling. Overall, 60% of parents indicated, Yes, they know how to support their child by recognizing his cues; 60% of the parents have an understanding of how to engage in playing and following their child's lead; and 45% understand how to support their child in expanding communication in words and labelling.

Furthermore, parents were asked to rate their level of confidence which displayed an increase in percentage from level of understanding in the following: 79.36% indicated Yes, I know how to support my child by recognizing his cues; 79.99% indicated, I know how to engage their child in playing and following their child's lead; and 65.44% indicated they feel confident in how to support their child in expanding communication in words and labelling. In comparing to the performance from previous years, there has been slight decrease for this reporting period in parent's understanding of the 3 questions by an average of parent's understanding "YES, I understand from 29% in FFY 20-21 to 44% in FFY 21-22, FFY 22-23 to 59% and 55.2% for this reporting period. Also noted is an increase of the overall average of the 3 questions that indicated "I am confident from 19% in FFY 20-21 to 27% for FFY 21-22, to 37% for FFY 22-23 to 74.93% for this reporting period.

The EI Program continues to be intentional about providing training for parents on the 8 evidence-based strategies that promote expressive language. The 8 evidence-based strategies include: Commenting and Narrating, Pause & Wait, Tuning In, My Turn, Singing Songs & Rhymes, Reading Books, Directed Speech, and Expansion / Extension of Speech. These Family Engagement Sessions provided opportunities for parents to learn about a specific strategy and share how they are using them in their daily routines. As a mechanism to gather data, if parents understand and use these strategies, the ELL Family Feedback Survey helps the Program document if parents are using these strategies. Based on the analysis, when asked what are some ways that you assist your child in communication the report indicated:

- 76% noted imitating
- 70% noted pause & wait
- 78% noted singing, songs, nursery rhymes
- 57% noted reading books
- 82% noted narrating what is happening

The Team discussed targeted with training on strategies to support children in expansion / extension of speech and on child directed speech. Based on input from a SPP/APR/SSIP Stakeholder session, providers reviewed the Tier for Intervention (TOI) and agreed that children that may need intensive support that may include assistive technology depending on the child's functional communication plan. In addition, the EI Director is working diligently to access additional resources to support ongoing and intensive Speech and Language services.

3. EI PROVIDER / COORDINATOR SELF-ASSESSMENT (SA) SURVEY

ANALYSIS: In August 2023, the EI Program conducted a "Self- Assessment" to identify providers strengths and needs when implementing EBPs. The Team felt that it was important to continue to use this data since it reflects the SiMR. The survey allowed providers to rank their areas of competence in various areas in EI. The survey for Service Providers (SP) and Service Coordinators (SC) focused on 11 crucial elements of early intervention based on the identified 12 DEC Recommended Practices: Family 5 & 6; Environment 3 & 5; Assessment 3 & 8; Team Collaboration 2; Instruction 4, 6, & 13; Interaction 1; and Transition 1. These EBPs were taken from the DEC Recommended Practices and based on stakeholders' input for ensuring alignment with the SiMR.

There were 5 SPs that completed the SA survey for this reporting period. Based on the summary for SP on their level of confidences in implementing the following EBPs – 1) Family 5 and 6 was at 90%; Environment 3 and 5 was at 88%; Assessment 3 and 8 was at 100%; Team Collaboration 2 was at 100%; Instruction 4, 6, and 13 was at 100%; Transition 1 at 87%; and Interaction 1 at 100%. The Team reviewed the results of the self-assessment noting in the EBPs for environments 3 and 5 showed an 88% level of confidence.

Three SC that completed the SA survey for this reporting period. The SC survey included 14 EBP items that are used by the SC when working with families. Results for the SC's level of confidence in implementing the following EBPs are as follows: 1) Family 5 and 6 was at 83.3%; Environment 3 and 5 was at 66.67%; Assessment 3 and 8 was at 100%; and Team Collaboration 2 was at 83.33%. Based on the overall results, SC are 83.4% confident in implementing the EBPs. One of SC was hired within this reporting period. In addition, when asked if there were other topics they would like to review or learn more about, SCs requested specific training on autism and other established conditions. When asked of other topics that are for training SC, they indicated customer service skills.

4. ELL CHILD PROFILE (CP)

ANALYSIS: The ELL CPs reflects the SiMR. A total of 50 children exited the program for this reporting period. With 27 of 50 or 54% of children exited the program with 80% or greater skills in the area of expressive language to include verbal, non-verbal, or augmentative alternative communication. The Team reviewed the data summary of the 23 children who did not meet the target and looked at EBPs to address this concern. One strategy discussed by the Team was for specific training on 2 strategies: Expansion/extension of speech and Child directed speech. Also, stakeholders agreed to provide copies of the ELL CP to families and share skills that will be assessed when the child exits the program.

Please describe how data are collected and analyzed for the SiMR.

As noted in the 2020 SPP/APR/SSIP report, after completing the Theory of Action, the Core Team developed the Logic Model with the focus of achieving the long-term outcome of the SiMR and determined the reasons why there is a need to focus on expressive skills. The situation or the problem

statement identified is that "Children exiting the Early Intervention (EI) Program lack the expressive language skills they need to be independent as expected." After identifying the situation, the team identified what is needed to achieve the long-term outcome of CNMI's SiMR. After working through the input, activities, and outcomes, the team ensured the alignment of the activities and outcomes to the Theory of Action.

PRINCIPLE ACTIVITIES IMPLEMENTED: The Core Team identified the following activities that have been implemented since April 2022 outlining the activities, measures and outcomes clustered into the following coherent improvement strategies.

