



***CNMI Public School System***  
***Early Intervention Program***



# **General Supervision & Monitoring Procedures**

**Procedures for General Supervision and Monitoring**  
the Effectiveness of  
Services & Supports  
for  
Infants & Toddlers with Disabilities  
and their Families

It is our mission to promote collaborative relationships among agencies and families in order to maximize our children's potential and build respect for cultural values and family choices.

**Updated December 19, 2024**

**Part C Program**

Individuals with Disabilities Education Act of 2004

U.S. Public Law 108-446, December 3, 2004

And IDEA Part C, September 28, 2011

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## **A. PURPOSE OF THE GENERAL SUPERVISION AND MONITORING PROCEDURES**

The purpose of the General Supervision and Monitoring Procedures is to describe the Public School System's general supervision and monitoring system and to provide guidelines and steps to carry out monitoring activities of the Early Intervention Program. The primary focus of the Public School System's monitoring activities is to improve the early intervention results and functional outcomes for infants and toddlers with disabilities and their families and to ensure that the Public School System is meeting the requirements of Part C of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, particularly those requirements that are most closely related to improving early intervention results for infants and toddlers with disabilities.

## **B. AUTHORITY**

In 1988, the Public School System (PSS) was designated to serve as the lead agency responsible for the general administration and supervision of the Early Intervention Program for eligible infants and toddlers, birth to three years old, with disabilities and their families in the Commonwealth of the Northern Mariana Islands (CNMI). The CNMI PSS is responsible to monitor program activities, identify and coordinate all available resources, including the resolution of intra and interagency disputes, and assignment of financial responsibilities through formal interagency agreements or other written methods. The PSS has in place procedures to ensure that early intervention services are provided to eligible infants and toddlers with disabilities and their families in a timely manner, pending the resolution of any disputes among public agencies and early intervention service providers. The formal interagency agreement defines fiscal responsibility used to carry out Part C of the IDEA to ensure that the CNMI complies with the Part C Act. (refer to **Appendix A**, *Governor's Re-Designation Memo as Lead Agency, 1998*)

## **C. PSS MISSION, VISION, AND PURPOSE OF PART C**

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. PSS' mission is "*Educating lifelong learners to become productive citizens of a global society.*" It is PSS' vision that "*The Commonwealth of the Northern Mariana Islands Public School System is a provider of quality education, empowering all individuals to be innovative thinkers and learners.*"

The PSS mission and vision statements align with the purpose of the CNMI Early Intervention Program in that all infants and toddlers with disabilities and their families are identified and provided early intervention services, in their natural environment based on the family's needs so that children can attain necessary school readiness skills and become life-long learners.

In the organizational structure of PSS, the Early Intervention Program is under the Office of Student and Support Services. The PSS Early Intervention Director supervises the Early Intervention Program and the implementation of the IDEA Part C requirements. Included as **Appendix B**, the *PSS Organizational Chart*, is the 2021 Board of Education approved PSS organizational chart that displays the supervisory relationships of the programs and personnel positions within PSS.

Early intervention services are facilitated by PSS in partnership with the Commonwealth HealthCare Corporation (CHCC) through an Interagency Agreement. **Appendix C**, *Interagency Agreement between PSS and CHCC*, provides the specifics of the agreement between PSS and CHC for the delivery of early intervention services.

## **D. PSS PRIORITIES**

The PSS accountability under IDEA is demonstrated through a system of general supervision; in particular, comprehensive monitoring of the implementation of IDEA in the CNMI with a focus on improving early intervention results for infants and toddlers with disabilities. The PSS general supervision system includes eight components:

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

Through the general supervision activities, PSS supervises and monitors programs, including services provided through contracts with private providers, which directly provide the necessary services and supports to fulfill the requirements of IDEA and achieve the expected results. The eight PSS general supervision system components:

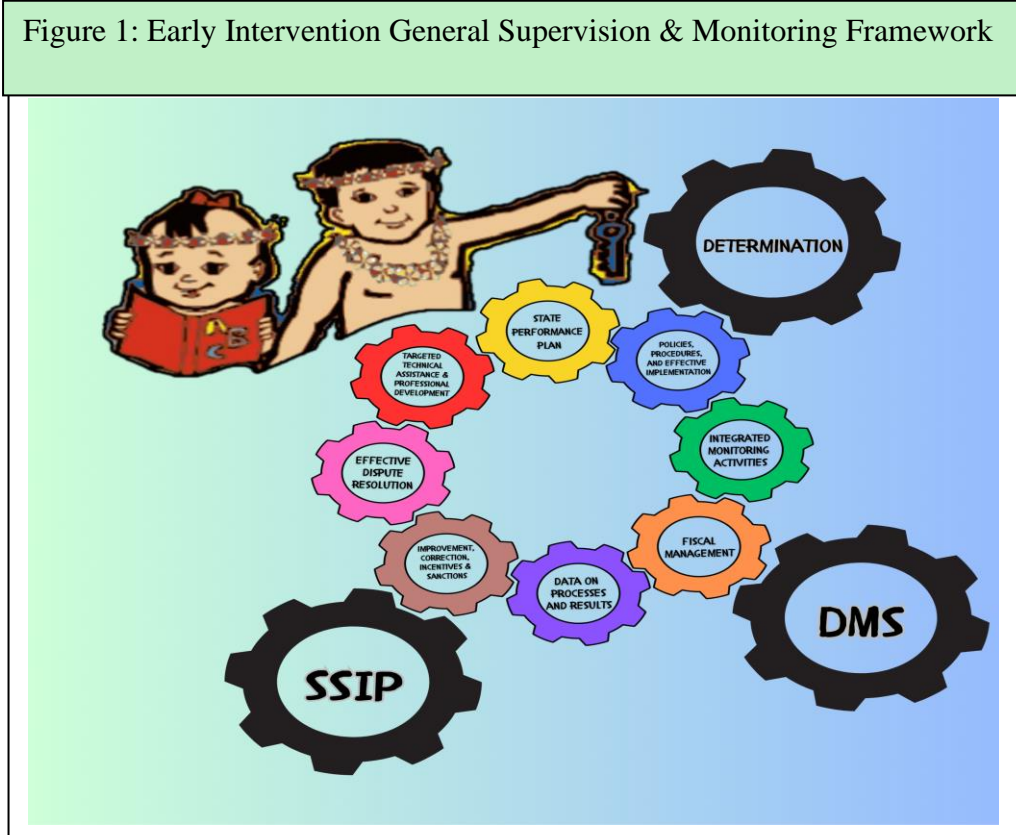
1. Supports practices that improve developmental results and functional outcomes for infants and toddlers with disabilities and their families;
2. Uses multiple methods to identify noncompliance and correct it as soon as possible but no later than one year after the noncompliance is identified; and
3. Utilizes mechanisms to encourage and support improvement and to enforce compliance.

The PSS has 6 strategic priorities which are: Student Success, Accountable High Performing System, High Performing Personnel, Effective and Efficient Operations, Safe and Caring Schools, and Communications and Community Relations. These priorities are reflected in the early intervention's daily operations and system structures that support infants and toddlers in Natural Environments using Evidence-Based Practices. With the support from technical assistance providers, the Early Intervention program uses a continuous quality improvement (CQI) methodology for monitoring data driven activities and program improvement. The Early Intervention program ensures that staff are highly qualified and maintain the required certification.

## **E. RESULTS DRIVEN ACCOUNTABILITY**

In 2012, PSS updated the General Supervision and Monitoring procedures to include the three components of the Results Driven Accountability (RDA) that 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.



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

#### F. PSS GENERAL SUPERVISION AND MONITORING SYSTEM APPROACH AND PROCEDURES

The PSS implements effective monitoring activities that are integrated across several components of the general supervision system. The integrated monitoring activities assess the level of performance of the IDEA requirements resulting in the identification of noncompliance and correction of the noncompliance as soon as possible but no later than one year after the noncompliance has been identified. Multiple data sources and methods are used to monitor the Early Intervention Program to ensure continuous examination of performance for compliance and results.

