

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2024**

North Dakota



**PART C DUE
February 2, 2026**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

North Dakota is divided into eight regions. Each region has one DD Program Management (Service Coordinator) Unit through the Regional Human Service Center. For FFY 2024, four (4) of the regions had one (1) Infant Development program, one (1) region had two (2) Infant Development programs, and three (3) regions had three (3) Infant Development programs. For monitoring purposes, the regional program is defined as a regional DD Program Management Unit (Service Coordinators) and an Infant Development Program. There are 15 Infant Development programs for the purposes of reporting for FFY 2024.

In September 2022, the North Dakota Department of Human Services, the Lead Agency for Part C, merged with the North Dakota Department of Health. The Lead Agency for Part C in North Dakota is the North Dakota Department of Health and Human Services (ND HHS). There are no changes to staff or regulatory duties assigned to the staff. The Part C Coordinator remains within ND HHS and retains all previous duties regarding IDEA Part C. North Dakota continues to work with OSEP to complete any required actions due to the Lead Agency name change.

Additional information related to data collection and reporting

General Supervision System

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

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

North Dakota has eight regions of service delivery for Early Intervention. There is one service coordinator (SC), or Developmental Disability Program Management (DDPM) unit, within each of those regions; however, there can be multiple Early Intervention Service (EIS) or Infant Development providers within a region. Also, there are some Infant Development providers that have programs in multiple regions. Monitoring reports and findings are issued to both the Infant Development program and the applicable Developmental Disabilities Program Management Unit. These reports should be considered reflective of both the local Infant Development program and the DD Program Management unit. Each of the 15 programs are monitored annually on the SPP/APR Indicators.

Regulatory requirements for General Supervision state that all program providers of IDEA Part C services are subject to monitoring at least once every six years. ND EIS

monitors all programs annually for SPP/APR indicators, including notification of findings of noncompliance and verification of correction. As part of North Dakota's comprehensive monitoring system, program and fiscal findings can be issued for noncompliance identified from a variety of sources, including:

Programmatic Monitoring

- State Performance Plan/Annual Performance Report (SPP/APR) Compliance

Indicators

- Cyclical Monitoring
- Targeted Monitoring
- Formal and Informal Complaints
- Other Methods

Fiscal Monitoring

- Cyclical Monitoring, including fiscal detective measures
- Focused Monitoring
- Formal and Informal Complaints
- Other Methods

Through these processes, any noncompliance identified will result in the issuance of a finding within 90 days. The state considers an instance of noncompliance to be identified once the data has been verified for accuracy. In any instance of a finding being issued, the state must ensure timely correction and verification of the finding within one year, in accordance with OSEP Memo 23-01.

Programs are monitored for all other fiscal and programmatic indicators on a five-year schedule as follows:

2026- Cohort 1: Region 7 Service Coordination Unit and all Region 7 EIS providers

2027- Cohort 2: Region 5 Service Coordination Unit and all Region 5 EIS providers

2028- Cohort 3: Regions 1 & 8 Service Coordination Units and all Regions 1 & 8 EIS providers

2029- Cohort 4: Regions 2 & 6 Service Coordination Units and all Regions 2 & 6 EIS providers

Monitoring notification letters were issued in January 2026 to all Region 7 EIS providers and the Region 7 Service Coordination Unit. Monitoring will be conducted according to the cyclical monitoring description below.

Cyclical monitoring is the process by which all Early Intervention Programs (Service Coordination Unit and EIS Provider) are monitored by the ND EIS staff using a combination of on-site and off-site monitoring activities. During the cohort's monitoring period, the Early Intervention program(s) will be monitored on all programmatic and fiscal indicators listed on the applicable year's Data Guidance document. Cyclical Monitoring ensures that all Early Intervention programs are monitored at least once every five years. The team conducts comprehensive record reviews, provider and parent reviews and fiscal reviews. This process identifies noncompliance with related requirements and evaluates program performance on quality indicators. Targeted Technical Assistance may be provided based on the outcomes of the monitoring. Technical Assistance is available to any Early Intervention program upon request

