

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2024

**Northern Mariana Islands**



**PART C DUE**  
**February 2, 2026**

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 (Saipan, Tinian, and Rota.) 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 2024. 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/APR to the Public are provided separately within this Introduction section of CNMI's FFY 2024 APR.

In FFY 2024, 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 2024-2025 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, 2025, 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 2023 Data Rubric Part C, the HTDMD, and the Dispute Resolution 2023-2024. 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, the 2024 SPP/ APR: Improving Outcomes, Creating Lifelong Opportunities for Children and Youth with Disabilities document. This tool measured the quality of IDEA implementation in each state and entity. This document reviewed eight (8) indicators focused on improving outcomes for infants, toddlers, preschoolers, school-aged students and youths. In addition, engaged stakeholders in a discussion of each indicator's progress to determine performance, future targets, and to gather input or recommendations for improvement. This FFY 2024 APR includes current performance data on 10 of the 12 Indicator measures: Indicators 1, 2, 3, 4, 5, 6, 7, 8, 11, and 12. For each applicable SPP Indicator measure, CNMI reports FFY 2024 data to determine the CNMI's FFY 2024 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 2024. The CNMI must report with its FFY 2024 SPP/APR submission, due February 1, 2026, 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-compliances are 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 general supervision requirements as indicated in OSEP QA 23-01, 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, 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 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.
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. 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 noncompliance.**

The Early Intervention Program reviews all child records within 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 Manager prior to entering the data in the database. The Data Manager 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 database 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 monitoring 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. 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 QA 23-01, dated July 24, 2023, included as a 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 QA 23-01, 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 QA 23-01, 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 other 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).**

Not Applicable

The CNMI have not adopted procedures that permit its EIS providers to correct noncompliance prior to the State's issuance of finding (i.e., pre-finding correction).

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](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.

Examples of PD opportunities:

August 2024: ICC members and staff participated in the OSEP Leadership Meeting in Arlington, Virginia. Staff, service coordinators, and providers participated in Improving Data, Improving Outcomes Conference Facilitated by DaSy in New Orleans, Louisiana.

September 2024: Providers participated in the Division for Early Childhood Conference in New Orleans, Louisiana

November 2024: Providers participated in the National Association for the Education of Young Children Conference in Anaheim, California

December 2024: In collaboration with the CNMI Special Education Program, providers participated in the Autism Spectrum Disorder: Early Development, Early Diagnosis, and Early Intervention by Dr. Giacomo Vivantie, held on Saipan. Service Coordinators, in collaboration with the CNMI EHDl Program, participated in the online Newborn Hearing Screening Training Curriculum facilitated by the National Center for Hearing Assessment and Management.

March 2025: In collaboration with the CNMI EHDl program, providers participated in the Annual Early Hearing Detection Intervention Conference held in Pittsburgh, Pennsylvania.

May 2025: Providers participated in the 24th International Early Childhood Inclusion Institute sponsored by Frank Porter Graham Child Development Institute in Chapel Hill, North Carolina.

In addition, Guam CEDDERS provided on-going professional development opportunities throughout the school year, that addressed program needs such as specific evidence-based practices and strategies on expressive language skills such as, direct and expanded speech. These meetings are scheduled face to face or virtually and provides opportunities for team discussion and collaboration with the focus in sharing using applied practice within the coaching session on these strategies to families. With intentionality, parent will use these strategies within different activities during the child's daily routines.

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:**

41

### **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 14, 2025, at the quarterly ICC meeting, the Program 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 who are at risk or with a disability and their families. There were 15 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 October 16, 2025, Virtual Parent Input Session on the SSIP Evaluation Plan: Parent Stakeholder Input Session was held with 14 parents 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 by sharing their personal experiences. Specific responses to the questions are discussed in Indicator 11.

On October 21, 2025, SPP/APR Input and Family Engagement Session was held on Saipan. The invitation went out to all our families and daycare providers in Saipan. Families from Tinian were invited to participate virtually. The asynchronized meeting was facilitated by the program director and the technical support from Guam CEDDERS. There was a total of 66 parents and child care providers that attended. On October 22, 2025, the team flew to Rota to provide the in-person session, as well as offering a virtual opportunity for families and stakeholders. The asynchronized meeting was facilitated by the program director and the technical support from Guam CEDDERS. There was a total of 13 parents and child care providers that attended. The first part of the session was to share the CNMI Part C FFY 2024 SPP/APR performance. Participants were given materials that used infographics to depict each indicator and the FFY 2024 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. The parents were engaged and shared how they use the strategies with other families by telling their stories or sharing their responses on chart paper.

On December 3 -5, 2025, ten 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. In addition to the nine (9) Core Team members and the Program Coordinator from the Community Health ----- Program Director. The Team reviewed the final draft of the SPP/APR report. The Team used a document from DaSY and ECTAC entitled: Checklist and Tips from the SPP/APR Guidance when reviewing CNMI's SPP/APR draft document. Based on the feedback, the Team made minor changes to the final SPP/APR document. The team discussed information shared based on input from drill down data specifically for indicator 3 for possible reasons for

slippage. In addition, the stakeholders reviewed the input from parents during the SSIP Evaluation Parent Session held on October 16, 2025. Next, the Team reviewed and provided the updates to the Implementation and Evaluation Plans. Throughout the meeting, the Team were tasked to describe where data is collected and the reasons for capturing the data of the SPP indicators. Also discussed was what is expected during the Differentiated Monitoring System (DMS) visit that is anticipated to commence Fall 2026. On Friday, December 5, 2025, the CNMI Team attended a full-day training on the Early Start Denver Model (ESDM) Parent Coaching facilitated by Drs. Giacomo Vivanti and Kristy Capes.

On December 10, 2025, at the quarterly ICC meeting, the Program Director presented along with support from Guam CEDDERS, presented the final narrative and data reports for the CNMI Part C FFY 2024 SPP/APR. At the meeting, the members of the ICC were asked to provide any input and recommendations for improvement specifically to indicator 3. The Program shared drill down data documenting the possible reasons for the slippages. There were 14 members that were in attendance. ICC members provided input on possible reasons for slippages. In addition, ICC approved the FFY 2024 Report that will be submitted by February 2, 2026.