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
3. External Monitoring process is facilitated by the PSS Board of Education, Internal Auditor and/or the PSS Accountability, Research, and Evaluation (ARE) that monitors Federal Programs within PSS or a contracted consultant, as designated by the Commissioner of Education.

**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 is 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. **Appendix D: SPP Monitoring Priorities** provides a list of the SPP indicators in relation to the monitoring priorities. A finding of noncompliance is issued when noncompliance is identified through: 1) its internal file reviews; and (2) external monitoring process, when noncompliance with Part C requirements is identified under each of those processes.

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

a. Database Draw Down

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

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

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

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

b. File Reviews

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

c. Self-Assessment

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

d. Dispute Resolution

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

e. Drill Down Analysis Data

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



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

f. Parent Surveys and Forums

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

**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, 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

## **G. INTEGRATED MONITORING ACTIVITIES AND PROCEDURES**

The Early Intervention Program is a relatively small program housed in the central region of the island of Saipan. 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 (**Appendix G**, *Sample Interview Questions*)

### 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.

## Identification of Noncompliance (Findings)

A “*Finding*,” the identification of noncompliance, is a *Written Notification of Findings*, included as **Appendix H**, from the Early Intervention Director to a Service Coordinator or Service Provider that contains the conclusion that the Service Coordinator or Service Provider is in noncompliance, and that includes:

- a. *Area of Noncompliance:* The IDEA statute or regulation citation.
- b. *Data and Evidence:* A description of the quantitative and/or qualitative data supporting the monitor’s conclusion that there is noncompliance with that statute or regulation.
- c. *Actions Required for Verification of Correction:* A statement that requires correction as soon as possible, but in no case later than one year from the written notification. The actions specified are

the required correction for child-specific instances and verification of updated data for demonstration of correctly implementing the regulations specific to the citation.

- d. *Additional Corrective Actions and Improvement Activities*: Activities and timelines to support needed improvements.

## **Correction of Noncompliance**

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

Consistent with OSEP Memorandum 09-02, dated October 17, 2008, included as (**Appendix I: OSEP Memo 09-02**) verification of correction of noncompliance includes:

- 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 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 Corrective Action Plan Implementation and Verification of Correction***: In accordance with the evidence of change requirements and established timelines in the corrective action plan, the Service Coordinator or Service Provider must report progress data to the EI Director, as stipulated in the CAP. The EI Director conducts regular progress monitoring of the implementation of the CAP. The EI Director verifies

whether the child specific noncompliance is corrected by examining records and other documents as well as updated data to verify correction of identified areas of noncompliance and to ensure the Service Coordinator or Service Provider is correctly implementing the specific regulatory requirements. Additional data may be collected when warranted. Updated or subsequent data to verify correction must be 100% compliant. Nothing prevents the EI Director from including additional activities and requirements in the CAP.

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

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

### **Integrated Monitoring Procedures**

***Self-Assessment Process:*** In December, Service Coordinators conduct a review process with supervision by the Early Intervention (EI) Director. The purpose for the Service Coordinators participating in the review process is to provide a learning opportunity for identifying and correcting areas of procedural non-compliance shown through documentation in the child records. The EI Director assigns the child records to each Service Coordinator to ensure, as much as possible, a non-biased review process. This means that a Service Coordinator does not review records from his/her caseload. The file review is to ensure all required IFSP components are there as well as review the quality of the IFSP. For example:

- The IFSP goals match the parent's concerns and priorities;
- Evidence that the parent participated in the evaluation, assessment and IFSP development process;
- Evidence that service provision dates are based on the need of the child and family, not the convenience of the provider;
- Evidence that services are provided in the child's natural environment as described by the parent, not at the convenience of the staff;
- Evaluations describe all areas of the child's development and include a delay percentage consistent with the CNMI definition of developmental delay; and
- Annual goals are measurable and written in a manner that parents can implement and monitor for progress.

### ***Internal Monitoring Tasks and Timelines***

<b>#</b>	<b>What?</b>	<b>Who?</b>	<b>By When?</b>
1.	<b><u>Self-Assessment</u></b> Service Coordinators and Service Providers are provided with notification informing them of the upcoming <i>Self-Assessment</i> , with a copy of the <i>Child Record Review Checklist</i> and any other guidance necessary.	EI Director	2 weeks prior to the Self-Assessment in December
2.	Conduct the Self-Assessment.	EI Director, Data Manager, EI Staff	December
3.	The Data Manager compiles the <i>Child Record Review</i> results and prepares a preliminary report for Service Coordinators and Service provider to review.	Data Manager	No later than 2 weeks upon completion of the Self-Assessment
4.	The Service Coordinator or Service Provider is provided with a 5-day opportunity to verify accuracy of data.	Service Coordinator or Service Provider	5 days from receipt of the preliminary report
5.	Data Manager submits the Quality Assurance Report to the EI Coordinator.	Data Manager	No later than 15 days upon completion of the Self-Assessment
6.	If required, the EI Director will issue a <i>Written Notice of Findings</i> to the Service Coordinator or Service Provider and direct the Service Coordinator or Service Provider to develop a CAP.	EI Director	No later than 30 days from the completion of the Self-Assessment.
7.	<b><u>Database Drawn Down</u></b> At the end of the report year, the database is “frozen” (no new entries are allowed).	Data Manager	June 30
8.	Service Coordinators are provided with a preliminary data report and given a 2 week opportunity to provide clarification and submit missing data.	Data Manager	No later than 2 weeks after data is drawn from database
9.	Following confirmation of the data, the Data Manager will submit the data base monitoring report (monitoring report) to the EI Director.	Data Manager	No later than 3 weeks from database draw down
10.	If required, the EI Coordinator will issue a <i>Written Notice of Findings</i> to the Service Coordinator or Service Provider and direct the Service Coordinator or Service Provider to develop a CAP.	EI Director	No later than 30 days from the database draw down.
11.	The EI Director presents information from the database monitoring reports at the next ICC meeting following the monitoring activity and quarterly progress reports, if needed. In addition, based on stakeholder input, the discussion with the ICC may identify the need for focused monitoring.	EI Director	Quarterly

### **H. FOCUSED MONITORING**

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.

## I. EXTERNAL MONITORING ACTIVITIES AND PROCEDURES

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

### External Monitoring Priorities Procedures

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

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

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

Monitoring Priority Indicators	Data Source	Data Verification
45-Day Evaluation and Initial IFSP Meeting	Data Base	File Review
Timely Services	Database	File Review
6-Month IFSP Review	Database	File Review
Annual IFSP Review	Database	File Review
90-Day Transition Conference	Database	File Review

**External Monitoring Reporting:** No later than 15 days upon completion of the External Monitoring activity, the External Monitor will provide a preliminary report to the EI Coordinator. The EI Director 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 EI Director does not agree with the data as reported. Following confirmation or correction of the data, the external monitor will submit the Monitoring Report to the Commissioner of Education. If needed, the Commissioner of Education will issue a *Written Notice of Findings* to the Early Intervention Director and direct the Early Intervention Director to develop a CAP. The Commissioner of Education will monitor the progress of the CAP through submission of quarterly reports.