GOVERNANCE: The Core Team continues to implement and train parents and providers on the Standard Operating Procedures (SOP) to support the Tiers of Intervention (TOI). This activity is measured by the number of trainings that occurred. The short-term outcome will be that parents and providers will acquire the knowledge, and skill sets for implementing the TOI. Providers participate in annual TOI training that is offered at the beginning of every school year (August 2024.) Parents are introduced to the TOI process at the initial evaluation and during periodic reviews. The TOI is embedded into each child's Individualized Family Service Plan (IFSP). The team has begun the expansion of monitoring functional communication skills. This activity is measured by the number of trainings that occurred. The short-term outcome is that providers acquire the skills to assess and monitor the child's progress in expressive language. Providers have participated in the development of the ELL Child Profile and received training on the SOP for this activity.

PROFESSIONAL DEVELOPMENT: The Core Team completed the Service Provider (SP) / Service Coordinator (SP) Self-Assessment Survey in August 2023 to identify confidence and competence levels on implementing EBPs. This activity is measured by the Self-Assessment Report. The short-term outcome is for providers to prioritize the needs of families and be able to provide EBPs that enhance child progress. As a result, providers had the opportunity to facilitate the Family Engagement Sessions using the World Parent Café's approach on all 8 evidence-based strategies that support expressive language and functional communication skills to all parents on Saipan, Tinian, and Rota. Parents and child care providers were the target audiences for the Family Engagement sessions. With previous training on Help is in Your Hands and sessions with Dr. Laurie Vismara, Early Start Denver Model (ESDM) Consultant, the CNMI continues to implement evidence-based strategies. The team is confident that if used to fidelity, these EBPs will impact family confidence and child growth, ultimately achieving progress towards the SiMR.

This activity is measured by the number of training sessions provided, specifically in these areas. The short-term outcome is that providers will have increased knowledge on the delivery of EBPs, through coaching.

ACCOUNTABILITY, MONITORING, and TECHNICAL ASSISTANCE: The Continuous Quality Improvement (CQI) team continues to implement the CQI process to support program improvement. This activity is measured by the ongoing CQI Plan, the number of scheduled meetings, and by Plan, Do, Study, Act (PDSA) reports. The short-term outcome is for providers to have knowledge about the CQI process and implement on-going program improvements. The team continues to implement the activities of the PDSA on parent participation and work towards meeting the AIM. The program continues to expand on the battery of assessment tools to monitor and track data.

This activity is measured by the SOP required to capture and store data systematically. The short-term outcome is for providers and administrators to be knowledgeable and have the skills sets to monitor child progress

COLLABORATION: The EI Program continues to follow the current Interagency Agreement between the CNMI Public School System and the Commonwealth HealthCare Corporation, along with the Memorandum of Agreements (MOAs)/Directives with other community partners. This activity is measured by the signed Interagency Agreement and MOAs/Directives. The short-term goal is that Early Childhood service agencies have the knowledge and follow the agreements. The Interagency Coordinating Council (ICC) continues to meet quarterly to advise and assist the EI Program and are key stakeholders in the review and in providing on the FFY 2023 SPP/APR/SSIP.

In addition, data is collected by providers during the IFSP process. Upon entry, the team, including the parent, completes the ELL Child Profile. The profile indicates each child's performance level, specific to expressive language. The TOI provides families with the levels of support needed to address their child's expressive language and functional communication skills. Throughout the delivery of services, providers implement the Coaching model to interact and communicate with families. Specific strategies are embedded into each child's daily routine. The rich conversation is documented through the LATTE Coaching form which is provided to parents after each visit is completed. It is also kept in each child's IFSP file. During periodic reviews, the ELL Child Profile and the TOI are updated. Upon the child's 3rd birthday, the team, including the parent conduct the ELL Child Profile to indicate the child's progress towards the SiMR. ELL Child Profile is collected upon entry and exit and maintained in program data base. The reporting year begins on July 1 through June 30. SiMR data is then analyzed and reported.

LONG TERM GOAL OF THE LOGIC MODEL: All children that exit the program will have 80% or greater skills in the area of expressive language to include verbal, non-verbal, or augmentative alternative communication to support the child's functional communication plan based on the ELL Child Profile.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

https://cnmipss.org/sites/default/files/mp.partc_2020-2025.spp_evaluation_plan.2023.508.pdf

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

GOVERNANCE: The Core Team continues to implement and train parents and providers on the SOP to support the TOI. This activity is measured by the number of trainings that occurred. The short-term outcome will be that parents and providers will acquire the knowledge, and skill sets for implementing the TOI. Providers participate in annual TOI training that is offered at the beginning of every school year (August 2024). Parents are introduced to the TOI process at the initial evaluation and during periodic reviews. The TOI is embedded into each child's IFSP. The team has begun the expansion of monitoring functional communication skills. This activity is measured by the number of trainings that occurred. The short-term outcome is that providers acquire the skills to assess and monitor the child's progress in expressive language. Providers have participated in the development of the ELL Profile and received training on the SOP Procedures for this activity. Based on stakeholder input, providers will explain the purpose of the ELL Child Profile and how together with the parents continue to monitor the child's progress in verbal communication and functional communication by reinforcing how critical it is to embed these strategies within daily routines and to review progress often. In addition, the Core Team reviewed the ELL Child Profile protocol and made adjustment to the format that would be easier for families to understand and agreed that families will receive a copy of the ELL Child Profile at the child's initial IFSP meeting.