On December 17, 2025, the CNMI Part C FFY 2024 SPP/APR was presented to the PSS Fiscal Personnel and Administration (FPA) Subcommittee of the State Board of Education by the EI Program Director. There were three (3) Board Members in attendance along with the PSS Commissioner and Key Management Team. Board Members asked about the child find activities and if the Program is serving enough infants and toddlers. The EI Director referred the members to indicators 5 and 6 documenting the number of children served. As a result of their discussion, the members praised the Program for a job well done!

On January 15, 2026, the SPP/APR was presented to the State Board of Education. All Board Members were present and made comments on the program's Child Find activities, as well as primary referral sources. The EI Director discussed the number of referrals received for the reporting period and identified that through the Interagency Agreement with the Commonwealth HealthCare Corporation (public health programs), referrals are being made consistently. The Chairwoman of the State Board of Education thanked the Director and her team for reporting and sharing the program's data.

#### **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 December 2024, in collaboration with Special Education Program, a parent session was facilitated by Dr. Giacomo Vivanti on Best Practices in Early Intervention for Young Children with ASD. Parents had the opportunity to meet other parents, network, and hear from an expert in the field on autism and how to go about raising a child with autism.

On November 2025, in collaboration with the Commonwealth HealthCare Corporation; Public Health Services, the EI team provided a Learning Session on Early Language and Literacy Strategies for Infants and Toddlers. The EI team consisted of 2 teachers and a physical therapist. The in person and virtual opportunity invited all families in the CNMI to engage in this learning experience so that families are equipped with the tools to improve outcomes for their young children.

The EI Program continues to collaborate with Public Health Services who provide monthly in person and virtual opportunities for families in the CNMI. The Learning Sessions are set in place so that parents are aware and informed about the resources that are available on the island. It is an opportunity for parents to meet other parents and learn about other services that may be available to them. As a result, the EI program continues to relay information to all families, either on the programs official Facebook page or through Whatsapp messages. In some instances, the EI providers or service coordinators facilitate the sessions, while others are facilitated by other experts in their fields. Below are some topic areas that have been provided for this reporting period. Examples of Learning Sessions are: Mental Health 101, Developmental Screening-Ages and Stages Questionnaire, Back to School Health Fairs, Parent Support Groups for ASD, Safe Sleep, and Diabetes Awareness, are just some topics being addressed.

#### **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 2026) 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 2026.

#### **Reporting to the Public:**

##### **How and where the State reported to the public on the FFY 2023 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 2023 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 2023 APR in 2025, is available.**

The FFY 2024 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 2026. Hard copies of the SPP/APR will also be available at the Early Intervention Program office. In addition, the FFY 2023, 2022, 2021, 2020, and 2019 SPP/APR are also on the website.

## **Intro - Prior FFY Required Actions**

The Commonwealth of the Northern Mariana Islands' IDEA Part C determination for both 2024 and 2025 is Needs Assistance. In the Commonwealth of the Northern Mariana Islands' 2025 determination letter, the Department advised the Commonwealth of the Northern Mariana Islands of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the Commonwealth of the Northern Mariana Islands to work with appropriate entities. The Department directed the Commonwealth of the Northern Mariana Islands 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. The Commonwealth of the Northern Mariana Islands must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, 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 2023 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' (CNMI) 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 CNMI's SPP/APR documents.

The CNMI's determinations for both 2024 and 2025 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 17, 2025 determination letter informed the CNMI that it must report with its FFY 2024 SPP/APR submission, due February 2, 2026, 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. The CNMI provided the required information.

OSEP notes that the Commonwealth of the Northern Mariana Islands (CNMI) referenced OSEP Memo 09-02 when describing its monitoring process and how it issues findings, and reminds the CNMI that the correct reference is OSEP QA 23-01. OSEP QA 23-01 (July 24, 2023) supersedes previously released guidance documents, including OSEP Memo 09-02.

OSEP notes the CNMI 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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    | 2019    | 2020    | 2021    | 2022    | 2023    |
|--------|---------|---------|---------|---------|---------|
| Target | 100%    | 100%    | 100%    | 100%    | 100%    |
| Data   | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

### Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

### FFY 2024 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 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 65  | 65  | 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.*

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).**

The CNMI EI database is used to report timely service data reported for the period of July 1, 2024 to June 30, 2025 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 2023**

| 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                                      |

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2023 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**

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902.

**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       | 2019   | 2020    | 2021    | 2022   | 2023    |
|-----------|--------|---------|---------|--------|---------|
| Target >= | 95.00% | 95.00%  | 95.00%  | 96.00% | 96.00%  |
| Data      | 98.67% | 100.00% | 100.00% | 98.59% | 100.00% |

### Targets

| FFY       | 2024   | 2025   |
|-----------|--------|--------|
| Target >= | 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 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023) | 07/30/2025 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 77   |
| SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023) | 07/30/2025 | Total number of infants and toddlers with IFSPs   | 77   |

**FFY 2024 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 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 77  | 77  | 100.00%       | 97.00%          | 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      | 2019   | 2020   | 2021   | 2022   | 2023   |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1      | 2008     | Target>= | 75.10% | 78.38% | 78.40% | 79.00% | 79.00% |
| A1      | 75.00%   | Data     | 79.55% | 78.38% | 62.16% | 69.77% | 82.05% |
| A2      | 2008     | Target>= | 65.00% | 59.09% | 60.00% | 61.00% | 62.00% |
| A2      | 64.00%   | Data     | 60.00% | 59.09% | 46.00% | 51.72% | 54.00% |
| B1      | 2008     | Target>= | 70.00% | 82.50% | 83.00% | 83.00% | 83.50% |
| B1      | 54.20%   | Data     | 79.25% | 82.50% | 67.35% | 74.55% | 80.00% |
| B2      | 2008     | Target>= | 50.00% | 38.60% | 39.00% | 39.00% | 39.50% |
| B2      | 32.00%   | Data     | 49.09% | 38.64% | 24.00% | 37.93% | 40.00% |
| C1      | 2008     | Target>= | 82.00% | 72.50% | 73.00% | 74.00% | 76.00% |
| C1      | 81.80%   | Data     | 76.09% | 72.50% | 65.00% | 70.83% | 75.56% |
| C2      | 2008     | Target>= | 77.00% | 54.50% | 56.00% | 60.00% | 65.00% |
| C2      | 76.00%   | Data     | 54.55% | 54.55% | 44.00% | 46.55% | 50.00% |