### ***External Monitoring Tasks and Timelines***

<b>#</b>	<b>What?</b>	<b>Who?</b>	<b>By When?*</b>
1.	External monitoring to be conducted on a 2-year cycle beginning August 2012.	PSS Federal or contracted consultant	Every 2 Years
2.	Meet with the Commissioner of Education to review the external monitoring process and requirement	EI Director	6 months prior to August of the monitoring year.
3.	Decide whether the external monitoring will be conducted by the PSS Federal Monitor or by an individual consultant.	PSS Commissioner	6 months prior to August of the monitoring year.
4.	If the external monitoring is to be contracted, prepare the necessary RFP and contracts	EI Director	5 months prior to August of the monitoring year.
5.	Facilitate the review of the Monitoring System Components with the selected external monitor to ensure understanding of expectations.	PSS Commissioner or designee	At least 2 months prior to August of the monitoring year.
6.	External monitor conducts external monitoring	External Monitor	By August of the monitoring year.
7.	External monitor prepares a preliminary monitoring report of findings and provides the EI Director with a 5 day opportunity to clarify or provide missing data.	External Monitor	15 days upon completion of the monitoring.
8.	As needed, the EI Director provides clarification or missing data verifying accuracy of data in preliminary monitoring report.	EI Director	5 days from receipt of the preliminary report.
9.	Following confirmation or correction of the data, the external monitor will submit the Monitoring Report to the Commissioner of Education.	External Monitor	No later than 30 days from completion of the monitoring
10.	If needed, the Commissioner of Education will issue a <i>Written Notice of Findings</i> to the Early Intervention Coordinator and direct the Early Intervention Coordinator to develop a CAP. The Commissioner of Education will monitor the progress of the CAP through submission of quarterly reports.	Commissioner of Education	No later than 15 days from the receipt of the monitoring report.
11.	The Commissioner will monitor the progress of the CAP with timely submissions of quarterly progress reports as specified in the CAP.	Commissioner of Education	Quarterly

### **J. ROLE OF THE STATE OF ICC AND OTHER STAKEHOLDERS**

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

### **K. HOW THE LEAD AGENCY BUILDS CAPACITY AND DATA LITERACY FOR STAKEHOLDERS**

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. For example, the Program captures feedback from parents from the Annual

Family Engagement Survey for Indicator 4A: Early Intervention has helped the family know their rights. The annual family survey data is disseminated to families that are new, ongoing, and exiting the program. The survey was disseminated to families on all 3 islands: Saipan, Tinian, and Rota. In addition, the Early Language and Literacy Parent Feedback Survey. The purpose of the survey is to gather data of parent levels of understanding and confidence in implementing evidence-based strategies to support their child's expressive language and functional communication skills. For example, parents were asked to 1) Rate their understanding and 2) Rate ability or confidence to the following questions: 1) I know how to support my child by recognizing his/her cues when he/she tells me what he/she wants; 2) I know how to engage my in playing and following his/her lead; and 3) I know how to support my child in expanding communication in words and labelling. The results of these surveys are used to identify activities that will enhance the family's skill sets in promoting their child's development within the child's daily routine and multiple settings and situations.

The Family Forums (such as the Parent Café' or Family Engagement Sessions) 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 Director. 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.

#### **L. Technical Assistance and Professional Development**

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

#### **M. Agency 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.

#### **N. FISCAL MONITORING**

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



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

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

#### **O. HOW EACH OF THE COMPONENTS ARE CONNECTED**

As noted in the figure below, PSS general supervision system reflects the integration and relationship between and among the components. Each component informs and provides information to each other in order to connect, interact, and articulate a comprehensive system of general supervision. The Early Intervention Program collects, examines, evaluates and report data demonstrating compliance and improvement of each SPP indicator. In efforts to support program improvement, the Early Intervention program focuses attention on specific areas identified in the SPP as slippage or noncompliance. Furthermore, specific areas identified may be a result of the CQI process.

#### **P. ENFORCEMENT ACTIONS: INCENTIVES AND SANCTIONS**

**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 CHCC Chief Executive Officer.
- 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: (refer to **Appendix J**). 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

***Robin Palacios, MA SpEd.***  
Early Intervention (EI) Program Director

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# Appendices A through J

<b>Appendix A:</b> .....	<b>Governor’s Re-Designation Memo as Lead Agency, 1998</b>
<b>Appendix B:</b> .....	<b>PSS Organizational Chart</b>
<b>Appendix C:</b> .....	<b>C. Interagency Agreement between PSS and CHCC</b>
<b>Appendix D:</b> .....	<b>SPP Monitoring Priorities</b>
<b>Appendix E:</b> .....	<b>CNMI Identification and Correction of Noncompliance</b> ..... <b>Process for Determination and Analysis</b>
<b>Appendix F:</b> .....	<b>Sample Questions</b>
<b>Appendix G:</b> .....	<b>Sample Interview Questions</b>
<b>Appendix H:</b> .....	<b>Written Notification of Findings</b>
<b>Appendix I:</b> .....	<b>OSEP Memo 09-02</b>
<b>Appendix J:</b> .....	<b>Part 400 – Employee Discipline Subpart A – Forms of Discipline</b>



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

**Pedro P. Tenorio**  
Governor

**Jasus R. Sablan**  
Lt. Governor

FEB 23 1998

Caller Box 10007  
Saipan, MP 96950  
Telephone: (670) 664-2200  
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Mr. Thomas Heir, Director  
Office of Special Education Programs  
U.S. Department of Education  
Switzer Building - MS 2732  
330 C Street, S.W.  
Washington, DC 20202

Dear Mr. Heir:

As Acting Governor of the Commonwealth of the Northern Mariana Islands (CNMI), and in accordance with Part H of the Individuals with Disabilities Education Act, 34 CFR §303.142, I re-designate the Commonwealth Public School System (PSS) as the Lead Agency to be responsible for the administration of funds provided under Part H (Early Intervention for Infants and Toddlers with Disabilities). The PSS will be responsible for assigning financial responsibility among the other agencies as necessary.

The CNMI is committed to providing comprehensive services to young children with disabilities and their families and I strongly believe that the PSS Early Intervention Program has benefited the children in our community over the past few years.

Sincerely,

  
JESUS R. SABLAN  
Acting Governor

CC: CNMI Commissioner of Education  
CNMI Early Childhood Coordinator, PSS  
CNMI Chairman, Board of Education