The Core Team continues to implement the ELL Child Profile in order to measure progress for each child. The team looked at specific expressive language and functional communication skills from the Hawaii Early Learning Profile (HELP) and the Early Functional Communication Profile (EFCP) to provide guidance on what children are measured on and what support is needed to address the SiMR. An ELL Manual was developed to ensure the smooth process for the monitoring and collection of child data. Based on feedback from parents during the SSIP Evaluation Parent Input session held in September 2024, the Core Team reviewed the ELL Child Profile Protocol and made adjustment to the format that would be easier for families to understand and agreed that families will receive a copy of the ELL Child Profile at the initial IFSP meeting.

PROFESSIONAL DEVELOPMENT: The Core Team completed the Self-Assessment Surveys for Service Providers and Service Coordinators in August 2023 to identify confidence and competence levels on implementing EBPs. This activity is measured by the Self-Assessment Reports. The short-term outcome is for providers to prioritize the needs of families and be able to provide EBPs that enhance child progress. Providers continue to receive training on EBPs and Coaching to enhance expressive language abilities and functional communication skills. The short-term outcome is that providers will have increased knowledge on the delivery of EBPs, through coaching. Based on feedback from parents during the SSIP Evaluation Input session held on September 2024, the stakeholders discussed the need to provide parents at the initial IFSP meeting with a copy of the ELL Child Profile, so they know what and why the Program is monitoring the child's progress on the ELL Child Profile.

The CNMI continues to implement early childhood coaching to fidelity. The LATTE (Learning, Action, Teaching, & Tracking Everyday) Coaching Framework and the Tier of Intervention (TOI) assists providers and families with the individualized support needed for progress. Providers continue to facilitate Parent Café's (now called the Family Engagement sessions) on specific EBPs to all parents in Saipan, Tinian, and Rota. Parents and child care providers were the target audiences for the Family Engagement input sessions. To date, participants have had the opportunity to engage and learn about and how to use all 8 EBP to include -- Pause and Wait, Tuning In, Turn Taking, Commenting and Narrating, Singing Songs, Reading Books, Child Directed Speech, and Expansion. In addition, further discussion, and implementation of Early Start Denver Model - Help Is In Your Hands (HIIYH), research on effective practices, will help coaches deliver strategies to families based on each child's Individualized Family Service Plan (IFSP).

ACCOUNTABILITY, MONITORING, AND TECHNICAL ASSISTANCE (AMTA): The Continuous Quality Improvement (CQI) team continues to implement the CQI process to support program improvement. This activity is measured by the ongoing CQI Plan, the number of scheduled meetings, and by PDSA reports. The short-term outcome is for providers to have knowledge about the CQI process and implement on-going program improvements. The program continues to expand on the battery of assessment tools to monitor and track data. This activity is measured by the Standard Operating Procedures required to capture and store data systematically. The short-term outcome is for providers and administrators to be knowledgeable and have the skills sets to monitor child progress.

The CNMI continues to access expert technical assistance from Guam CEDDERS who provide the support needed and connect the program with National Technical Assistance Centers or other professionals in the areas of early childhood development. Based on OSEPs new requirement on stakeholder engagement, the CQI Team met to discuss parent participation during input sessions and parent cafes. In Fall of 2021, the team identified 22% of parent engagement as baseline data. In FFY 2022, 24% of families participated. For this reporting period, there were a total of 3 opportunities for parent participation, yielding 67 parents or 83.7%, of parent participation. This is an increase from what was reported last year at 59.7%.

In addition, the Core Team continues to address stakeholder engagement and uses the two parent surveys to measure parent participation. One parent survey was disseminated to respond to Indicator 4: Parent Involvement with 150 surveys sent out to parents and 150 surveys were returned with 100% response rate. The second parent survey was disseminated in July – August 2024 to responded to Indicator 11, the ELL Family Feedback Survey. For this reporting period, 75 surveys were disseminated of which 55 parents responded and submitted their feedback with a response rate of 73.33%.

COLLABORATION: The EI Program continues to follow the current Interagency Agreement between the CNMI Public School System and the Commonwealth HealthCare Corporation, along with the MOAs/Directives with other community partners. This activity is measured by the signed Interagency Agreement and MOAs/Directives. For this reporting period, the program intentionally focused on providing training and support to Child Care providers since several of the children enrolled in the Early Intervention program are served in child care settings. As a result, a total of 38 child care providers were in attendance at the 3 input sessions. In addition, Child Care and Family Care providers under the Child Care Development Fund (CCDF) who participated also received a Certificate of Completion that could be used towards their application for renewal of their Child Care certificate the include a requirement for ongoing professional development. The short-term goal is that Early Childhood service agencies have the knowledge and follow the agreements.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

The following is a description of the short-term outcomes achieved for each coherent improvement strategy and the rationale used to communicate achievement.

COHERENT IMPROVEMENT STRATEGY: GOVERNANCE (G)

G.1: Expand, implement, and train Early Intervention/ Early Childhood (EI/ EC) providers and parents on standard operating procedures (SOP) to support Tier of Intervention (TOI) and the Early Language and Literacy Child Profile (ELL CP)

G.2: Expand implement policies and standard operating procedures for monitoring and assessing child and family progress including providing technical assistance, if needed.

Short Term Outcomes:

Early Intervention/ Early Childhood (EI/EC) providers will acquire the knowledge of and skills sets for implementing the TOI and ELL CP checklist. EI/EC administrators and providers will acquire knowledge of the SOP for assessing and monitoring children's progress in expressive language abilities and functional communication skills

Support System Change:

The TOI process has been in full implementation for the past 3 years. The system change includes the EXPANSION of the TOI to support the target area of expressive language with the identification of the types and levels of support needed to meet the SiMR. (*) This further includes data collection procedures for progress monitoring using the TOI. In addition, the system will implement, monitor, and if needed, revise the ELL CP procedures.