#### Targets

| FFY         | 2024   | 2025   |
|-------------|--------|--------|
| Target A1>= | 79.50% | 79.50% |
| Target A2>= | 63.00% | 64.50% |
| Target B1>= | 83.50% | 83.50% |
| Target B2>= | 39.50% | 39.50% |
| Target C1>= | 78.00% | 81.90% |

|                |        |        |
|----------------|--------|--------|
| Target<br>C2>= | 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 | 14                 | 22.22%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 20                 | 31.75%              |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 21                 | 33.33%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 8                  | 12.70%              |

| Outcome A  | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 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 | 41        | 55          | 82.05%        | 79.50%          | 74.55%        | Did not meet target | 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   | 29        | 63          | 54.00%        | 63.00%          | 46.03%        | Did not meet target | Slippage |

**Provide reasons for A1 slippage, if applicable**

For this reporting period there were 55 infants and toddlers that exited and participated in the outcome measure. There were 41 out of the 55 or 74.5% who substantially increased their rate of growth in positive social-emotional skills to meet their needs by the time they turned 3 years of age or exited the program. This is slippage of 7.6% as compared to FFY 2023 at 82.05%.

Stakeholders recommended that the following drill down data be reviewed to determine possible reasons for slippage: age at entry, service time, disability, service location, and a comparison of frequency of services indicated in the IFSP and the actual number of services received for children in category "b." As indicated in the reporting, category "b" are children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers by the time they exited the program. There were 14 out of the 63 or 22.2% of children who exited in category "b".

\* Age at Entry: Of the 14 children, there are 4 children that were less than 11 months old, 5 children were between 12 months and 23 months of age and 5 between 24 and 36 months of age.

\* Service Time: Five (5) children received less than 11 months of early intervention services, 4 received 12 to 23 months of services, and 5 received 24 to 36 months of service.

\*Disability: Three (3) had established conditions and 11 were eligible as developmental delay.

\*Service Location: Eight (8) received early intervention in community-based settings and 6 were at the child's home.

\* EI Services actually received: Four (4) children actually received more than 90% of their EI services, 6 children received 80 to 89% of EI services, 4 children received less than 79% of the EI services.

Summary: Stakeholders discussed possible reasons for slippage – 1) the average age of children enrolled into early intervention is at 16.6 months of age and received an average of 14 months of early intervention services. Furthermore, the stakeholders reviewed the following data reports: 1) 71.43% or 10 out of 14 children referred did not access early intervention services in the first year of life, and 2) 29% or 4 out 14 children received greater than 90% of the EI services noted in the IFSP. To address these challenges, stakeholders agreed to the following improvement strategies that will result in increased performance:

- Stakeholders stated that it is important to discuss with families the importance of early intervention services. Promoting critical time needed for EI services to begin early and to occur on a consistent basis as noted on the IFSP. By marketing the program, this will promote the important work of EI staff in partnership with families in implementing evidenced based practices with their child and within the child's daily routines.

- Stakeholders discussed the number of monthly services provided to families compared to the number of EI services specified in the child's IFSP. Further discussed are the reasons why families are cancelling home visiting services. The strategies to be implemented is for the Service Coordinator to call the parents reminding them of the next visit (after the initial cancellation visit) and to check in if there is a need to adjust the schedule or time that would allow them to participate in the home visiting session. Furthermore, the Service Coordinator will share with the families how important

it is to have consistent services and to continue to support the child's learning and development as the brain develops so quickly during the first 3 years of life.

- Stakeholders discussed that for children that leave the island for medical treatment for 3 months or more, the Program will initiate the procedures to exit the family from the Program. Upon the family's return to the island, the Program will initiate the IFSP process to begin the EI services.

**Provide reasons for A2 slippage, if applicable**

For this reporting period there were 63 infants and toddlers that exited and participated in the outcome measure. There were 29 out of the 63 or 46.03% who reached or maintained age expected skills in the area of positive social-emotional skills by the time they turned 3 years of age or exited the program. This is slippage of 7.97% as compared to FFY 2023 at 54%.

Stakeholders recommended that the following drill down data be reviewed to determine possible reasons for slippage: age at entry, service time, disability, service location, and a comparison of frequency of services indicated in the IFSP and the actual number of services received for children in category "c." As indicated in the reporting, category "c" are children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers by the time they exited the program. There were 20 out of the 63 or 31.7% of children who exited in category "c".

\*Age at Entry: Of the 20 children, there was one (1) child that was less than 11 months old, 13 children were between 12 months and 23 months of age and 6 children between 24 and 36 months of age.

\*Service Time: Nine (9) children received less than 11 months of early intervention services, and 11 children received 12 to 23 months of services.

\*Disability: Twelve (12) had established conditions and 8 were eligible as developmental delay.

\*Service Location: Ten (10) received early intervention in community-based settings and 10 were at the child's home.

\*EI Services actually received: Four (4) children actually received more than 90% of their EI services, 7 children received 80 to 89% of EI services, 9 children received less than 79% of the EI services.

Summary: Stakeholders discussed possible reasons for slippage – 1) the average age of children enrolled into early intervention is at 16.6 months of age and received an average of 14 months of early intervention services. Furthermore, the stakeholders reviewed the following data reports: 1) 95% or 19 out of 20 children referred did not access early intervention services in the first year of life, and 2) 20% or 4 out of 20 children received greater than 90% of the EI services noted in the IFSP. To address these challenges, stakeholders agreed to the following improvement strategies that will result in increased performance:

- Stakeholders stated that it is important to discuss with families the importance of early intervention services. Promoting critical time needed for EI services to begin early and to occur on a consistent basis as noted on the IFSP. By marketing the program, this will promote the important work of EI staff in partnership with families in implementing evidenced based practices with their child and within the child's daily routines.

- Stakeholders discussed the number of monthly services provided to families compared to the number of EI services specified in the child's IFSP. Further discussed are the reasons why families are cancelling home visiting services. The strategies to be implemented is for the Service Coordinator to call the parents reminding them of the next visit (after the initial cancellation visit) and to check in if there is a need to adjust the schedule or time that would allow them to participate in the home visiting session. Furthermore, the Service Coordinator will share with the families how important it is to have consistent services and to continue to support the child's learning and development as the brain is developing so quickly during the first 3 years of life.