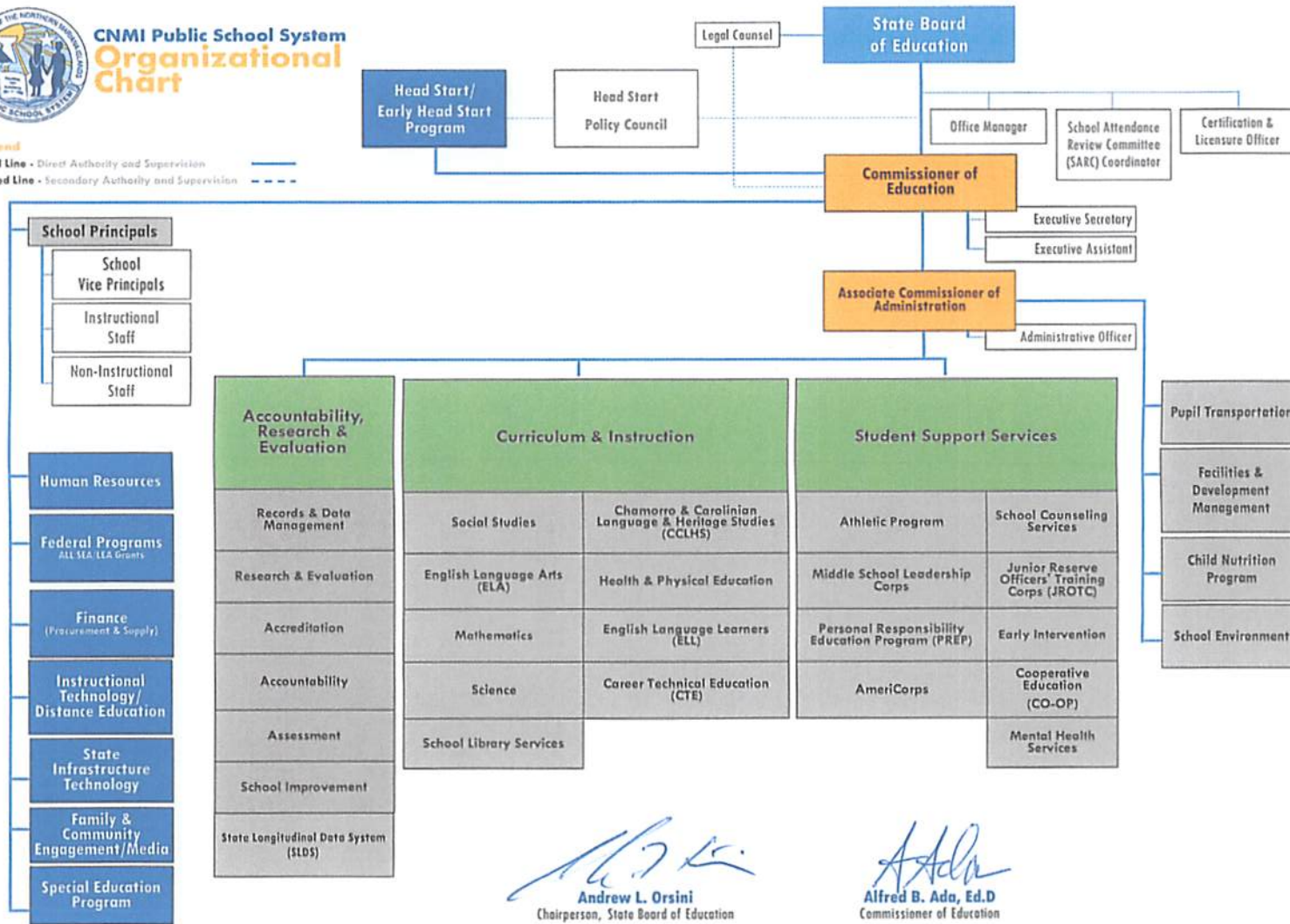
# Appendix B: PSS Organizational Chart



## CNMI Public School System Organizational Chart

**Legend**

Solid Line - Direct Authority and Supervision  
Dotted Line - Secondary Authority and Supervision



*Andrew L. Orsini*  
Andrew L. Orsini  
Chairperson, State Board of Education

*Alfred B. Ada*  
Alfred B. Ada, Ed.D.  
Commissioner of Education

Approved by the 17th CNMI State Board of Education on 05/21/2021.

**INTERAGENCY AGREEMENT  
BETWEEN THE  
PUBLIC SCHOOL SYSTEM  
AND THE  
COMMONWEALTH HEALTHCARE CORPORATION**

Pursuant to Part C of the Individuals of Education Act, the CNMI has in place, methods to ensure the provision of early intervention services and the establishment of financial responsibilities and obligations of the Public School System (PSS), the designated lead agency for the Early Intervention Program and the Commonwealth Healthcare Corporation (CHCC). Methods to ensure the provision of and financial responsibility for early intervention services include procedures for resolving interagency and intra-agency disputes, interim payments if necessary to prevent a delay in the timely provision of early intervention services and reimbursement procedures from the agency that has ultimate responsibility for the payment.

**I. Statement of Purpose**

The purpose of this Interagency Agreement is to;

- 1.1 Facilitate the coordination of all available resources for early intervention services between PSS and CHCC.
- 1.2 Delineate the financial responsibilities and obligations of PSS and CHCC.
- 1.3 Define procedures to ensure early intervention services are provided to infants and toddlers with disabilities and their families in a timely manner pending the resolution of any disputes between PSS and CHCC.
- 1.4 Define procedures to resolve intra-agency and inter-agency disputes including the assignment of financial responsibility if the resolution was inappropriately made.
- 1.5 Define procedures to reimburse PSS if early intervention funds were used to prevent a delay in the timely provision of services that should have been paid for by CHCC.

## **II. Definitions**

For purposes of this Interagency Agreement, the following terms shall have the definitions set forth below;

- 2.1 **C\*DAC shall mean the Children's Developmental Assistance Center**
- 2.2 **CHC shall mean the Commonwealth Healthcare Corporation**
- 2.3 **PSS shall mean the Public School System**
- 2.4 **Infant or Toddler with a disability shall mean infants and toddlers under the age of three who need early intervention services because they are experiencing a developmental delay or have a diagnosed physical or mental condition that has a high probability or resulting in a developmental delay and as defined by 34 CFR Part §303.21.**
- 2.5 **IFSP shall mean an Individualized Family Service Plan, a written plan for providing early intervention services to an infant or toddler with a disability and as defined by 34 CFR Part 300 §303.20.**
- 2.6 **Early Intervention Services shall mean developmental services that are provided under public supervision, selected in collaboration with the parents, provided at no cost to the family, designed to meet the developmental needs of and infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development as identified by the IFSP team, are provided by qualified personnel, in the child's natural environment and in conformity with an IFSP and as defined by 34 CFR Part 300 §303.13.**

## **III. Use of Funds**

- 3.1 **Permissive use of funds by the lead agency: Consistent with §§ 303.120 through 3303.122 and §§ 303.220 through 303.226, a lead agency (Public School System) may use funds under this part for activities or expenses that are reasonable and necessary for implementing the State's (CNMI) early intervention program for infants and toddlers with disabilities including funds-**
  - (a) **For direct early intervention services for infants and toddlers with disabilities and their families under this part that are not otherwise funded through other public or private sources (subject to §§ 303.510 through 303.521);**
  - (b) **To expand and improve services for infants and toddlers with disabilities and**

their families under this part that are otherwise available;

(c) (1) To provide FAPE as that term is defined in § 303.15, in accordance with part B of the Act, to children with disabilities from their third birthday to the beginning of the following school year; (2) The provision of FAPE under paragraph (c)(1) of this section does not apply to children who continue to receive early intervention services under this part in accordance with paragraph (d) of this section and § 303.21.

(d) With the written consent of the parents, to continue to provide early intervention services under this part, in lieu of FAPE provided in accordance with part B of the Act, to children with disabilities from their third birthday (pursuant to § 303.211) until those children enter, or are eligible under State law to enter, kindergarten; and

(e) In any State that does not provide services under § 303.204 for at-risk infants and toddlers, as defined in § 303.5, to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public and private community-based organizations, services, and personnel for the purposes of-

- (1) Identifying and evaluating at-risk infants and toddlers;
- (2) Making referrals for the infants and toddlers identified and evaluated under paragraph (e)(1) of this section; and
- (3) Conducting periodic follow-up on each referral, to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.



#### **IV Payor of Last Resort**

- 4.1 *Nonsubstitution of Funds:*** Early Intervention funds may not be used to satisfy a financial commitment for services that would otherwise have been paid for by the CHC or another public or private source, including any medical program administered by the Department of Defense, but for the enactment of Part C of the Act. Therefore, funds under this part may be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal, State, local, or private source (subject to 34 CFR §§ 303.520 and 303.521).
- 4.2 *Interim Payments Reimbursement:*** If necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child's family, early intervention funds may be used to pay the provider of services (for services and functions authorized under early intervention, including health services, as defined in 34 CFR §303.16, but not medical services, functions of the child find system described in 34 CFR §§ 303.115 through 303.117 and 34 CFR §§ 303.301 through 303.320, and evaluations and assessments in 34 CFR §303.321, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.
- 4.3 *Non-reduction of Benefits:*** Nothing in this agreement may be construed to permit the CNMI to reduce medical or other assistance available in the CNMI or to alter eligibility under Title V of the Social Security Act, 42 U.S.C. 701, et seq. (SSA) (relating to maternal and child health) or Title XIX of the SSA, 42 U.S.C. 1396 (relating to Medicaid), including section 1903(a) of the SSA regarding medical assistance for services furnished to an infant or toddler with a disability when those services are included in the child's IFSP adopted pursuant to part C of the Act. (Authority: 20 U.S.C. 1435(a)(10)(B)).