Sustainability of Improvement Efforts:

Governance provides the stability for the development of standard operating procedures to ensure data reliability and program/provider accountability.

COHERENT IMPROVEMENT STRATEGY: Professional Development (PD):

PD. 2.1. Conduct needs assessment to identify enhanced evidenced based strategies to support expressive language abilities and functional communication skills.

PD. 2.2. Identify, align, and train EI/EC providers on evidenced based practices (EBPs) to enhance the expressive language abilities and functional communication skills.

PD. 2.3. Provide training for parents and EI/EC providers on coaching and mentoring strategies in implementing EBP to support child and family interactions

Short Term Outcomes:

EI/EC administrators and providers will know and prioritize the needs of families that will support and assist in improving their child's expressive language abilities and functional communication skills.

EI/EC providers, and families will have increased knowledge and skills on EBPs.

Parents and EI/EC providers will have increased knowledge and skills on child development including expressive language abilities and functional communication skills.

Support System Change:

LATTE Coaching Plan and application of the EBPs have been in full implementation. The system change includes the ELL Child Profile to support the target area of functional communication skills to meet the SiMR.

Sustainability of Improvement Efforts:

Professional Development provides the program with a systematic approach for targeted PD opportunities so that providers are equipped with specific tools needed to increase competency and confidence levels. (*) Since each family are provided information on the early childhood coaching model and are provided with an updated LATTE Coaching Plan at each home visit, the Core Team agreed to delete a training activity for new parents on the coaching model since this is a standard operating procedure and sustained in the process.

Since February 2023, the Program initiated professional development training for the 3 Service Coordinators using the Service Coordinator Apprenticeship Training developed by the Florida Department of Health, Children's Medical Services, and The Agency for Health Care Administration. The training applies EBPs instructional design model to maximize Service Coordinator learning and retention. The training materials integrates job competencies-driven core content; experiential learning activities, including field activities, for job-based skill practice and transfer; self-monitoring of learning through self-reflection activities and mentored reflective practice; and objective-based unit assessments. There are 10 units, and the EI Service Coordinators completed the training in July 2024. In August 2024, as a follow-up to the training, the Program is piloting the Service Coordinator Observation Checklists that include evidence-based practices that service Coordinators should apply these with families throughout the IFSP process. This tool is to be used to ensure Service Coordinators' implement these practices to fidelity.

COHERENT IMPROVEMENT STRATEGY: Accountability and Monitoring/Technical Assistance (AMTA):

AMTA. 3.1 Provide on-going training on the implementation and monitoring of a continuous quality improvement process to support program improvement.

AMTA. 3.2 Expand on the battery of assessments tools and enhance child, family, provider levels of confidence and competence as well as capturing data to track and monitor progress.

Short Term Outcomes:

EI/EC administrators, providers and families will have the knowledge and skill to implement a CQI process.

EI/EC administrators and providers will have the skills sets to implement ongoing program improvements.

EI staff and administrators will have knowledge and skills sets of the data collection process to monitor the child, family, and providers' progress.

Support System Change:

The CQI Process provides program support that may arise due to the program shift in capturing child data on expressive language skills. This process will assist in achieving progress to meet the SiMR.

Sustainability of Improvement Efforts:

AMTA is the mechanism in place that provides the systemic support to ensure that program barriers are identified and addressed in a timely manner

COHERENT IMPROVEMENT STRATEGY: Collaboration (C):

C 4.1: Update the Interagency agreement and PSS EC Directive on EI/EC services and support for young children with disabilities and their families. To include joint training, Child Find/ Public Awareness, outreach activities, etc.

C 4.2: Present updates to the CNMI ICC and report findings on any barriers that need to be addressed.

Short Term Outcomes:

Early Childhood partners will have the knowledge of the agreements to support the EI program.

Support System Change:

Program collaboration directly impacts program child find and public awareness activities. The system change is to identify and address barriers and will

support the progress that is made towards achieving the SiMR.

Sustainability of Improvement Efforts:

Collaboration encourages on-going dialogue and planned activities with partners to ensure the safety and wellness of children and their families

The CNMI did not implement any new infrastructure improvement strategies. Based on the results from the infrastructure analysis, the SIMR, theory of action, and the Logic Model, the Early Intervention Program looked at the coherent strategies and set timelines for implementation. The State assessed the readiness and capacity for implementation by developing timelines for each coherent improvement strategy. The conversation included the identification of specific actions that need to occur in order to fulfill each activity.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

In December 2024, the Core Team reviewed and updated the implementation plan to ensure it is aligned with the outcomes identified in the Logic Model. Furthermore, the Core Team adjusted the steps of implementation with an asterisk (*) based on review and agreements from the Team. The following is a summary of the next steps for the following improvement strategies:

GOVERNANCE:

Continue to provide TOI annual training and in reinforcing the levels of support needed to enhance the child and family's confidence and competence in the area of expressive language and functional communication skills. Update the data collection procedures for progress monitoring and tracking of the TOI. (*) Furthermore, if needed revise the Early Language and Literacy Child Profile (ELL CP) procedures.

Anticipated Outcomes:

EI/EC providers will implement the SOP TOI and ELL CP procedures with fidelity.

EI/EC providers will demonstrate and document the SOP for assessing and monitoring progress effectively.

PROFESSIONAL DEVELOPMENT:

Conduct professional development activities such as the parent interactive sessions (also known as Family Engagement Session), in promoting expressive language and functional communication strategies identified in the crosswalk document in the application of these strategies with a child and family's daily routine.

Continue to promote peer-to-peer coaching support in the application of the ESDM strategies.