Activity- Date- Responsibility

Notification of Monitoring- January- ND EIS

Monitoring Kick-Off Meeting- February- ND EIS

Policy & Procedure Submission- February & March- Local EI Program

Scheduling & Conducting Interviews- April- ND EIS

Records, Policy & Procedure Review- April & May- ND EIS

Issuance of Monitoring Report and Letter of Findings- June- ND EIS

Completion of the Correction, Compliance and Closure Process (C3P)- June- ND EIS

Engagement with Technical Assistance- Ongoing- Local EI Program

Verification of Noncompliance- Ongoing- ND EIS

Monitoring Closure Letter- Ongoing- ND EIS

North Dakota is working closely with OSEP to correct noncompliance around general supervision and monitoring identified during the DMS 2.0 visit. A final Comprehensive Programmatic and Fiscal Monitoring manual will be released to the field and posted on the Early Intervention website upon approval.

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

To Identify Noncompliance:

For SPP/APR Monitoring:

Information for the APR is collected in a variety of ways. Through the state's electronic database, Therap, data are pulled from the entire state caseload and then examined for Indicators 1 and 7. In this examination, findings are determined for each program based on the data. For indicators 8A, 8B, and 8C, a random sample of cases are examined annually, and findings are determined through this data review. Specific process information for each indicator is within the annual Data Guidance document.

For Cyclical Monitoring:

In Part C of the Individuals with Disabilities Education Act (IDEA), representativeness refers to the degree to which the children and families included in state data collections

or sample groups reflect the demographic makeup of the entire population of eligible infants and toddlers served by the state's early-intervention system. Child records are selected to ensure that they are representative of the demographics of the region(s) being monitored. The following is the process by which child records are generated for

review:

1- A report is compiled from Therap, the state's electronic data system, to include all children enrolled in the regional Early Intervention Program(s) during the previous quarter (January-March of the current year). This report reflects all children in the region, inclusive of all EI providers and the SC unit.

2- A statistically significant sample of children will be selected with a 10% margin of error generated from the report. The sample is divided proportionately across the providers in the region, with no provider having fewer than 10 children selected for review, provided that at least 10 exist.

Each child record will be monitored for all indicators listed above, as applicable. For some indicators a child may not meet the requirements for monitoring (i.e. they do not utilize Part C funding for services, or they did not participate in a transition activity during the monitoring period). In the case that a child does not meet the specific criteria to be included in monitoring for an indicator their record will be indicated as "N/A" for that indicator, and they will be subtracted from the denominator when calculating noncompliance. If there are a large number of children who do not meet the criteria for a specific indicator, additional children will be selected for monitoring for that indicator to ensure that ND EIS meets the sample size criteria above.

For Correction of Noncompliance:

APR and Cyclical Indicators:

- Both the APR and Cyclical Indicators follow the Correction, Compliance, and Closure Process (C3P) to verify correction of noncompliance. The following formula is used for selection of records for C3P Phase 2:

- Of the programs that had noncompliance with a specific indicator, the average noncompliance will be calculated for each indicator and used to determine the number of cases

reviewed.

- For those programs that are above the indicator average, 10% of the records generated from the date of notification of noncompliance until the date of initiation of C3P Phase 2 will be pulled for review.
- For those programs that are less than 5% below the indicator average, 15% of the records generated from the date of notification of noncompliance until the date of initiation of C3P Phase 2 will be pulled for review.
- For those programs that are 6-10% below the indicator average, 20% of the records generated from the date of notification of noncompliance until the date of initiation of C3P Phase 2 will be pulled for review.
- For those programs that are more than 10% below the indicator average, all records generated from the date of notification of noncompliance until the date of initiation of C3P Phase 2 will be pulled for review.
- If no child records are available for review of a specific indicator at the time of C3P Phase 2 initiation, ND EIS will work with the program to review and revise policies and procedures to ensure that the root cause of noncompliance is addressed. This will support the program to demonstrate 100% compliance when data becomes available. Consecutive records will be reviewed as they become available, and the finding will be considered closed once 100% compliance is demonstrated to the level outlined above.