## **V. Public Awareness and Comprehensive Child Find System**

The CNMI ensures that all infants and toddlers with disabilities who are eligible for early intervention services are identified, located, and evaluated, including infants and toddlers with disabilities residing on Rota and Tinian.

**5.1 *Preparation and Dissemination:*** PSS will prepare Public Awareness and Child Find information packets to be disseminated to all new families including information especially for parents with premature infants or infants with other physical risk factors associated with learning or developmental complications including children who are homeless or wards of the state. The information packets will include a description of the availability of early intervention services in the CNMI, a description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services and the central directory, as described in 34 CFR § 303.117.

**5.2 *Referral Procedures:*** PSS will disseminate Referral Procedure information packets to all primary referral sources, including but not limited to, CHC's physicians, NICU nurses, Pediatric Nurses, WellBaby Clinic Nurses, Women Infants and Children program (WIC), Women and Children Clinic nurses and Social Workers, Family Guidance Center Staff, and Public Health nursing staff, the Early Hearing Detection and Intervention (EHDI) program, Maternal and Child Health program including the Maternal, Infant, and Early Childhood Home Visiting Program, under Title V of the Social Security Act, as amended, (MCHB or Title V) (42 U.S.C. 701(a)), and the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C. 1396(a)(43) and 1396(a)(4)(B));

**5.3** C\*DAC shall serve as the point of entry for all children, birth to three years old, referred as potentially eligible for Early Intervention Services(EIS). CHC shall, within 7 days of identification, fill out the referral form and send via fax or hand deliver to C\*DAC.

- 5.4 The Referral Procedure Information packets will include required timelines for making the referral, all necessary referral forms and contact information for C\*DAC, the point of entry. The Referral Procedures include the required referral of specific at-risk children under the age of three who are the subject of a substantiated case of child abuse or neglect; or are identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including children who are homeless or wards of the state.**
- 5.5 The Early Intervention Program has 45 days from the date of the receipt of the referral to complete the initial evaluation, initial assessment and initial IFSP meeting.**
- 5.6 The IFSP will include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes including the length, duration, frequency, intensity, and method of delivering the early intervention services. A statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, or a justification as to why an early intervention service cannot be provided in the natural environment.**

## **VI. Service Delivery**

**The following sections refer to service provisions to be provided by CHC. PSS and CHC agrees to provide the following services;**

- 6.1 Service Coordination Services to eligible infants and toddlers and their families.**  
**Service Coordination services (case management) as defined in Part C of IDEA 34 CFR §303.34 means services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under early intervention.**
- 6.2 Each infant or toddler with a disability and the child's family must be provided with one service coordinator who is responsible for coordinating all services**

required under early intervention across agency lines and serving as the single point of contact for carrying out service coordination activities.

**6.3 Service Coordination is an active, ongoing process that involves assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under early intervention and identified in the IFSP under 34 CFR § 303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.**

**6.4 Specific Service Coordination services include but are not limited to;**

- **Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families.**
- **Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.**
- **Coordinating and participating in evaluations and assessments.**
- **Facilitating and participating in the development, review, and evaluation of IFSPs.**
- **Conducting referral and other activities to assist families in identifying available EIS providers.**
- **Coordinating, facilitating, and monitoring the delivery of services required under early intervention to ensure that the services are provided in a timely manner.**
- **Conducting follow-up activities to determine that appropriate early intervention services are being provided.**
- **Informing families of their rights and procedural safeguards and related resources.**
- **Coordinating the funding sources for services required under early intervention.**
- **Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services and scheduling and coordinating the transition**

conference.

**6.5 Use of the term service coordination or service coordination services. The lead agency's or an EIS provider's use of the term service coordination or service coordination services does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act—Medicaid), for purposes of claims in compliance with the requirements of 34 CFR §§ 303.501 through 303.521 (Payor of last resort provisions).**

**6.6 Social Work Services includes the following:**

- **making home visits to evaluate a child's living conditions and patterns of parent-child interaction;**
- **Preparing a social or emotional developmental assessment of the infant or toddler within the family context;**
- **Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents;**
- **Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services;**
- **Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.**

**6.7 Nursing Services includes the following:**

- **The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;**
- **The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development;**
- **The administration of medications, treatments, and regimens prescribed by a licensed physician.**

**6.8 Health Services which includes:**

- **Services necessary to enable an otherwise eligible child to benefit from the other early intervention services during the time that the child is eligible to receive early intervention services.**
  - **This includes but is not limited to such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services;**
- **Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.**

**6.9 Health Services does not include services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus), purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.**

**6.10 Medical Services which means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.**

## **VII. Service Delivery**

**PSS Agrees to provide the following services;**

**7.1 Assistive technology device and service which are any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device. Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive**

technology device. The term includes the evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs. Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family. Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

**7.2** Audiology services which includes the identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures. Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment. The provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services and the provision of services for prevention of hearing loss. Determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

**7.3** Nutrition services which includes conducting individual assessments in nutritional history and dietary intake. Anthropometric, biochemical, and clinical variables. Feeding skills and feeding problems and food habits and food preferences. Developing and monitoring appropriate plans to address the nutritional needs of children eligible for early intervention and making referrals to appropriate

community resources to carry out nutrition goals.

- 7.4 Occupational therapy includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include the identification, assessment, and intervention. The adaptation of the environment. The selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills. And the prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.**
- 7.5 Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include screening, evaluation, and assessment of children to identify movement dysfunction. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems. Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.**
- 7.6 Psychological services, which include administering psychological and developmental tests and other assessment procedures. Interpreting assessment results. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.**
- 7.7 Sign language and cued language services, which include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.**
- 7.8 Special instruction, which includes the design of learning environments and**



activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction. Curriculum planning, including the planned interaction of personnel, materials, time and space, that leads to achieving the outcomes in the IFSP or the infant or toddler with a disability. Providing families with information, skills, and support related to enhancing the skill development of the child. And working with the infant or toddler with a disability to enhance the child's development.

- 7.9** Speech-language pathology services which include the identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills. The referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills. And the provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.
- 7.10** Transportation and related costs which includes the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.
- 7.11** Vision services which means the evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both. Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.
- 7.12** Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.
- 7.13** Provide office equipment (computers and printers) for office operation.

## **VIII. Dispute Resolutions**

- 8.1 CHC and PSS has entered into this agreement in order to establish a process for resolving intra-agency and interagency disputes that may arise in connection with the operations of the Early Intervention Program.

## **IX. Resolution of Intra-agency Disputes Procedures: CHC**

- 9.1 CHC shall be permitted to resolve any disputes that arise between any division, agency, council, committee, or office within the jurisdiction of CHC internally, pursuant to established procedures. The following Division Directors or Program Coordinators shall have decision making authority regarding a dispute over the provision of services or financial responsibility for those services arising in connection with the operations of the Early Intervention Program:
- a) For the Commonwealth Healthcare Corporation, the Chief Executive Officer
  - b) For the Maternal Child Health program, The MCH Coordinator
  - c) For the Division of Mental Health programs, the Director for Mental Health
  - d) For the Department of Public Health, the Director of Public Health program
  - e) For the Women's Infants and Children (WIC) program, the Director for WIC
- 9.2 CHC shall have thirty (30) days to resolve any intra-agency dispute. If, under subsections (a) – (f) above, the Directors or Program Coordinators are unable to resolve the dispute internally within the given period of time, the matter shall be handled by the Chief Executive Officer of CHC. The Chief Executive Officer's decision shall be issued within thirty (30) days of referral and shall be final and binding.