(*) The Team discussed and agreed to delete the training for new parents on the coaching model since this training and orientation on early childhood coaching model is embedded during home visiting sessions and is a standard operating procedure and sustained in the process.

Continue to offer parent interactive (also known as Family Engagement) sessions that promote the tips and strategies used to support expressive language and functional communication skills within a child and family's daily routine.

Anticipated Outcomes:

EI/EC providers and families will demonstrate skills and competencies in implementing EBPs that enhances their child's expressive language abilities and functional communication skills.

Families will demonstrate their confidence and competence, and skill sets to support their child's expressive language abilities and functional communication skills.

AMTA:

Monitor Parent Participation and work towards meeting the AIM goal.

Anticipated Outcomes:

EI/EC will implement CQI recommendation that will result in program improvement to promote expressive language abilities and functional communication skills of children in the program.

EI providers will conduct the assessment tools.

EI Director will report progress annually on the progress of the child, family, and providers.

COLLABORATION:

Update Agreement and Directives if necessary

Focus meetings on program data and incorporate results to assist programs

Anticipated Outcomes:

EC partners will follow and implement the MOA/Directives agreements.

The PSS recognizes the importance of results driven accountability and child outcomes. The Core Team discussed the intent of Part C as per the IDEA regulation that recognized "an urgent and substantial need" to enhance the development of infants and toddlers with disabilities and to enhance the capacity of families to meet their child's needs.

List the selected evidence-based practices implemented in the reporting period:

In December 2024, the Core Team once again reviewed the evidence-based practices and the alignment in the following 4 areas of focus: Governance, Professional Development, AMTA, and Collaboration. The team re-visited the Division of Early Childhood (DEC) Recommended Practices to ensure alignment with the new SiMR. As a result, the team identified 12 practices that are beneficial to supporting family and provider needs.

- Assessment #3- Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- Assessment #8- Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.
- Family #5- Practitioner's support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities
- Family #6- Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

- Instruction #4- Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines
- Instruction #6- Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
- Instruction #13- Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.
- Interaction #1- Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.
- Team & Collaboration #2- Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
- Environment #5- Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences
- Environment # 6- Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.
- Transition #1- Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.

The EBPs are captured from the following: 1) During home visits when the EI Director conducts an observation and uses the CASE Tool checklist and the Coaching Fidelity checklist; 2) At the Service Provider and Coordinator self-assessments that are disseminated and analyzed yearly; and 3) reviewed in the IFSP process through the implementation of the Tiers of Intervention (TOI).

The EI Program continues to implement the following evidenced-based models to support the in SiMR – 1) LATTE Coaching and Tiers of Intervention (TOI); 2) Early Childhood Coaching Model and the ELL strategies to support the SiMR; 3) Parental Resilience from Strengthening Families, a Protective Factors Framework and the Family Engagement Sessions; and 4) DEC Recommended Practices.

Provide a summary of each evidence-based practice.

EARLY CHILDHOOD COACHING is an evidenced-based practice, was identified by the CNMI to provide the program with the necessary tools to support, nurture, and empower families. The CNMI LATTE Coaching Plan provides a structure for planning and conducting home visits using the Five Key Characteristic of Coaching as documented on the Early Childhood Coaching Handbook by Dathan D. Rush and M'Lisa L. Sheldon. The CNMI LATTE Coaching Plan provides a guide for parents and service providers to use during each home visit and provides support to ensure the coaching model is implemented to the fidelity of the model. The LATTE Coaching Plan stands for:

- Learning using functional IFSP outcomes to guide the intervention
- Action and trying different strategies
- Teaching, Learning, and deepening the understanding
- Tracking and reflecting and providing feedback
- Everyday routines in home or community settings

TIERS OF INTERVENTION (TOI):

The TOI framework captures and supports the goal of the EI program. The TOI Framework includes the four implementation drivers. The four drivers include coaching, training, performance measures, and decision support data systems. The TOI framework embraces the belief that through leadership and administrative support in the State and program level, impacts how family and providers collaborate. Through coaching mentoring support, parents reinforce their child's overall development. This is all done by implementing EBPs identified at each level of the Tier. Included in each tier are the EBPs that are embedded in policies, procedures, and professional development activities. The TOI is an intentional process used by the Service Providers to support and monitor child progress in the three target areas during the IFSP process using the tier of intervention or TOI. The TOI provides the level of support needed for each target area. There are three tiers for the TOI. Tier 1 is promotion for all infants and toddlers. Tier 2 is targeted intervention and prevention that identifies the level of support needed. Tier 3 is an intensive intervention that may include the use of assistive technology devices to promote progress. In addition, there are 5 Level of Supports that children and families may benefit from. The Levels of Supports is embedded into the IFSP process and includes: 1) Routines Based Intervention; 2) Visual Aides with Steps; 3) Assistive Technology; 4) Specialized Therapeutic Techniques; and 5) Medical Supports.

The Core Team continues to feel strongly that the LATTE Coaching Plan and the TOI provides the EI Staff with the supports to deliver targeted intervention. Guam CEDDERS continues to facilitate the discussion to review child progress and reasons why children were making gains. The team felt strongly about the LATTE Coaching Plan and the TOI based on their experiences they had while implementing them during the IFSP processes. Due to their firsthand experience, their conversations with parents, and looking at the CNMI's SiMR performance, the team agreed to continue implementing these EBPs. The team is confident that if used to fidelity, these EBPs will impact child growth, ultimately achieving progress towards the SiMR.