- Stakeholders discussed that for children that leave the island for medical treatment for 3 months or more, the Program will initiate the procedures to exit the family from the Program. Upon the family's return to the island, the Program will initiate the IFSP process to begin the EI services.

**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 | 11                 | 17.46%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 29                 | 46.03%              |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 20                 | 31.75%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 3                  | 4.76%               |

| Outcome B  | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 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 | 49        | 60          | 80.00%        | 83.50%          | 81.67%        | Did not meet target | No Slippage |

| Outcome B  | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | 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 | 23        | 63          | 40.00%        | 39.50%          | 36.51%        | Did not meet target | Slippage |

**Provide reasons for B2 slippage, if applicable**

For this reporting period there were 63 infants and toddlers that exited and participated in the outcome measure. Twenty-three (23) out of the 63 or 36.51% who reached or maintained age expected skills in the area of acquisition and use of knowledge and skills (including early language/communication by the time they turned 3 years of age or exited the program. This is a slippage of 3.49% as compared to FFY 2023 at 40%.

Stakeholders recommended that the following drill down data be reviewed to determine possible reasons for slippage: age at entry, service time, disability, service location, and a comparison of frequency of services indicated in the IFSP and the actual number of services received for children in category "c." As indicated in the reporting, category "c" are children who improved functioning to a level nearer to same-aged peers but did not reach age expected skills by the time they exited the program. There were 29 out of the 63 or 46% of children who exited in category "c".

\* Age at Entry: Of the 29 children, there are two (2) children that were less than 11 months old, 15 children between 12 months and 23 months of age and 12 children between 24 and 36 months of age.

\* Service Time: Fifteen (15) children received less than 11 months of early intervention services, and 14 received 12 to 23 months of services.

\* Disability: Eleven (11) had established conditions and 18 were eligible for developmental delay.

\* Service Location: Thirteen (13) received early intervention in community-based settings and 16 were at the child's home.

\* EI Services actually received: Ten (10) children actually received more than 90% of their EI services, 8 children received 80 to 89% of EI services, 11 children received less than 79% of the EI services.

Summary: Stakeholders discussed possible reasons for slippage – 1) the average age of children enrolled into early intervention is at 16.6 months of age and received an average of 14 months of early intervention services. Furthermore, the stakeholders reviewed the following data reports: 1) 93.1% or 27 out of 29 children referred did not access early intervention services in the first year of life, and 2) 34.48% or 10 out 29 children received greater than 90% of the EI services noted in the IFSP. To address these challenges, stakeholders agreed to the following improvement strategies that will result in increased performance:

- Stakeholders stated that it is important to discuss with families the importance of early intervention services. Promoting critical time needed for EI services to begin early and to occur on a consistent basis as noted on the IFSP. By marketing the program, this will promote the important work of EI staff in partnership with families in implementing evidenced based practices with their child and within the child's daily routines.
- Stakeholders discussed the number of monthly services provided to families compared to the number of EI services specified in the child's IFSP. Further discussed are the reasons why families are cancelling home visiting services. The strategies to be implemented is for the Service Coordinator to call the parents reminding them of the next visit (after the initial cancellation visit) and to check in if there is a need to adjust the schedule or time that would allow them to participate in the home visiting session. Furthermore, the Service Coordinator will share with the families how important it is to have consistent services and to continue to support the child's learning and development as the brain develops so quickly during the first 3 years of life.
- Stakeholders discussed that for children that leave the island for medical treatment for 3 months or more, the Program will initiate the procedures to exit the family from the Program. Upon the family's return to the island, the Program will initiate the IFSP process to begin the EI services.

**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%               |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 15                 | 23.81%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 19                 | 30.16%              |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 25                 | 39.68%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 4                  | 6.35%               |

| Outcome C  | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 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 | 44        | 59          | 75.56%        | 78.00%          | 74.58%        | Did not meet target | No Slippage |

| Outcome C  | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|----------|
| turned 3 years of age or exited the program  |           |             |               |                 |               |                     |          |
| 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 | 29        | 63          | 50.00%        | 70.00%          | 46.03%        | Did not meet target | Slippage |

**Provide reasons for C2 slippage, if applicable**

For this reporting period there were 63 infants and toddlers that exited and participated in the outcome measure. Twenty-nine (29) out of the 63 or 46.03% who reached or maintained age expected skills in the area of use appropriate behaviors to meet their needs by the time they turned 3 years of age or exited the program. This is a slippage of 3.97% as compared to FFY 2023 at 50%.

Stakeholders recommended that the following drill down data be reviewed to determine possible reasons for slippage: age at entry, service time, disability, service location, and a comparison of frequency of services indicated in the IFSP and the actual number of services received for children in category “c.” As indicated in the reporting, category “c” are children who improved functioning to a level nearer to same-aged peers but did not reach age expected skills by the time they exited the program. There were 19 out of the 63 or 30.2% of children who exited in category “c”.

\* Age at Entry: Of the 19 children, there was one (1) child less than 11 months old, 12 children between 12 months and 23 months of age and 6 between 24 and 36 months of age.

\* Service Time: Seven (7) children received less than 11 months of early intervention services, and 12 children received 12 to 23 months of services,

\* Disability: Nine (9) had established conditions and 10 were eligible as developmental delay.

\* Service Location: Nine (9) received early intervention in community-based settings and 10 were at the child’s home.

\* EI Services actually received: Six (6) children actually received more than 90% of their EI services, 5 children received 80 to 89% of EI services, and 8 children received less than 79% of the EI services.