## **X. Resolution of Interagency Disputes Procedures:**

- 10.1 If a dispute arises between PSS and CHC regarding the services to be provided under the Program or financial responsibility for those services, or if CHC is unable to resolve a dispute internally within a period of thirty (30) days, PSS and CHC shall abide by the following procedure to resolve the dispute.

- 10.2 The heads of the division(s), agency(ies), council(s), committee(s), or office(s) directly involved in the dispute shall prepare written statements summarizing the nature of the dispute and their respective positions regarding the dispute.
- 10.3 The written statements shall be provided to the Commissioner of Education and the Chief Executive Officer of CHC.
- 10.4 Within twenty (20) days of receiving the written statements, the Commissioner of Education and the Chief Executive Officer may require that representatives from the division(s), agency(ies), council(s), committee(s), or office(s) directly involved in the dispute to attend a meeting to discuss the dispute.
- 10.5 The Commissioner of Education and the Chief Executive Officer shall use their best efforts to reach a final resolution to the dispute within ten (10) days after their meeting. The process of resolving both interagency disputes or intra-agency disputes that have not been resolved as set forth in this Interagency Agreement, should not exceed sixty (60) days.
- 10.6 In the event a dispute cannot be resolved between PSS and CHC within the sixty (60) day period, the dispute shall be referred to an impartial hearing officer. The Commissioner of Education and the Chief Executive Officer shall agree on the selection of the hearing officer and equally split the hearing officer's fees. The hearing shall be informal with both PSS and CHC having the opportunity to present its side of the dispute. The hearing officer's decision, which may include reimbursement, shall be issued within thirty (30) days of referral and shall be final and binding upon CHC and PSS.

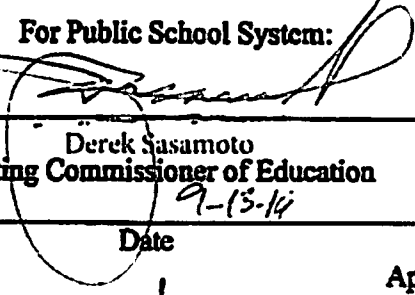
#### **XI. Agreement Completed**

- 11.1 It is hereby expressly agreed that this Interagency Agreement contains all of the terms, covenants, conditions and agreements of all parties, in writing, and signed by the parties hereto.

**XII. Effective Date, Amendments, Transfer And Termination:**

- 12.1 This Agreement shall become effective upon the signature of all parties and on the date of the last signature obtained and shall continue in full force and effect until termination as provided for herein.
- 12.2 This Agreement shall remain in effect unless terminated by any party by giving sixty (60) days written notice to all other parties.
- 12.3 This Agreement may be revised or amended by consent of the parties, but such revision or amendments shall not be effective until reduced to writing and signed by all concerned parties.

For Public School System:

  
\_\_\_\_\_  
Derek Sasamoto  
Acting Commissioner of Education

9-15-16  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Adam Hardwicke, PSS Legal Counsel

9/16/16  
\_\_\_\_\_  
Date

For Commonwealth Healthcare Corporation:

  
\_\_\_\_\_  
Esther L. Muna  
Chief Executive Officer

\_\_\_\_\_  
Date

Approved as to form:

  
\_\_\_\_\_  
Nancy Gottfried, CHC Legal Counsel-SAAG

2/13/17  
\_\_\_\_\_  
Date

## Appendix D: SPP Monitoring Priorities

### State Performance Plan Monitoring Priorities

<b><u>Early Intervention in Natural Environments</u></b>	
<b>Indicator 1:</b>	Percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.
<b>Indicator 2:</b>	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.
<b>Indicator 3:</b>	Percent of infants and toddlers with IFSPs who demonstrate improved: A: Positive social-emotional skills (including social relationship; B: Acquisition and use of knowledge and skills (including early language/ communication); and C: Use of appropriate behaviors to meet their needs.
<b>Indicator 4:</b>	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.
<b><u>Effective Supervision Part C Effective General Supervision Part C/ Child Find</u></b>	
<b>Indicator 5:</b>	Percent of infants and toddlers birth to 1 with IFSPs.
<b>Indicator 6:</b>	Percent of infants and toddlers birth to 3 with IFSPs
<b>Indicator 7:</b>	Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an IFSP meeting were conducted within Part C’s 45-day timeline.
<b><u>Effective General Supervision Part C / Effective Transition</u></b>	
<b>Indicator 8:</b>	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 al parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.
<b><u>Effective General Supervision Part C / General Supervision</u></b>	
<b>Indicator 9:</b>	Percent of hearing request that went to resolution sessions that were resolved through resolution session settlement agreements (Applicable if Part B due process procedures under Section 615 Of Section 615 are adopted).
<b>Indicator 10:</b>	Percent of mediations held that resulted in mediation agreements.
<b>Indicator 11:</b>	State Systemic Improvement Plan
<b>Indicator 12:</b>	General Supervision

**CNMI PSS EARLY INTERVENTION PROGRAM**

**WRITTEN NOTIFICATION OF FINDINGS  
and  
CORRECTIVE ACTION PLAN**

Reporting Year:

Date of Notification of Findings:

Service Coordinator/Provider:

**I. Area of Non-Compliance ( IDEA Statue or Regulation)**

**II. Data and Evidence (Qualitative or Quantitative) to support the conclusion**

**III. Actions Required for Verification of Corrections per timeline indicated below *but in no case later than one year from this notice***

Noncompliance	Timeline	Required Evidence of Change Service Coordinator/Provider Will:	Date Evidence Submitted
<b>Noncompliance: (Child Specific Instance)</b>			
			1. <input type="checkbox"/> _____
<b>IV. Verification of Correction through submission of Updated Data</b>			

**CNMI PSS EARLY INTERVENTION PROGRAM**

**WRITTEN NOTIFICATION OF FINDINGS  
and  
CORRECTIVE ACTION PLAN**

Reporting Year:

**Date of Notification of Findings:**

**Service Coordinator/Provider:**

**IV. Additional Corrective Actions and Improvement Activities: Using a *Root Cause Analysis*, determine what additional activities are needed to improve results.**

Areas of Need	Strategies	Timeline
Review Policies, Procedures and Provider Practices		
Training and Technical Assistance		
Revise administrative structures including direct supervision		
Revisions to Duties and Responsibilities		
Other:	;	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Appendix F: Sample Questions

Date: \_\_\_\_\_

Name: \_\_\_\_\_

### Early Intervention Program Monitoring System SAMPLE QUESTIONS for Families

#### Regarding infants and toddlers from birth through age 2:

1. Do you feel that you know and understand your “rights” for early intervention services?
2. Do you know what to do, including whom to go to, if you disagree with the early intervention services provided for your child and family?
3. Do you feel that the early intervention service providers listen to your family’s concerns and priorities related to your child’s development?
4. Do you feel that the early intervention service providers address or respond to your family’s concerns and priorities related to your child’s development?
5. Do you feel that the early intervention services support your child’s progress and growth?
6. What are some positive experiences you’ve had from receiving early intervention services?
7. What suggestions do you have for improving the early intervention services?

## Appendix G: Sample Interview Questions

Date: \_\_\_\_\_

Name: \_\_\_\_\_

### Early Intervention Program Monitoring System **SAMPLE INTERVIEW for Service Providers**

#### Regarding infants and toddlers from birth through age 2:

1. Are there barriers to the process of referring infants and toddlers to the Special Education Program, or in obtaining evaluations? Describe the required steps and deadlines in the process.
2. Do all infants and toddlers with disabilities and their families receive all the services they need?
3. Where do children receive their services? (community settings, homes, etc.) How do you determine where services would be provided?
4. How are families included and supported in the process of developing the IFSP/in making decisions about their child's services? What family support services are available in your community?
5. By the child's third birthday, does transition planning result in the timely provision of needed supports and services to a child and a child's family?
6. How does the program assure that appropriate services are provided to infants and toddlers with disabilities?