North Dakota is working closely with OSEP to correct noncompliance around general supervision and monitoring identified during the DMS 2.0 visit. A final Comprehensive Programmatic and Fiscal Monitoring manual will be released to the field and posted on the Early Intervention website upon approval.

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

Through the state's electronic database, Therap, data are pulled from the entire state caseload and then examined for Indicators 1 and 7 for the period of July 1-June 30 of the federal fiscal year (ex. For FFY 2024, the time period was July 1 2024- June 30 2025). In this examination, findings are determined for each program based on the data. For indicators 8A, 8B, and 8C, a random sample of cases are examined annually, and findings are determined through this data review. Specific process information for each indicator is within the annual Data Guidance document which can be found at: <https://www.hhs.nd.gov/sites/www/files/documents/Developmental%20Disabilities/data-guidance-for-ffy-2025-apr.pdf>

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

Monitoring reports and findings are issued to both the Infant Development program and the applicable Developmental Disabilities Program Management Unit. These reports should be considered reflective of both the local Infant Development program and the DD Program Management unit. A finding is issued to an EIS program (combination of Infant Development program and Developmental Disabilities Program Management Unit) if they have at least one case of non-compliance categorized as "agency" reason. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage.

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

North Dakota does not allow EIS programs to correct noncompliance prior to the issuance of a finding.

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

Enforcement actions are used to correct persistent deficiencies related to compliance. Persistent deficiencies are defined as substantial noncompliance issues identified by the state team either through data reports or on-site review, strategic partner complaints or other accountability and monitoring activities, that have continued after being identified and noticed in writing to the provider for at least six months without significant improvement as determined by the Part C Coordinator.

Enforcement actions under this section may include:

- Withholding, denying, or recouping payment for service for which non-compliance is documented,
- Halting all new referrals until the deficiency is substantially remediated by the provider,
- Issuing special conditions which must be met if the agreement is to continue and/or,
- Cancellation, termination for cause, or non-renewal of the provider's purchase of service agreement in accordance with Department of Health and Human Services (DHHS) policies.

For programs with a determination of Needs Assistance for two consecutive years, the state must take one or more of the following enforcement actions:

- 1) Advise the EIS program of available sources of TA that may help the EIS program address the areas in which the EIS program needs assistance and require the EIS program to work with the appropriate sources of TA. 34 C.F.R. §§ 300.604(a)(1) and 303.704(a)(1).
- 2) Identify the EIS program as a high-risk grantee and impose Specific Conditions on the EIS program's Part C grant award. 34 C.F.R. §§ 300.604(a)(3) and 303.704(a)(2).

For programs with a determination of Needs Intervention for three or more consecutive years, the state may take any of the actions described above for "Needs Assistance." In addition, the state must take one or more of the following enforcement actions:

- 1) Require the EIS program to prepare a corrective action plan or improvement plan to correct the identified area(s). 34 C.F.R. §§ 300.604(b)(2)(i) and 303.704(b)(2)(i).
- 2) Withhold, in whole or in part, further payments under Part C to the EIS program. 34 C.F.R. §§ 300.604(b)(2)(v) and 303.704(b)(2)(iv).

For programs with a determination of Needs Substantial Intervention, at any time, the state must withhold, (after reasonable notice and opportunity for a hearing, consistent with 34 C.F.R. §§ 300.155, 300.221, and 76.401(d)), in whole or in part, any further payments under Part C to the EIS program. 34 C.F.R. §§ 300.604(c)(2) and 303.704(c)(2).

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

On an annual basis, following the completion of the federal APR submission, local programs will be issued a Program Level of Determination (LoD). This level of determination is based on APR compliance indicator data, quality indicators listed on the annual Data Guidance document, any additional findings issued to the program, timely correction of findings of noncompliance, and submission of valid, reliable, and timely data. A worksheet with the calculations is completed for each program and posted publicly with a letter stating the program's determination, and a public report that shows the program's performance on all APR Indicators. On an annual basis, the state monitoring team, with stakeholder involvement from the North Dakota Interagency Coordinating Council, will develop the criteria for the LoD.

Programs will be issued one of the following determinations based on their performance on the selected criteria:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

Based on a program's determination, program sanctions may be issued.