Summary: Stakeholders discussed possible reasons for slippage – 1) the average age of children enrolled into early intervention is at 16.6 months of age and received an average of 14 months of early intervention services. Furthermore, the stakeholders reviewed the following data reports: 1) 94.74% or 18 out of 19 children referred did not access early intervention services in the first year of life, and 2) 31.58% or 6 out of 19 children received greater than 90% of the EI services noted in the IFSP. To address these challenges, stakeholders agreed to the following improvement strategies that will result in increased performance:

- Stakeholders stated that it is important to discuss with families the importance of early intervention services. Promoting critical time needed for EI services to begin early and to occur on a consistent basis as noted on the IFSP. By marketing the program, this will promote the important work of EI staff in partnership with families in implementing evidenced based practices with their child and within the child’s daily routines.
- Stakeholders discussed the number of monthly services provided to families compared to the number of EI services specified in the child’s IFSP. Further discussed were the reasons why families are cancelling home visiting services. The strategies to be implemented is for the Service Coordinator to call the parents reminding them of the next visit (after the initial cancellation visit) and to check in if there is a need to adjust the schedule or time that would allow them to participate in the home visiting session. Furthermore, the Service Coordinator will share with the families how important it is to have consistent services and to continue to support the child’s learning and development as the brain develops so quickly during the first 3 years of life.
- Stakeholders discussed that for children that leave the island for medical treatment for 3 months or more, the Program will initiate the procedures to exit the family from the Program. Upon the family’s return to the island, the Program will initiate the IFSP process to begin the EI services.

**FFY 2024 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.   | 84     |
| 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. | 21     |
| Number of infants and toddlers with IFSPs assessed.   | 63     |

| 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 consists 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 sources 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 family's 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 63 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 51 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      | 2019   | 2020   | 2021   | 2022   | 2023   |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A       | 2006     | Target>= | 95.00% | 96.60% | 97.00% | 97.00% | 97.25% |
| A       | 94.00%   | Data     | 99.15% | 96.63% | 96.60% | 97.18% | 98.67% |
| B       | 2006     | Target>= | 94.00% | 98.70% | 98.00% | 98.00% | 98.30% |
| B       | 93.00%   | Data     | 98.31% | 98.88% | 97.96% | 98.31% | 99.33% |
| C       | 2006     | Target>= | 94.10% | 95.50% | 96.00% | 96.00% | 96.25% |
| C       | 94.00%   | Data     | 98.31% | 95.51% | 99.32% | 96.61% | 98.67% |

**Targets**

| FFY        | 2024   | 2025   |
|------------|--------|--------|
| Target A>= | 97.50% | 97.50% |
| Target B>= | 98.50% | 99.00% |
| Target C>= | 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 2024 SPP/APR Data**

|   |         |
|---|---------|
| The number of families to whom surveys were distributed   | 144     |
| Number of respondent families participating in Part C   | 144     |
| 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                              | 141     |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights   | 144     |
| 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 | 142     |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children’s needs                        | 144     |
| 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          | 143     |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn                                 | 144     |

| Measure   | FFY 2023 Data | FFY 2024 Target | FFY 2024 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)                              | 98.67%        | 97.50%          | 97.92%        | 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) | 99.33%        | 98.50%          | 98.61%        | Met target | No Slippage |

| Measure  | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | 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) | 98.67%        | 96.50%          | 99.31%        | 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                  | 2023    | 2024    |
|----------------------|---------|---------|
| 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 the 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 2024-2025 of the 144 families served, all families responded to the family survey. The CNMI continues to be at a 100% return rate for the past couple of years. The following represent the respondents of all families who received services during this reporting period.

Sixty-one (61) or 42.36% are Indigenous Chamorro and/or Carolinian; forty-three (43) or 29.86% are Filipinos; one (1) or .69% Asian (Korean); one (1) or .69% are 2 or more ethnicities, including ethnicities mixed with Chamorro and Carolinian at thirty-five (35) or 24.31%; and three (3) or 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.**

The following geographic locations were identified and represent the 144 respondents who participated in the survey. 134 families represent Saipan, 6 families represent Tinian, and 4 families represent Rota. The Public School System identified 3 cluster areas based on the organizations of school zones and surrounding villages. The clusters represent a total of 40 villages on all 3 islands. As a result, twenty-seven (27) families represent the North East cluster, sixty-three (63) represent the Central cluster, and fifty-four (54) represent the Southern cluster.

Of the 144 respondents, 135 identified that English is their primary language spoken at home and that they are proficient in the English language. Nine (9) families reported that Tagalog, Carolinian, Chuukese, and Korean are their primary languages spoken at home, however they do speak English and have no concerns with communicating in English.

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.**

**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.**

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 forty-four (144) parents contacted to complete the survey, all 144/144 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 144 families were provided with a link, hard copy, or a phone call to complete the Annual Family Engagement Survey. 61/144 or 42.36% were returned digitally via Google Forms, 40/144 or 27.78% surveys were hard copies, and 43/144 or 29.86% were conducted over the phone. The Programs received 100% response rate for this reporting period.

**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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 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. If the State is required to report on the reasons for slippage, the State must include the results of its analyses.

## 5 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 0.85%         |

| FFY       | 2019  | 2020  | 2021  | 2022  | 2023  |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 1.00% | 0.75% | 0.75% | 0.80% | 0.80% |
| Data      | 1.40% | 0.75% | 1.12% | 0.87% | 1.89% |

### Targets

| FFY       | 2024  | 2025  |
|-----------|-------|-------|
| Target >= | 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 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)   | 07/30/2025 | Number of infants and toddlers birth to 1 with IFSPs | 11   |
| 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, 2024 | 06/03/2025 | Population of infants and toddlers birth to 1        | 689  |

**FFY 2024 SPP/APR Data**

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 11   | 689   | 1.89%         | 0.85%           | 1.60%         | Met target | No Slippage |

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

For this reporting period, 47 children below age 1 were referred. 24/47 or 51% were closed. Of the 47 referrals for babies under 1, the primary referral sources identified included: 22 from Children’s Clinic; 13 from NICU; 4 from CAPTA; 3 from parents, 1 from the Home Visiting Program, 1 from the Family Information Resource Center, 1 from Audiology, and 2 from Hospital Nursery Ward. Based on drill down data of the 47 referrals, 24 referrals were closed:

1. Reasons Referrals were Closed: Fourteen (14) parents “decline services, three (3) parents were “no show”, six (6) parents were unable to locate, and one (1) newborn deceased.
2. Age at Referral of Closed Cases: Thirteen (13) babies were less than one month; one (1) was 5-months; three (3) were 6-months; six (6) were 9-months, and one (1) was 10 months.

Thirteen of the 47 referrals or 27.6% (13/47) were evaluated and eligible for early intervention services. Ten of the 47 referrals or 21.2% (10/47) were not evaluated during this reporting period since the referrals were made in May and June and will be completed prior to the 45 -day timeline.