## Appendix G: Sample Interview Questions

Date of Interview: \_\_\_\_\_

# Person/Group Interviewed: \_\_\_\_\_

### Early Intervention Program Monitoring System SAMPLE INTERVIEW/DISCUSSION QUESTIONS for Program Director

#### Regarding infants and toddlers from birth through age 2:

1. How does the program administer and monitor early intervention services?
2. Does the program have an internal mechanism for identifying IDEA Part C non-compliances?
3. How does the program ensure that any identified IDEA non-compliances are corrected as soon as possible but not later than one year from identification?
4. What are the challenges with implementing an effective early intervention service system?
5. How does the program coordinate services with other local and federal resources to ensure the implementation of an effective and coordinated early intervention service system, such as with Public Health, the hospital, and other providers working with the same population?
6. What are the challenges with coordinating services for an effective early intervention service system?
7. How does the program collect and report, in a timely manner, all data required by IDEA Section 618?
8. How does the program ensure accurate reporting of data for local and federal reporting, such as PSS program reports and U.S. OSEP Annual Performance Reports?
9. Are there challenges with collecting, compiling, and reporting required program data?

## Appendix H: Written Notice of Findings

### MEMORANDUM

TO : Service Coordinator

DATE:

FROM : Early Intervention Program, Director

SUBJECT : Early Intervention Program  
Written Notification of Findings

Dear Service Coordinator,

This memorandum serves as written notification of findings identified through the Onsite Self Assessment conducted for the report year \_\_\_\_\_ related to the provision of early intervention services for infants and toddlers with disabilities.

Pursuant to Part C of the Individuals with Disabilities Education Act (IDEA) of 2004 the CNMI Public School System is required to monitor the implementation of Part C of the Act to ensure that early intervention programs meet the program requirements, with emphasis on the requirements that are most closely related to improving outcomes for infants and toddlers with disabilities.

Consistent with the December 2024 updates to CNMI's General Supervision and Monitoring Procedures, the service coordinator is responsible for ensuring procedural compliance with the IDEA requirements for providing early intervention services. It is therefore your responsibility to ensure the timely correction of noncompliance identified through the integrated monitoring activities. Verification of Correction must be completed as soon as possible but no later than one year from identification, which begins on the date of the Written Notification of Findings.

Based on the results of the Self-Assessment Monitoring, there are \_\_\_\_\_ written findings to report.

The Early Intervention program thanks you for ensuring procedural compliance with the IDEA requirements for providing early intervention services. Thank you for your dedication and hard work!

Early Intervention Director



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

OCT 17 2008

<b>Contact Person</b>	
<b>Name:</b>	Ruth Ryder
<b>Telephone:</b>	(202) 245-7513

**OSEP 09-02**

**TO :** Chief State School Officers  
Lead Agency Directors

**FROM :** William W. Knudsen *William W. Knudsen*  
Acting Director  
Office of Special Education Programs

**SUBJECT :** Reporting on Correction of Noncompliance in the Annual  
Performance Report Required under Sections 616 and 642 of the  
Individuals with Disabilities Education Act.

**Introduction**

Pursuant to sections 616(d) and 642 of the Individuals with Disabilities Education Act (IDEA), the Department reviews each State's Annual Performance Report (APR) and, based on data provided in the State's APR, information obtained through monitoring visits, including verification visits, and any other public information, determines if the State: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. In making determinations in 2007 and 2008, the Office of Special Education Programs (OSEP) considered, among other factors, whether a State demonstrated substantial compliance on all compliance indicators either through reporting a very high level of performance (generally 95% or better) or correction of noncompliance.<sup>1</sup>

The purpose of this memorandum is twofold. First, the memorandum reiterates the steps a State must take in order to report that the previously identified noncompliance has been corrected. Second, the memorandum describes how we will factor evidence of correction into our analysis of whether the State has demonstrated substantial compliance for purposes of determinations under sections 616 and 642 of the IDEA (beginning with the Department's 2010 determinations based on a review of the FFY 2008 APRs). This memorandum also addresses concerns

<sup>1</sup> For Indicators B-15 and C-9, which measure timely correction of noncompliance, the only way for States to demonstrate substantial compliance is by demonstrating timely correction.

identified in our review of States' FFY 2005 and FFY 2006 APRs about identification and correction of noncompliance and low performance in compliance areas.

### **Issue 1 – Demonstrating Correction**

As noted in OSEP's prior monitoring reports and verification visit letters, in order to demonstrate that previously identified noncompliance has been corrected, a State must:

- (1) Account for all instances of noncompliance, including noncompliance identified: (a) through the State's on-site monitoring system or other monitoring procedures such as self-assessment; (b) through the review of data collected by the State, including compliance data collected through a State data system; and (c) by the Department;
- (2) Identify where (in what local educational agencies (LEAs) or early intervention services (EIS) programs) noncompliance occurred, the percentage level of noncompliance in each of those sites, and the root cause(s) of the noncompliance;<sup>2</sup>
- (3) If needed, change, or require each LEA or EIS program to change, policies, procedures and/or practices that contributed to or resulted in noncompliance; and
- (4) Determine, in each LEA or EIS program with identified noncompliance, that the LEA or EIS program is correctly implementing the specific regulatory requirement(s). This must be based on the State's review of updated data such as data from subsequent on-site monitoring or data collected through a State data system.

If an LEA or EIS program did not correct identified noncompliance in a timely manner (within one year from identification), the State must report on whether the noncompliance was subsequently corrected. Further, if an LEA or EIS program is not yet correctly implementing the statutory/regulatory requirement(s), the State must explain what the State has done to identify the cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance including, as appropriate, enforcement actions taken against any LEA or EIS program that continues to show noncompliance.

Regardless of the specific level of noncompliance, if a State finds noncompliance in an LEA or EIS program, the State must notify the LEA or EIS program in writing of the noncompliance, and of the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification (i.e., the date on which the State provided written notification to the LEA or EIS program of the noncompliance). In determining the steps that the LEA or EIS program must take to correct the noncompliance and to document such correction, the State may consider a variety of factors, including whether the noncompliance: (1) was extensive or found in only a small percentage of files; (2) resulted in the denial of a basic right under the IDEA (e.g., an extended delay in an initial evaluation with a corresponding delay in the child's receipt of a free appropriate public education or early intervention services, or a failure to provide services in accordance with the individualized education program or individualized family service plan); and (3) represents an isolated incident in the LEA or EIS program, or reflects a long-standing failure to meet the IDEA requirements. Thus, while a State may

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<sup>2</sup> Please note that while we are not requesting that States provide, in the APR, lists of specific LEAs or EIS programs found out of compliance, we may review documentation of correction that the State required of the LEA or EIS program when we conduct a verification visit or other monitoring activity in a State.

determine the specific nature of the required corrective action, the State must ensure that any noncompliance is corrected as soon as possible, but in no case more than one year from identification.

For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement (State Performance Plan (SPP)/APR Indicators B-9, B-10, B-13, C-8A and C-8B), in addition to the steps above, the State also must ensure that the LEA or EIS program has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA or EIS program. Similarly, for any noncompliance concerning a child-specific timeline requirement (SPP/APR Indicators B-11, B-12, C-1, C-7, and C-8C), in addition to the steps enumerated above, the State must ensure that the LEA or EIS program has completed the required action (e.g., the evaluation or initiation of services), though late, unless the child is no longer within the jurisdiction of the LEA or EIS program. In ensuring that each individual case of noncompliance has been corrected, the State does not need to review each child's record in the LEAs or EIS programs where the noncompliance occurred, but rather may review a reasonable sample of the previously noncompliant files to verify that the noncompliance was corrected.