Programs are notified of the determinations annually in January, the reports are posted on the Early Intervention website annually no later than March 30, and the results are shared with the ICC at their April meeting each year.

Program determinations are posted online annually, under the Regional Program Reports section of the Federal Reporting Page:
<https://www.hhs.nd.gov/early-childhood-services/early-intervention/federal-reporting>

An example of the form used, showing the criteria listed above, can be found here:

<https://www.hhs.nd.gov/sites/www/files/documents/Developmental%20Disabilities/Early%20Intervention%20%20DD/Region%201%20FFY%202021%20Level%20of%20Determination.pdf>

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

The Federal Reporting page of the ND Early Intervention website holds public reporting information and can be found here:

<https://www.hhs.nd.gov/early-childhood-services/early-intervention/federal-reporting>

Policies, Procedures and Guidance can be found here: <https://www.hhs.nd.gov/early-childhood-services/early-intervention/program-guidance>

Technical Assistance System:

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

Below is specific information regarding instances of technical assistance provided to the state.

2024 Dates

Date Event

7/1/24 DaSy Part C Data Managers Community of Practice

7/17/24 Office of Special Education Programs (OSEP) Technical Assistance (TA) for ND-Systemic Improvement Plan (SSIP)

7/18/24 Differentiated Monitoring System (DMS) 2.0 TA Call

7/24/24 Infant Toddler Coordinators Association (ITCA) Membership Meeting

7/29/24 DaSy Part C Data Managers Community of Practice

7/31/24 OSEP National TA Call

08/05-08/08 OSEP Conference

8/13/24 Interagency Coordinating Council (ICC) TA

8/16/24 DMS 2.0 TA Call

8/16/24 Center for IDEA Fiscal Reporting (CIFR) Community of Practice

8/24-08/25 ITCA In-Person Membership Meeting

08/26-08/29 DaSy TA Improving Outcomes Improving Data Conference

9/2/24 DaSy Part C Data Managers Community of Practice

9/11/24 ICC TA

9/12/24 Early Childhood Technical Assistance Center (ECTA) TA

9/20/24 North Dakota (ND) H325L2000009 Grant TA Call

9/24/24 OSEP TA for ND: DMS 2.0

9/24/24 Family Outcomes Community of Practice

9/25/24 ITCA Membership Meeting

9/26/24 ETCA TA Call

10/3/24 ETCA TA Call

10/3/24 DaSy Part C Data Managers Community of Practice

10/9/24 OSEP TA for Part C Coordinators and Data Managers
 10/14/24 CIFS and ECTA TA
 10/18/24 CIFS TA
 10/21-10/25 Early Childhood Personnel Center Cohort TA
 10/23/24 ITCA Membership Meeting
 11/4/24 DaSy Part C Data Managers Community of Practice
 11/20/24 ECTA TA
 11/20/24 ITCA Membership Meeting
 12/2/24 DaSy Part C Data Managers Community of Practice
 12/3/24 AEPSi-3 TA
 12/16/24 OSEP TA to ND- DMS 2.0
 12/18/24 ITCA Membership Meeting
 12/20/24 CIFS Community of Practice
 12/20/24 North Dakota (ND) H325L2000009 Grant TA Call