**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 11 infants under one served with a performance of 1.60% (11/689). Furthermore, the CNMI met the target of .85% for this reporting period. The following is the link to the 2020 Census Data Table based on the CNMI’s 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 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. If the State is required to report on the reasons for slippage, the State must include the results of its analysis.

## 6 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 1.58%         |

| FFY       | 2019  | 2020  | 2021  | 2022  | 2023  |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 2.20% | 2.02% | 2.02% | 2.10% | 2.10% |
| Data      | 2.33% | 2.02% | 2.27% | 3.75% | 4.18% |

#### Targets

| FFY       | 2024  | 2025  |
|-----------|-------|-------|
| Target >= | 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 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)   | 07/30/2025 | Number of infants and toddlers birth to 3 with IFSPs | 77    |
| 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, 2024 | 06/03/2025 | Population of infants and toddlers birth to 3        | 1,891 |

**FFY 2024 SPP/APR Data**

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 77   | 1,891   | 4.18%         | 2.20%           | 4.07%         | Met target | No Slippage |

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

For this reporting period, there were a total of 140 referrals for early intervention services. The primary referrals sources identified included: 89 from Children’s Clinic; 13 from NICU; 12 from Parent/Relatives; 6 from Child Care Centers, 4 from Audiological; 4 Home Visiting Program; 4 CAPTA; 2 from Nursery Ward; 1 from Tinian Community Health Center; 1 from Rota Community Health Center; 1 from Family Information Center; 1 from EIP Child Find; 1 Early Head Start; and 1 from the Special Supplemental Nutrition Program or Women, Infants and Children (WIC).

Based on drill down data of the 140 referrals, 71 referrals were closed:

1. Reasons Cases were Closed: Forty-six (46) parents “declined services”; 17 parents were unable to locate; 7 were “No Show”; and 1 newborn deceased.
2. Age at Referral of Closed Cases: Thirteen (13) were less than one month; 4 were 5 to 6 months; 7 were 9 to 10 months; 8 were 12 to 15 months; 14 were 16 to 18 months; 14 were 19 to 26 months; and 11 were 28 to 34 months.

Of the 140 referrals received, 57 or 40.7% of infants and toddlers were evaluated and found eligible for early intervention services. Twelve (12) of the 140 referrals or 8.57% (12/140) were not evaluated during this reporting period since the referrals were made in May and June and will be completed prior to the 45 -day timeline.

**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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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    | 2019    | 2020    | 2021    | 2022    | 2023    |
|--------|---------|---------|---------|---------|---------|
| Target | 100%    | 100%    | 100%    | 100%    | 100%    |
| Data   | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

### Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

### FFY 2024 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 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|--|--|---------------|-----------------|---------------|------------|-------------|
| 57   | 57   | 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 CNMI EI database is used to report entry point for all referral and report the number of infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and IFSP meeting were conducted with the 45-day timeline for the reporting period from July 1, 2024 to June 30, 2025

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

The CNMI EI database is used to report entry point for all referral and report the number of infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and IFSP meeting were conducted with the 45-day timeline for the reporting period from July 1, 2024 to June 30, 2025

Provide additional information about this indicator (optional).

**Correction of Findings of Noncompliance Identified in FFY 2023**

| 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                                      |

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
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**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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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    | 2019    | 2020    | 2021    | 2022    | 2023    |
|--------|---------|---------|---------|---------|---------|
| Target | 100%    | 100%    | 100%    | 100%    | 100%    |
| Data   | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

**FFY 2024 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 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 46  | 46  | 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 CNMI EI database is used to report timely 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 and is reported for the period of July 1, 2024 to June 30, 2025.

**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 2023**

| 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                                      |

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| <b>Year Findings of Noncompliance Were Identified</b> | <b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR</b> | <b>Findings of Noncompliance Verified as Corrected</b> | <b>Findings Not Yet Verified as Corrected</b> |
|---|---|--|---|
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**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 =  $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$ .
- B. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .
- C. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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    | 2019    | 2020    | 2021    | 2022    | 2023    |
|--------|---------|---------|---------|---------|---------|
| Target | 100%    | 100%    | 100%    | 100%    | 100%    |
| Data   | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

**FFY 2024 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 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|---|--|---------------|-----------------|---------------|------------|-------------|
| 46  | 46   | 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).**

July 1, 2024, to June 30, 2025

**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 2023**

| 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                                      |

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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    | 2019    | 2020    | 2021    | 2022    | 2023    |
|--------|---------|---------|---------|---------|---------|
| Target | 100%    | 100%    | 100%    | 100%    | 100%    |
| Data   | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

**FFY 2024 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 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|--|--|---------------|-----------------|---------------|------------|-------------|
| 46   | 46   | 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).**

July 1, 2024, to June 30, 2025.

**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 2023**

| 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                                      |

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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**

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS908.

**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 2024-25 IDEA Part C Dispute Resolution - Due Process Complaints (EDFacts file spec FS908; Data group 5031) | 11/19/2025 | 3.1 Number of resolution sessions  | 0    |
| SY 2024-25 IDEA Part C Dispute Resolution - Due Process Complaints (EDFacts file spec FS908; Data group 5031) | 11/19/2025 | 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      | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------|------|------|------|------|------|
| Target>= |      |      |      |      |      |
| Data     |      |      |      |      |      |

**Targets**

| FFY      | 2024 | 2025 |
|----------|------|------|
| Target>= |      |      |

**FFY 2024 SPP/APR Data**

| 3.1(a) Number resolutions sessions resolved through settlement agreements | 3.1 Number of resolutions sessions | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---|------------------------------------|---------------|-----------------|---------------|--------|----------|
| 0   | 0                                  |               |                 |               | N/A    | N/A      |

**Provide additional information about this indicator (optional)**

The Commonwealth of the Northern Mariana Islands reported fewer than ten resolution sessions held in FFY 2024.

**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 2024. 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS907.

#### 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 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030) | 11/19/2025 | 2.1 Mediations held   | 0    |
| SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030) | 11/19/2025 | 2.1.a.i Mediations agreements related to due process complaints     | 0    |
| SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030) | 11/19/2025 | 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      | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------|------|------|------|------|------|
| Target>= |      |      |      |      |      |
| Data     |      |      |      |      |      |

**Targets**

| FFY      | 2024 | 2025 |
|----------|------|------|
| Target>= |      |      |

**FFY 2024 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 2023 Data | FFY 2024 Target | FFY 2024 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 2024.