### **Issue 2 – Factoring Correction into Evaluation of Substantial Compliance**

For purposes of the Department's IDEA section 616 determinations issued since June 2007, we considered a State to be in substantial compliance relative to a compliance indicator if the State's data indicate a very high level of compliance (generally 95% or above), or if the State nonetheless demonstrated correction of identified noncompliance related to that indicator. In the interest of fairness to all States, we will evaluate whether a State demonstrated correction of identified noncompliance related to an indicator when we make our 2009 determinations based on the FFY 2007 APRs, and will use the same approach we used in 2007 and 2008. However, some States are reporting very low levels of compliance year after year, while also reporting that they have corrected previously identified noncompliance. This concerns us because it indicates that systemic correction of noncompliance did not occur. Thus, in the interest of improving LEA and EIS program performance and ultimately improving results for infants, toddlers, children and youth with disabilities, beginning with our 2010 determinations:

- (1) We will no longer consider a State to be in substantial compliance relative to a compliance indicator based on evidence of correction of the previous year's noncompliance if the State's current year data for that indicator reflect a very low level of compliance (generally 75% or below); and
- (2) We will credit a State with correction relative to a child-specific compliance indicator only if the State confirms that it has addressed each instance of noncompliance identified in the data for an indicator that was reported in the previous year's APR, as well as any noncompliance identified by the Department more than one year previously. The State must specifically report for each compliance indicator whether it has corrected all of the noncompliance identified in its data for that indicator in the prior year's APR as well as that identified by the Department more than one year previously.

For example --

- Reporting correction of noncompliance identified in on-site monitoring findings alone will not be sufficient to demonstrate correction if the data reported in a State's prior year's APR showing noncompliance were collected through the State's data system, and the monitoring findings do not include all of the instances of noncompliance identified through the prior year's data.
- In order to report correction of noncompliance identified in data based on a statewide sample, the State would need to track the noncompliance identified in the sample data reported in its prior year's APR back to the specific LEAs or EIS programs with noncompliance and report correction for those LEAs or EIS programs.

In other words, a State's demonstration of correction needs to be as broad in scope as the noncompliance identified in the prior year's data.

We hope that you find the information in this memorandum helpful in collecting and reporting data for your future SPP/APR submissions. OSEP is committed to supporting your efforts to improve results for infants, toddlers, children and youth with disabilities and looks forward to working with your State over the next year. If you have any questions, would like to discuss this further, or would like to request technical assistance, please do not hesitate to call your OSEP State Contact.

cc: Part B State Directors  
Part C Coordinators



**Part 400 - Employee Discipline  
Subpart A - Forms of Discipline**

**60-30.2-401 Formal Reprimand**

A formal reprimand is delivered by a written letter that instructs the employee that there has been one or more deficiencies in performance, describes the misconduct and warns that a failure to improve may result in more serious discipline. A copy of the letter is provided to the Human Resources Officer for posting in the employees file. Reprimands are to be used only for minor misconduct.

**60-30.2-402 Reduction in Rank or Pay**

A reduction in rank or a reduction in pay may be accomplished only by an official personnel action. A reduction in rank occurs when ones relative standing in the organizational structure has been lowered.

**60-30.2-404 Suspension**

A suspension occurs when an employee is placed in a non-duty and non-pay status for a portion of the contract term that counts as part of the three hundred eighty days assigned for work. There is no distinction any longer between suspensions for five days and those for more than five days in the procedure followed for implementation.

**60-30.2-406 Dismissal**

A teacher is dismissed when his or her contract of employment is terminated. Dismissal is referred to herein by various terms, such as discharge and termination.

**Subpart B - Who May Initiate Discipline?**

**60-30.2-408 Principals**

The authority to initiate the discipline of teachers and librarians is granted to the principals or program directors to whom they are assigned.

**60-30.2-410 Human Resources Officer**

The authority to initiate the discipline of any employee not supervised by a principal or program director is granted to the Human Resources Officer.

**60-30.2-412 Management Official**

The person with the authority to initiate discipline shall be referred to herein as the management official.

**Subpart C - When Discipline is Warranted**

**60-30.2-414 Standard**

Discipline may be imposed for the violation of any standards of conduct set forth in the regulations in this subchapter or for the failure to continue to remain qualified for certification under these regulations. The statement in some sections that a violation may lead to dismissal is not intended to suggest that dismissal may not be warranted for the violation of any other section.

**Part 400 - Employee Discipline**  
**Subpart A - Forms of Discipline**

**60-30.2-416 Factors to Be Considered in Initiating Discipline**

- (a) Discipline is warranted only when the conduct is such that it has or will have an adverse effect on the employees ability to perform his or her duties and responsibilities.
- (b) In this regard, the management official, in determining whether to initiate discipline and what level of discipline is warranted, should consider the following factors:
- (1) The age and maturity of the students that may be affected by a violation,
  - (2) The size and population of the school and its community,
  - (3) The likelihood that the employees conduct has had, or will have, an adverse effect on students, other employees, or the school community,
  - (4) The effect on student-teacher relationships,
  - (5) Any disruption of the educational process,
  - (6) The severity of any adverse effect,
  - (7) The proximity or remoteness in time of the conduct,
  - (8) Any extenuating or aggravating circumstances surrounding the conduct,
  - (9) The likelihood the conduct would recur,
  - (10) The impact of publicity,
  - (11) The motive for the conduct, and
  - (12) The extent to which disciplinary action may have an adverse or chilling effect upon the exercise of constitutional rights by other employees.
- (c) **The management official shall not file any notice of charges without those charges being reviewed and approved first by the Equal Employment Officer (EEO).**

**Subpart D - When Disciplinary Measures Must Be Followed**

**60-30.2-418 Not for Reprimands**

Before any employee is dismissed, suspended, reduced in rank or reduced in pay the disciplinary procedure set forth in this subchapter must be followed. A formal reprimand does not require that these procedures be followed.

**60-30.2-420 Not for Non-renewal**

The non-renewal of an employment contract does not require compliance with the disciplinary procedures.

**Subpart E - Initiating Discipline**

**60-30.2-422 Notice of the Charges**

The management official must provide written notice to the employee of the charges by citing the regulation violated, explaining the evidence against the employee and stating the proposed disciplinary action. The employee must also be informed, in writing, of the opportunity to be heard in a pre-discipline hearing. **A copy of the notice shall be provided to the Commissioner and the EEO.**

**60-30.2-424 Pre-discipline Hearing**

A hearing shall be held within ten days of delivering notice to the employee. The date set shall take into consideration how much time may be needed by the employee to prepare for the pre-

**Part 400 - Employee Discipline**  
**Subpart A - Forms of Discipline**

discipline hearing. The hearing shall be before the Commissioner or his or her designee. At the hearing, the employee shall have the opportunity to present his or her side of the story, to convince the Commissioner that the proposed discipline is a mistake, or that the reasons for the discipline are either not supported by the facts or are less compelling than they appear. The employee may waive this hearing or decide only to present his or her position in writing rather than in person.

**60-30.2-426 Commissioners Decision**

The Commissioner, or his designee, who conducted the pre-discipline hearing shall decide in writing within ten days of the hearing whether any regulation has been violated, the facts that support the finding of a violation, whether discipline is warranted and, if so, what discipline is appropriate. The decision shall state when the discipline takes effect. Only the charges contained in the notice can be the basis for any disciplinary action.

**60-30.2-428 Suspension Pending Decision**

The employee cannot be suspended without pay before the pre-discipline decision. The management official should permit the employee to continue to work during this period, utilizing a temporary reassignment, if necessary. In the event that continued employment will pose a risk of harm to students or co-employees, or a risk of disrupting the educational process, then the management official may suspend the employee with pay.

**60-30.2-430 Discipline After Decision**

Once the pre-discipline decision has been rendered, the disciplinary action can take place even though a formal due process hearing is requested. The Commissioner has the discretion whether to postpone the discipline, whether suspension is appropriate (with or without pay) or whether to effectuate the decision prior to the formal hearing.