2025 Dates

1/6/25 DaSy Part C Data Managers Community of Practice
 1/15/25 ITCA Membership Meeting
 1/16/25 OSEP TA to ND- DMS 2.0
 1/22/25 ECTA TA- DMS 2.0
 1/27-1/31 OSEP DMS 2.0
 2/3/25 DaSy Part C Data Managers Community of Practice
 2/4/25 CIFS TA
 2/5/25 AEPSi-3 TA
 2/19/25 ITCA
 2/21/25 CIFS Community of Practice
 2/24/25 CADRE/ECTA Dispute Resolution Learning Community
 3/3/25 DaSy Part C Data Managers Community of Practice
 3/4/25 CIFS/ECTA TA
 3/7/25 DMS 2.0 CIFS/ECTA TA
 03/09-03/12 Early Hearing Detection Intervention (EHDI) Conference
 3/17/25 ECTA TA
 3/19/25 ITCA Membership Meeting
 3/21/25 North Dakota (ND) H325L2000009 Grant TA Call
 3/24/25 CADRE/Dispute Resolution Learning Community
 3/25/25 OSEP TA to ND- DMS 2.0
 4/7/25 DaSy Part C Data Managers Community of Practice
 4/15/25 ECTA TA
 4/16/25 ITCA Membership Meeting
 4/17/25 ND-C DMS 2.0 TA Call
 4/18/25 CIFS Community of Practice
 04/21-04/25 National Training Institute
 4/28/25 CADRE/Dispute Resolution Learning Community of Practice
 4/29/25 AEPSi-3 Training
 5/5/25 DaSy Part C Data Managers Community of Practice
 05/12-05/16 CIFS Part C Fiscal Forum
 5/21/25 CIFS TA
 5/21/25 AEPSi-3 TA
 5/21/25 ITCA Membership Meeting
 5/26/25 CADRE/Dispute Resolution Learning Community of Practice
 6/2/25 DaSy Part C Data Managers Community of Practice
 6/9/25 Part C Data Kick-Off Meeting
 6/10/25 ITCA Membership Meeting
 6/18/25 ITCA Membership Meeting
 6/19/25 ND-C DMS 2.0 TA Call
 6/20/25 North Dakota (ND) H325L2000009 Grant TA Call
 6/20/25 CIFS Community of Practice
 6/23/25 CADRE/Dispute Resolution Learning Community of Practice

Professional Development System:

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

Date Event

7/1/24 Pyramid Model Kickoff Meeting
7/2/24 Early Childhood (EC) Conference Planning Committee
7/2/24 Cross Disabilities Advisory Council (CDAC) Subcommittee
7/8/24 Early Hearing Detection Intervention (EHDI) and Part C
7/9/24 Newborn Screening Advisory Committee
7/9/24 Professional Development (PD)- EI Agency
7/11/24 ND State Team
7/12/24 PD Workgroup
7/16/24 EHDI and Part C Memorandum of Understanding (MOU) Planning Meeting
7/16/24 Early Intervention (EI) Statewide Leadership
7/16/24 PD- Case Review Tool
7/17/24 PDG Coordinating Group
7/18/24 ND State Team
7/18/24 Resilience in Early Intervention Leadership (REIL) Advisory Meeting
7/23/24 Part C and Part B Transition Workgroup
7/24/24 EHDI and Part C MOU Planning Meeting
7/25/24 ND State Team
7/29/24 PDG Coordinating Group
7/30/24 Pyramid Model Part C Team
7/30/24 EHDI and Part C MOU Planning Meeting
8/1/24 ND State Team
8/1/24 Regional Action Plan Meeting
8/8/24 PD Workgroup
8/12/24 PDG Coordinating Group
8/14/24 EHDI and Part C MOU Planning Meeting
8/19/24 Part C and Part B Transition Training
8/19/24 ICC
8/20/24 EHDI and Part C MOU Planning Meeting
8/20/24 ND State Team
8/21/24 ICC
8/22/24 ND State Team
9/4/24 EHDI and Part C MOU Planning Meeting
9/5/24 Pyramid Model State Leadership Team
9/10/24 PDG Coordinating Group
9/10/24 Pyramid Model Part C
9/11/24 PDG Coordinating Group
9/11/24 ICC
9/12/24 ICC
9/12/24 CDAC
9/12/24 Regional Action Plan Meeting
9/12/24 Regional Action Plan Meeting
9/13/24 PD Workgroup
9/13/24 EHDI and Part C MOU Planning Meeting
9/20/24 CDAC
9/23/24 EI Statewide Leadership Meeting
9/23/24 PD Workgroup- Case Review Tool
9/26/24 Regional Action Plan Meeting
9/30/24 EHDI/Parent Infant Program (PIP) and Part C
10/3/24 ICC
10/7/24 REIL Advisory Meeting
10/8/24 ND EHDI Advisory Meeting
10/8/24 DDPM Monthly Training- NICU Training
10/10/24 ND State Team
10/10/24 New DDPM Orientation
10/10/24 Regional Action Plan Meeting
10/11/24 PD Workgroup