**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 2024. 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

**Results Indicator:** 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 3, 2025). 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 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) 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\\_2024\\_theoryofaction\\_logicmodel\\_508.pdf](https://www.cnmipss.org/sites/default/files/mp-partc_spp_ffy_2024_theoryofaction_logicmodel_508.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                             | 2024   | 2025   |
|--------|--|--------|--------|
| Target | Data must be greater than or equal to the target | 53.00% | 54.00% |

**FFY 2024 SPP/APR Data**

| # of children who exited with 80% or > skills | # of children who exited | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|---|--------------------------|---------------|-----------------|---------------|------------|-------------|
| 36  | 63                       | 54.00%        | 53.00%          | 57.14%        | Met target | No Slippage |

**Provide the data source for the FFY 2024 data.**

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, the 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 144 families on the islands of Saipan, Tinian, and Rota. Of the 144, 144 surveys were returned, a 100% return rate. Based on the results, 143 of 144 or 99.31% of all families indicated that EI helps their child develop and learn. This is an increased performance from FFY 2023 at 96.25%. Parents provided suggestions on how EI services are provided:

- To emphasize the importance of family participation, provide support that addresses the needs of the whole family, including parent education and mental health services
- Providing more parent workshops, because I enjoy doing the activities and getting to know other kids and parents in the program.
- More activities in person with child to help learn in places in need.

Data analysis indicated that the overall survey represents:

- 56 of 56 new received
- 43 of 43 on going received
- 45 of 45 exiting received

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

ANALYSIS: To gather feedback from parents specifically in expressive language & functional communication skills, the Program with TA from Guam CEDDERS drafted the Parent Feedback Survey. This survey was sent out to 77 parents that have infants and toddlers enrolled in the Program. The ELL Survey was disseminated in August-September 2025 with 65 out of 77 parents responding yielding a 84.42% 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 labeling. Overall, 52.3% of parents indicated, Yes, they know how to support their child by recognizing his cues; 55.3% of the parents have an understanding of how to engage in playing and following their child's lead; and 48.4% understand how to support their child in expanding communication in words and labeling.

Furthermore, when asked about their confidence levels, 69.2% of parents indicated that they were confident/very confident with recognizing their child's cues, 69.2% indicated that they were confident/very confident on engaging their child in playing and following their child's lead; and 58.4 % indicated they feel confident/very confident on how to support their child in expanding communication in words and labeling.

In comparing to the performance from previous years, there has been slight decrease for parent rating in "Understanding" of the 3 questions. Determined by an average of parent's understanding "YES, I understand" from a range of 29% in FFY 20-21 to 52% for this reporting period.

Also noted is the previous performance of the overall average of the 3 questions that indicated "I am confident from a range of 19% in FFY 20-21 to 65.64% for this reporting period, a decrease from last year. The 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. When asked what are some ways that you assist your child in communication the report indicated:

73% noted imitating

63% noted pause & wait

83% noted singing, songs, nursery rhymes

63% noted reading books

86% noted narrating what is happening

The Team discussed targeted 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 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 & Language services.

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

ANALYSIS: August 2025, the 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 & based on stakeholders' input for ensuring alignment with the SiMR.

There were 4 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 & 6 was at 100%; Environment 3 & 5 was at 93.75%; Assessment 3 & 8 was at 100%; Team Collaboration 2 was at 100%; Instruction 4, 6, & 13 was at 100%; Transition 1 at 90%; Interaction 1 was at 96.43%; and Environments 3 and 5 was at 93.75%. As a result, the SA survey indicates that the 4 SPs are confident in what they do and in implementing EBPs with families. The SPs indicated that the SA given at the beginning of each school year reminds them to rethink services and be more intentional about how they individualize services for each family.

Three SC 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 & 6 was at 100%; Environment 3 & 5 was at 100%; Assessment 3 & 8 was at 100%; and Team Collaboration 2 was at 100%. Overall results are that SCs are 100% confident in implementing the EBPs. The SCs reiterated the importance of on-going professional development opportunities and discussions on the importance of EBPs.

## 4. ELL CHILD PROFILE (CP)

ANALYSIS: The ELL CPs reflects the SiMR. A total of 63 children exited the program for this reporting period. With 36 of 63 or 57.14% 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 27 children who did not meet the target and looked at EBPs to address this concern. As a result of last year's recommendation, the team underwent further training, specifically on 2 strategies: Expansion/extension of speech and Child directed speech. The team has been providing copies of the ELL CP to families and share skills that will be assessed when the child exits the program this change in the process was based on input from the parents that attended the Parent Evaluation Input session.

### **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 2025.) 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 2024 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.2024.pdf](https://cnmipss.org/sites/default/files/mp.partc_.2020-2025.spp_evaluation_plan.2024.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 October 2025, there were some families who confidently reported about the use of the ELL Child Profile and how it is used to track progress. On the other hand, there were a number of families who weren't quite sure on what it was or could not recall the discussion about it. The Core Team reviewed the ELL Child Profile Protocol and will make the effort to go over the document when it is handed to parents and refer back to it during services.

**PROFESSIONAL DEVELOPMENT:** The Core Team completed the Self-Assessment Surveys for Service Providers and Service Coordinators in August 2025 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 October 2025, parents provided positive feedback on specific strategies that were being used to support their child's language and communication skills. The Core Team reviewed parent feedback and as a result indicated that PD on EBPs should continue to be the program's priority to support providers and families.

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 (HIYH), research on effective practices, continues to 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 in FFY 2023, 59.7% families participated, in FFY 2024, 83.7%, of families participated. For this reporting period, FFY 2025, 68.3% of families participated in 3 sessions held on Saipan, Rota, and virtually.

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 144 surveys sent out to parents and 144 surveys were returned with 100% response rate. The second parent survey was disseminated in July – August 2025 to responded to Indicator 11, the ELL Parent Feedback Survey. For this reporting period, 77 surveys were disseminated of which 65 parents responded and submitted their feedback with a response rate of 84.42%.