EARLY CHILDHOOD COACHING MODEL:

The Core Team continues to receive targeted professional development and focus on expressive language development and functional communication skills. The team identified their needs based on their firsthand experience from working on IFSP child goals geared towards language development. With previous training on the Early Start Denver Model (ESDM): Help is in Your Hands and sessions with Dr. Laurie Vismara, ESDM Consultant, the CNMI continues to implement EBPs. The team is confident that if used to fidelity, these EBPs will impact family confidence and child growth, ultimately achieving progress towards the SiMR.

PARENT RESILIENCE FOR STRENGTHENING FAMILIES:

The Parental Resilience from Strengthening Families, a Protective Factors Framework:

The Core Team continues to access this evidence-based model to provide families with the supports to build family strengths, promote optimal development, and reduce child abuse and neglect. In addition, the program will continue with producing Parent Snippets (on-line videos), which promote positive social and emotional development in young children, taken from the CSEFEL: Positive Solutions Modules. The team believes that the additional support will provide families with the opportunity to build relationships with their child, ultimately achieving progress towards the SiMR.

DEC RECOMMENDED PRACTICES:

With the DEC Recommended Practices reevaluated, the Core Team continues to work towards the practices that would meet the needs of the SiMR. The identified eight (8) Early Language and Literacy (ELL) strategies are aligned with the 12 coherent improvement strategies that is aligned with the Theory of Action. The team discussed that these EBPs would provide the support needed for providers and families during the IFSP process. As a result, the team is confident that when used to fidelity, the 12 recommended practices will impact provider and family communication and child growth, yielding progress towards the SiMR. Furthermore, the team discussed that parent interactive training (also known as the Family Engagement Session) will share, disseminate, and engage parents in using these 8 ELL strategies and will be reinforced at home visiting sessions. These intentional efforts will increase parents' levels of understanding and confidence in how they could reinforce their child's expressive language development and functional communication skills.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child/outcomes.

LATTE Coaching and TOI: The Core Team believes that these EBPs provides the support needed for both the families and providers to identify specific levels of supports and activities within daily routines so that children can be provided the opportunities for to practice these skill. Working on specific activities that address expressive communication will provide families with targeted intervention. Ultimately, child progress will be tracked and documented and will impact the SiMR.

The Early Intervention Program is certain that if families, providers, and program leaders implement the identified EBPs to the fidelity of the model, positive outcomes for the child and family will be evident and will impact the SiMR. By building a strong support system for families, providers, and leaders will result in more children exiting EI services with the skills set to be independent learners and ready for school.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

The EI Program collected and evaluated 4 data points. 1) Indicator 4C Parent Engagement Survey, 2) ELL Parent Feedback Survey, 3) Provider/Service Coordinator Self-Assessment Survey, and 4) ELL Child Profile. Data collected allowed for the team to get a better understanding of who the actual children were, parent perceptions and confidence levels, and provider competencies. Based on this information, the program was able to interpret data about the SiMR. The ELL Child Profile was used to measure 50 children who were exiting the program for this reporting period. This data indicated that 27 of the 50 children or 54% of children exited the program with 80% of expressive language skills, closer to their same age peers. The Core Team reviewed the 23 children who did not meet the target and looked at EBPs to address this concern. With the focus on expressive language and functional communication skills, data revealed that families continue to report that Early Intervention services help their child grow and develop yet continue to need the assistance of other community resources to ensure that each family's needs are being met. Provider and Parent survey results assist with the identification of program needs available to monitor the fidelity of implementation and assess practice change. Overall, the TOI and LATTE process will continue to serve as the mechanism to capture child progress towards the SiMR.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

1. LATTE Coaching and TOI Next Steps: Families and providers will continue to track and monitor targeted skills and specific activities that address each child's communication plan. Child progress will be collected and documented to ensure that the delivery of services is individualized and beneficial for all families. The anticipated outcomes are the development of a communication plan, in efforts to prepare each child for their next steps in life.
2. Coaching Model Next Steps: Families and providers will have the opportunity to discuss, share, and model specific strategies that impact child development that encourage expressive skills. In addition, parents and Service Providers will receive training on the updated approaches to early intervention in autism spectrum disorder by Dr. Giacomo Vivanti, Ph.D. Team members will be able to observe child performance, family confidence levels, introduce targeted activities, and observe responses. The anticipated outcomes are that families gain confidence and competence skills so that children are provided daily opportunities to work on expressive language.
3. Parental Resilience from Strengthening Families: Next Steps: The families will have more opportunities to address their social emotional needs as well as learn more about the support that may be available within the community. The anticipated outcomes are that families will have emotional and social supports so that they can have more positive experiences when interacting with their children.
4. DEC Recommended Practices Next Steps: The program will continue to implement the identified practices to ensure that the IFSP process, from initial referrals to the transition process, goes smoothly and encourages positive interactions from families and providers. The anticipated outcomes will provide a healthy relationship among IFSP team members with one goal: to ensure progress of all children, specifically in the area of communication.
5. Parent Interactive (Family Engagement) Sessions that promote application of EBP practices that support expressive language and functional communication skills. These Family Engagement sessions will focus on all eight ELL strategies to support the SiMR with specific training on extension/expansion of speech and Directed Speech. The ELL strategies are presented and applied during home visits and provide opportunities for parents to share their experience with other families.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The CNMI did not make any changes to the activities, strategies, or timelines described in the previous submission. The CNMI continues to implement the activities, strategies, and timelines to reflect child progress in expressive language to address the SiMR. Based on the broad data and in-depth data analysis, the CNMI is confident that the mechanisms in place will provide the support needed to capture child progress in the area of expressive language.