10/14/24 PDG Coordinating Group
 10/17/24 ND State Team
 10/24/24 ICC
 10/28/24 REIL Advisory
 10/29/24 PD EI Agency
 10/29/24 NDHVC
 10/31/24 ND State Team
 10/31/24 Regional Action Plan Meeting
 10/31/24 Regional Action Plan Meeting
 11/4/24 PD Part C and EHDI- Service Coordination
 11/5/24 PD ECSE Directors Meeting
 11/7/24 ND State Team
 11/7/24 PD Part C and EHDI- EI Agency
 11/8/24 PD Workgroup
 11/12/24 PDG Coordinating Group
 11/13/24 PD Part C and EHDI- EI Agency
 11/14/24 Regional Action Plan Meeting
 11/15/24 ND State Team
 11/15/24 ND State Part C Pyramid Model Team
 11/19/24 Regional Action Plan Meeting
 11/19/24 EI Statewide Leadership Meeting
 11/19/24 PD- Case Review Tool
 11/19/24 PD- Routines Based Interview (RBI) Fidelity Checklist
 11/20/24 PDG Coordinating Group
 11/20/24 PD Part C and EHDI- EI Agency
 11/21/24 PDG Coordinating Group
 11/21/24 ND State Team
 11/21/24 Regional Action Plan Meeting
 11/25/24 PD Part C and EHDI- Service Coordination
 11/25/24 PD EI Agency
 11/25/24 PD Part C and EHDI- EI Agency
 11/25/24 PD Part C and EHDI- EI Agency
 11/25/24 ICC
 11/26/24 PD Service Coordination
 12/3/24 PD EI Agency and Service Coordination
 12/4/24 PD Part C and EHDI- Service Coordination
 12/4/24 ND Transition Workgroup Meeting
 12/5/24 ND State Team
 12/5/24 PD Part C and EHDI- EI Agency
 12/5/24 PD Part C and EHDI- EI Agency
 12/5/24 REIL Advisory
 12/5/24 Pyramid Model Training
 12/5/24 Regional Action Plan Meeting
 12/5/24 Birth Review Meeting
 12/6/24 EHDI/PIP and Part C
 12/10/24 PD Part C and EHDI- Service Coordination
 12/10/24 EC Conference Planning Committee
 12/11/24 Pyramid Model Training
 12/12/24 ICC
 12/13/24 EC Conference Planning Committee
 12/16/24 ND State Part C Pyramid Model Team
 12/17/24 Part C Presentation- Grand Forks EC Group
 12/17/24 Regional Action Plan Meeting
 12/18/24 PD Part C and EHDI- EI Agency
 12/19/24 ND State Team
 12/19/24 PD Part C and EHDI- Service Coordination
 12/20/24 Pyramid Model Training
 12/30/24 ND State Team
 2025 Dates