**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. In Summer 2024, three (3) Service Coordinators completed the Service Coordinator Apprenticeship Training developed by the Florida Department of Health, Children's Medical Services, and The Agency for Health Care Administration. This 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. Based on input from the Service Coordinators, ongoing support and follow-up to the training will continue in 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 2025, 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 analyze 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.**

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 how each evidence-based practice 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 the Annual Family Engagement Surveys, 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 63 children who were exiting the program for this reporting period. This data indicated that 36 of the 63 children or 57.14% of children exited the program with 80% of expressive language skills, closer to their same age peers. The Core Team reviewed the 27 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. In addition, the Providers will share with the family the ELL Child Profile results and discussed specific skills their child have mastered and those that will be targeted specifically to increase child's success in moving to the next level in the progression of skills identified. 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 October 16, 2025. At this session, there were 14 parents and 6 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 October 16, 2025. There were 14 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: 4 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: Observation

F2: We observe our child's consistency in showing a skill. With expressive language, we created a word wall of all the words our child is saying.

F3: We are given things that our child needs to work on for the week. Me and my kids help him. We observe him a lot. The LATTE coaching plan helps us to know what to do and work on with our son to meet his goals.

F4: Comparing the previous and present skills.

F5: Observation as well and continue interactions and implementation of end planning based on LATTE coaching plan.

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: 6 families shared examples of tips and strategies being worked on.

This is a synopsis of the examples provided: We use "prompting, picture books, pointing, two-word phrases, gestures, hand over hand, expansion, modeling, and labeling."

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=Confident)

Feedback: All 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. Four parents rated themselves a 2; Little Confident, and 2 parents rated themselves a 3; Confident.

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: 4 parents provided examples.

F1: Using modeling...Providing an opportunity to ask for snacks.

F2: Teaching her to say and sign words like "I want...and thank you."

F3: Using instructional play.

F4: We focus on one skill...vocalized babbling sounds and bring able to sit for a few minutes.

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: 6 families indicated, Yes, they are comfortable asking for assistance.

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

Feedback: Parents indicated that communicate during home visits or through Whatsapp.

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

Feedback: Parents asked for clarification on the word, "training," then they were able to identify 1 example. The online module of "Help is in Your Hands" and they agreed the online module provides support and activities to work on before the next home visit. Other parents were fairly new to early intervention and have not had the opportunity to participate in any trainings, at this time.

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 responded, no, 1 parent responded, not sure, 1 parent responded yes.

F1: The parent who responded yes, shared that the ELL was completed at the initial evaluation and then reviewed during the 6 month review meeting.

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) Day Cares, 4) Commonwealth HealthCare Corporation, 5) HOME Visiting, 6) Early Childhood, Special Education. Participants indicated that they would like a little more information about Head Start.

#### **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 following are concerns made by stakeholders. The EI Director addressed the stakeholder concerns by acknowledging all comments and suggestions.

- Services after early Intervention: Families were unsure about what happens when their child turns 3 years old. They had questions about if there were any other programs available for services.

Response: The EI Director responded by briefly discussing the Transition Process and provided families with a time line and activities that would occur. Information about the Early Childhood, Special Education Program and HeadStart was shared.

- Parent Trainings- Some families reported that they would like to attend more trainings.

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 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.**

NA

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

NA

**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://cnmipss.org/sites/default/files/mp-partc\\_spp\\_ffy\\_2024\\_implementation\\_plan\\_508.pdf](https://cnmipss.org/sites/default/files/mp-partc_spp_ffy_2024_implementation_plan_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**

**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 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # 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

#### Instructions

Targets must be 100%.

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

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, 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. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

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.

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 findings of 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 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 |
|---------------|---------------|
|               |               |

| FFY    | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data   |      |      |      |      |      |

### Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 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 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 noncompliance were 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 noncompliance was corrected because there were no noncompliance 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 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 noncompliance were 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 noncompliance was corrected because there was no noncompliance 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 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 noncompliance were 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 noncompliance was corrected because there was no noncompliance 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 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 noncompliance were 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 noncompliance was corrected because there was 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 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 noncompliance were 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 noncompliance was corrected because there was no noncompliance identified.

Optional for FFY 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 2023 (7/1/23 – 6/30/24) | 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 |
|--|---|---|
|  |   | 0   |

Please 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 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 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 2024 SPP/APR Data**

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified in FFY 2023 | FFY 2023 Data | FFY 2024 Target | FFY 2024 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 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):**

|   |   |
|---|---|
| 1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).   | 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 2023 Not Timely Corrected in FFY 2024 (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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |

**12 - Prior FFY Required Actions**

None

**12 - OSEP Response**

The Commonwealth of the Northern Mariana Islands (CNMI) reported that no written findings of noncompliance were issued in FFY 2023. The 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.E

#### **Title:**

CNMI Public School System Commissioner of Education

#### **Email:**

pss.coe@cnmipss.org

#### **Phone:**

6705880813

#### **Submitted on:**

04/20/26 8:26:34 AM

## Determination Enclosures

### Data Rubric

#### Northern Mariana Islands

FFY 2024 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

|   |    |
|---|----|
| <b>Subtotal</b>   | 14 |
| <b>Timely Submission Points</b> - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right. | 5  |
| <b>Grand Total</b> - (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<br>Due Date: 7/30/25 | 1      | 1             | 1                 | 3     |
| Exiting Due Date:<br>2/18/26              | 1      | 1             | 1                 | 3     |
| Dispute Resolution<br>Due Date: 11/19/25  | 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   |
| <b>Denominator</b>   | 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 2026 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 *EDFacts* files 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            | EDFacts Files                | Due Date   |
|--------------------------------|------------------------------|------------|
| Part C Child Count and Setting | FS902, FS903*, FS904*, FS905 | 7/30/2025  |
| Part C Exiting                 | FS901                        | 2/18/2026  |
| Part C Dispute Resolution      | FS906, FS907, FS908          | 11/19/2025 |

\* if applicable

**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 2024-25**

**Section A: Written, Signed Complaints**

|   |   |
|---|---|
| <b>(1) Total number of written signed complaints filed.</b> | 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**

|  |   |
|--|---|
| <b>(2) Total number of mediation requests received through all dispute resolution processes.</b> | 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**

|  |       |
|--|-------|
| <b>(3) Total number of due process complaints filed.</b>   | 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     |

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

**These data were extracted on the close date:**  
11/19/2025