To affirm the decision to continue with the current SSIP evaluation plan without modification, the Program held a SSIP Evaluation Stakeholder Input Sessions with parents On September 25, 2024. At this session, there were 18 parents and 8 program staff in attendance. The Input Session was facilitated by 2 TA providers from Guam CEDDERS. Stakeholders were asked to provide input to the 9 evaluation questions based on the SSIP Evaluation Plan and were asked to provide feedback on how these questions have impacted their child and family.

Section C: Stakeholder Engagement

Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement. Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. These <https://emaps.ed.gov/suite/sites/spp-apr-part-c-state-agency-site/page/helpengagement> activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan:

1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels.

2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR.

3) Interagency Coordinating Council (ICC) is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities.

4) The leadership team is comprised of the State Board of Education and its primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

The EI Program held a SSIP Evaluation Stakeholder Input Session on September 25, 2024. There were 18 parents and * program staff that attended. The Input Session was facilitated by Guam CEDDERS. Stakeholders were asked to provide input to the 9 evaluation questions based on the SSIP Evaluation Plan and were asked to provide feedback on how these questions have impacted their child and family.

GOVERNANCE:

Evaluation Question 1: Are you familiar with the Tier of Intervention (TOI)?

Feedback: 3 families responded. Yes, we are familiar and were able to provide examples of how the TOI was discussed.

Evaluation Question 2: How do you monitor your child's progress based on the skills identified in your child's IFSP?

Feedback: 6 families shared examples of how they monitor their child's development

F1: Follow up with the LATTE Coaching Form that is given.

F2: Teacher (Service Provider) lets me know and she also checks in with my child's daycare.

F3: I've seen great improvements during home visiting sessions

F4: I follow up with my service provider and with day care.

F5: At every visit, my daughter's provider and I discuss her improvements and reads that there's always progress

F6: My son, he is doing things and getting better in a lot of things like his coordination.

PROFESSIONAL DEVELOPMENT:

Evaluation Question 3: What tips or strategies are you working on with your child to support their expressive language?

Feedback: Pictures used to express and point out what is wanted. Pointing, waving (hello/goodbye). Shadowing. Toys, YouTube videos. Simplifying the way we talk to our son. Printed pictures.

Evaluation Question 4: Rate your level of confidence in using these skills discussed during your home visits with your child. (1= Not confident, 2=Little Confident, 3=Some Confidence, 4=Confident, 5 Strongly Confident)

Feedback: 5 parents provided examples of the tips and strategies they use to support their child's development. Furthermore, parents were asked to rate their confidence in using these tips/ strategies with 5 parents rated "very confident" and 1 parent rated "some confidence".

Evaluation Question 5: Can you share 1 or more skills that you are working on with your child that are listed in his/her IFSP?

Feedback: 3 parents provided examples.

F1: Using sign language to communicate

F2: Working on behavior issues

F3: Working on imitating

Evaluation Question 6: Are you comfortable asking for assistance from your service providers on tips and strategies to support your child's expressive language?

Feedback: All families (8) indicated Yes

Follow Up Question: If you are unsure of how to use these tips or strategies to support your child's expressive language, what would you do?

Feedback: 7 parents provided examples

F1: Ask teacher

F2: Send message to provider

F3: Seek advice

F4: Ask during parent meetings

F5: Service provider is good at giving examples

Follow-up Question: If yes comfortable, how do you communicate with your Service Provider at home visits, text, WhatsApp, phone.

Feedback: All above for 1, 10 indicated WhatsApp and 2 indicated zoom.

Evaluation Question 7: Tell us how the training has assisted you.

Feedback: 3 parents shared their experience

F1: I wasn't able to attend due to conflict schedule

F2: Still new to the program (2 parents)

Follow Up Question: Tell us how the home visiting coaching sessions have assisted you.

F1: Helped with daughter's behavior

F2: Helped with language functionality

Evaluation Question 10: Are you familiar with the Early Language and Literacy (ELL) Child Profile? Have you seen your child's ELL Child Profile results?

Feedback: 2 parents indicated yes, and 3 parents responded no, 1 parent could not recall but indicated they did ask him at the meeting.

F1: Shared an example that was discussed.

Evaluation Question 11: Can you name the other partners/agencies that early intervention is working with? What other agencies would you like more information about?

Feedback: 1) Family to Family, 2) Early Head Start/ Head Start, 3) Child Care Program, 4) Commonwealth HealthCare Corporation, 5) HOME Visiting, 6) Early Childhood, Special Education. Participants indicated that they did not need more information about other agencies.

Overall, the stakeholders were able to respond to the questions positively and shared their experiences with the program. Participants did share some concern regarding the acronyms that are used in the program. For example, parents were familiar with the IFSP because they remembered going through/signing the document, but did not know the name of it or what IFSP stood for. Other acronyms in question were LATTE and TOI. As a direct result of this feedback, the program developed an Acronyms List that will be provided to parents and used as a visual so that parents can refer to it for clarification. The program anticipates the implementation in November 2024. Furthermore, during the December 2024 Stakeholder session, the providers discussed how the Program could be intentional about sharing the ELL Child Profile with the parents. The team agreed to share this information at the initial IFSP meeting and reviewed and modified the ELL Child Profile that would be easily understood by parents. In January 2025, the Program will initiate the process for sharing the ELL Child Profile and provide each parent with the updated copy of the ELL Child Profile.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The Core Team continues to access social media, electronic communication, and phone calls to keep all parents and community stakeholders, including the Interagency Coordinating Council members, involved with program activities.

A specific strategy that is implemented to increase parent participation to the input sessions is using social media. All families from Saipan, Tinian, and Rota were invited to the scheduled meetings. The Core Team devised a plan on how and when invitations would be distributed.