1/3/25 PD- EI Agency
 1/6/25 PD Part C and EHDI- Service Coordination
 1/7/25 NDHVC
 1/13/25 ND State Part C Pyramid Model Team
 1/13/25 PD Part C and EHDI- Service Coordination
 1/14/25 EC Conference Planning Committee
 1/16/25 EHDI/Parent Infant Program (PIP) and Part C
 1/16/25 Newborn Screening Mapping
 1/16/25 Regional Action Plan Meeting
 1/17/25 EHDI/PIP and Part C
 1/17/25 ICC
 1/21/25 EI Statewide Leadership Meeting
 1/21/25 PD Next Steps- Individualized Family Service Plan (IFSP) Closing the Gap
 1/21/25 PD Part C and EHDI- Service Coordination
 1/22/25 Part C and Part B Transition Workgroup
 1/23/25 ND State Team
 1/23/25 State Developmental Disability Conference Planning
 1/23/25 Regional Action Plan Meeting
 1/23/25 Regional Action Plan Meeting
 1/24/25 PD Workgroup
 2/3/25 PD- State of ND Public Health
 2/3/25 ND State Team
 2/3/25 Newborn Screening Mapping
 2/4/25 ND State Team
 2/11/25 PD Part C and EHDI- Early Intervention
 2/12/25 Right Track Coordinators Call
 2/13/25 ND State Team
 2/13/25 ICC
 2/18/25 Transition Work Group
 2/18/25 EI Statewide Leadership Meeting
 2/18/25 Regional Action Plan Meeting
 2/19/25 Newborn Screening Mapping
 2/19/25 Pyramid Model State Leadership Team
 2/20/25 ND State Team
 2/21/25 PD Workgroup
 2/24/25 EHDI/PIP and Part C
 2/24/25 ND State Part C Pyramid Model Team
 2/24/25 ICC
 2/25/25 REIL Advisory
 2/26/25 PDG
 2/27/25 PD- EI Agency and Service Coordination
 2/27/25 ND State Team
 2/27/25 Part C and PIP
 2/27/25 Regional Action Plan Meeting
 2/28/25 PD- Part C and Part B- EI Agency, Service Coordination and ECSE
 3/3/25 Transition Work Group
 3/6/25 ND State Team
 3/6/25 Individuals with Disabilities Education Act Advisory Meeting
 3/6/25 REIL Advisory
 3/6/25 Pyramid Model Training
 3/7/25 Transition Work Group
 3/13/25 ND State Team
 3/13/25 REIL Advisory
 3/14/25 PD Workgroup
 3/14/25 ICC
 3/18/25 EI Statewide Leadership Meeting
 3/18/25 PD IFSP- Determining Outcomes and Services with Families
 3/20/25 ND State Team
 3/20/25 Pyramid Model Training

3/24/25 ND State Part C Pyramid Model Leadership Team
3/26/25 PDG
3/26/25 PD- EI Agency and Service Coordination
3/26/25 ND State Team
3/26/25 Pyramid Model Training
3/26/25 PD- Service Coordination
3/27/25 Regional Action Plan Meeting
3/27/25 PD- EI and Service Coordination
4/2/25 ND State Team
4/3/25 New DDPM Orientation
4/4/25 Focused Monitoring
4/7/25 Experienced Parent Community of Practice
4/8/25 ND EHDI Advisory Meeting
4/10/25 ECSE Directors Meeting
4/10/25 Regional Action Plan Meeting
4/15/25 EI Statewide Leadership Meeting
4/16/25 EHDI/PIP and Part C
4/16/25 PD- EI Agency
4/17/25 ND State Team
4/22/25 Focused Monitoring
4/28/25 ND State Part C Pyramid Model Leadership Team
4/29/25 Newborn Screening Advisory
5/1/25 Regional Action Plan Meeting
5/1/25 Regional Action Plan Meeting
5/5/25 ND State Team
5/8/25 ND State Team
5/8/25 EHDI/PIP and Part C
5/9/25 PD Workgroup
5/9/25 ICC
5/12/25 PD-Right Track
5/14/25 Right Track Coordinators Call
5/15/25 ND State Team
5/20/25 EI Statewide Leadership Meeting
5/20/25 PD RBI Fidelity
5/20/25 Regional Action Plan Meeting
5/20/25 Regional Action Plan Meeting
5/22/25 ND State Team
5/23/25 PD-EI Agency
5/29/25 ND State Team
5/29/25 PD- EI Agency
6/2/25 ND State Pyramid Model Meeting
6/4/25 EHDI/PIP and Part C
6/5/25 ND State Team
6/9/25 Part C Data Kick-Off Meeting
6/10/25 ND State Team
6/10/25 Birth Review Meeting
6/10/25 Regional Action Plan Meeting Data Review
6/12/25 ICC
6/13/25 PD Workgroup
6/16/25 AEPSi-3 System PD
6/17/25 CDAC
6/17/25 EI Statewide Leadership Meeting
6/18/25 PD- Head Start Director Meeting
6/19/25 ND State Team
6/19/25 ND State Pyramid Model Meeting
6/24/25 Family Outcomes Survey Kick-Off
6/24-6/26 PDG
6/24-6/26 PD Workgroup
6/30/25 ND State Part C Pyramid Model Leadership Team

Stakeholder Engagement:

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

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention.