1) Two weeks prior to, send out invite via Messenger, WhatsApp, email

2) One week prior to Virtual Parent Input Session, place flier on CNMI EI Facebook page and call parents to confirm receipt of invite

3) Three days prior to Virtual Parent Input Session call parents, use script to explain their importance of participating and confirm attendance.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

The Core Team captured concerns expressed by parents regarding services, child find, and public awareness activities. The following are concerns made by stakeholders. The EI Director addressed the stakeholder concerns by acknowledging all comments and suggestions and ensured all participants that their concerns will be taken seriously.

- Service Frequency- Some parents shared concern for the number of visits that are provided to their child.

Response: The EI Director responded by reiterating to families that they (families) are part of the IFSP team. During IFSP meetings, team members share, discuss, and identify the services needed to meet each child and family's needs. The Director encouraged all parents to have an open conversation regarding the specific supports needed to address their needs.

- Parent Trainings- Some families reported that they were not aware of training opportunities.

Response: The EI Director reiterated the program's anticipated parent sessions and discussed how parents are informed about the events. The Director also shared that families just entering the program will have opportunities to participate in trainings as their child continues to receive services. In addition, the Core Team devised a plan on how and when invitations would be distributed for training and any early intervention activities/ events:

1) Two weeks prior to, send out invite via Messenger, WhatsApp, email

2) One week prior to Virtual Parent Input Session, place flier on CNMI EI Facebook page and call parents to confirm receipt of invite

3) Three days prior to Virtual Parent Input Session call parents, use script to explain their importance of participating and confirm attendance.

Upon completion of the input session, the Core Team had the opportunity to debrief and discuss, specifically parent concerns. The Core Team takes pride in their jobs and understands the struggle that some families encounter when learning about the different types of services that could assist with the development of their children. The Core Team also discussed the child frequency and duration to ensure that services continue to be individualized. In addition, the Core Team was reminded to adhere to the dissemination protocol on how parents are informed about upcoming activities and training.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

N/A

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

N/A

Describe any newly identified barriers and include steps to address these barriers.

The barriers that the program faces, continues to be:

a. Recruitment, Hiring, and Retention of EI Staff. The EI Program is faced with lack of on-island expertise in hard to fill positions, such as speech pathology, occupational therapy, early childhood special education teachers, and physical therapy. Currently, PSS continues Job Vacancy Announcements, until they are filled, which are posted on the official PSS website.

b. Availability of new staff to attend training on EBPs to include Early Childhood Coaching Model. The EI Program schedules professional development with off- and on-island experts annually and when new staff enters the program; these trainings either have begun or are near completion. The EI

Program intends to record training events as a strategy to allow new staff to review the information and or complete online training modules specified in the EI Professional Development Plan.

Provide additional information about this indicator (optional).

For further information on CNMI's Implementation Plan please refer to the following link:
https://www.cnmipss.org/sites/default/files/mp.part_c.implementation_plan.2023_update_508.pdf

The CNMI looks forward to the upcoming activities and timelines to address the SSIP and make progress towards the SiMR. It is the CNMI's goal that through Coaching, EBPs will be provided to fidelity, and children will have the opportunities to work towards building their expressive language skills.

11 - Prior FFY Required Actions

None

11 - OSEP Response

The Commonwealth of the Northern Mariana Islands (CNMI) did not provide the numerator and denominator descriptions in the FFY 2023 SPP/APR Data table. The CNMI must provide the description of the numerator and denominator used to calculate its FFY 2023 data.

The CNMI did not provide an active link to or narrative description of the current Theory of Action.

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 1.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The CNMI did not have to verify that the sources of non compliance was correctly implementing the regulatory requirements because there were no findings for this reporting period.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The CNMI did not have to verify that each individual case of non compliance was corrected because there were no non compliance identified.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 7.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The CNMI did not have to verify that the sources of non compliance was correctly implementing the regulatory requirements because there were no findings for this reporting period.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The CNMI did not have to verify that each individual case of non compliance was corrected because there were no non compliance identified.

Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The CNMI did not have to verify that the sources of non compliance was correctly implementing the regulatory requirements because there were no findings for this reporting period.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The CNMI did not have to verify that each individual case of non compliance was corrected because there were no non compliance identified.

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The CNMI did not have to verify that the sources of non compliance was correctly implementing the regulatory requirements because there were no findings for this reporting period.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The CNMI did not have to verify that each individual case of non compliance was corrected because there were no non compliance identified.

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The CNMI did not have to verify that the sources of non compliance was correctly implementing the regulatory requirements because there were no findings for this reporting period.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The CNMI did not have to verify that each individual case of non compliance was corrected because there were no non compliance identified.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0		100%		N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	
---	--

Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	0
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	0
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	
7. Number of findings <u>not</u> yet verified as corrected	0

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - OSEP Response

The Commonwealth of the Northern Mariana Islands (CNMI) established a baseline, using data from FFY 2023. However, CNMI is not required to establish a baseline until any fiscal year in which data are reported for this indicator.

12 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Lawrence F. Camacho, Ed.D

Title:

Commissioner of Education

Email:

pss.coe@cnmipss.org

Phone:

6705880813

Submitted on:

Determination Enclosures

Data Rubric

Northern Mariana Islands

FFY 2023 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1
12	1	1

APR Score Calculation

Subtotal	14
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	19

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 2/19/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	19
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	38.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	38.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely – A State will receive one point if it submits all ED*Facts* files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	ED <i>Facts</i> Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	2/19/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution
IDEA Part C
Northern Mariana Islands
Year 2023-24

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	0
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

State Comments:

This report shows the most recent data that was entered by:
Northern Mariana Islands

These data were extracted on the close date:
11/13/2024