The following groups were engaged for SPP/APR and SSIP activities:

- PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.
- Resilient Early Intervention Leadership Certificate: 15 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.
- REIL Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.
- Interagency Coordinating Council (ICC): Statewide, designated agency and caregiver stakeholders appointed by the governor.
- Statewide EI Meeting Group: Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend. In addition, stakeholders are a part of the Personnel Development To Improve Services and Results for Children With Disabilities
- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Health and Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program.
- Part C to B Transition Workgroup: Strategic partnerships were established to form a Part B and Part C Transition Workgroup. The group includes representatives from Part B and Part C, Early Childhood Special Education Coordinators and teachers, Early Intervention Directors and Providers, Service Coordinators, parents, a representative from the Parent Information Center, and experienced parents. Together, they are working to strengthen the collaboration between Part C and Part B transitions. The Transition Guidebook, which has been developed in two parts—a Provider Guide and a Family Guide—continues to be refined and expanded to better support families and providers.

The Early Hearing Detection and Intervention (EHDI) Workgroup brought together strategic partners from the Parent Infant Program, Part C, EHDI, the North Dakota School for the Deaf/Hard of Hearing, the Deaf Mentor Program, Special Health Services, and the North Dakota Center for Persons with Disabilities. They created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, work groups, and the EI website. Several statewide meetings occur regularly where SSIP information is shared. The EI Statewide Leadership Meeting group occurs six times per year and includes service coordinators, experienced parents, early interventionists, and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

Strategy 1: Data Quality. The statewide EI Meeting Group and the Interagency Coordinating Council stakeholders regularly collaborate, discuss and give feedback on the child outcome results, child outcome tool, and the use of data to answer programmatic questions. The ICC also reviews data and considers statewide long-term needs. Each year, the ICC reviews an APR Trend Data report, which contains data visualization and narrative.

Strategy 2: Professional Development. The Professional Development (PD) Workgroup was initially created over the summer of 2016. The work group includes stakeholders from across the state (experienced parents, EI, TA, parents, and service coordinators). The Workgroup's goal was to delineate state and local responsibilities in PD, create a structure for PD and to review and develop resources, and vet PD materials. The EI Statewide Leadership Meeting Group also reviews material and provides feedback on the final product along with community stakeholders including parents, who also have access to the training and complete the feedback form.

Strategy 3: Evidence-Based Practices. The EI Statewide Leadership Meeting Group, REIL Grant Advisory Group, and the Interagency Coordinating Council regularly collaborate, discuss, review, and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand. The Statewide Pyramid Model Leadership Team supports scale-up of Pyramid Model strategies.

Strategy 4: Policy & Procedure. The EI Statewide Leadership Meeting Group and Transition Work Group stakeholders review current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials.

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

YES

Number of Parent Members:

14

Parent Members Engagement:

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

Target Setting for FFY 2020-2025 SPP/APR:

Parent Panel: The Parent Panel was made up of five (5) parents from across the state who showed interest in reviewing the APR Targets and providing feedback to ND HHS. The Part C Coordinator spoke with each parent to determine the best time to meet, including offering evening and weekend times. The Parent Panel was able to meet with four (4) members on December 2, 2021 and one (1) member on January 13, 2022. The Part C Coordinator shared materials prior to the meetings that explained the APR targets, the purpose of the target setting activities, and the proposed targets. During the meeting, the Part C Coordinator encouraged members to speak up if they had questions or needed clarification. Many members did, and a great discussion was had about all indicators, but particularly the child and family outcomes (Indicators 3 and 4). The group suggested that ND HHS adopt the preliminary targets.

Data Drill Down stakeholder work group: The Data Drill Down stakeholder work group met six times during September and October 2021 to review, analyze and set preliminary targets for Indicators 2,3,4,5 and 6. This group is made up of a diverse group of stakeholders, including service coordinators, Infant Development coordinators, and Primary Early Intervention Providers. Some of the members on this group are also parents of children in Early Intervention. The Data Drill Down group considered trend performance and target data for the past seven (7) years of APRs, average performance and change over the last five (5) years, and other contributing factors, including COVID-19, when setting targets.

ND ICC: The ND ICC met on September 14, 2021 to review the preliminary targets set by the Data Drill Down work group. The ND ICC reviewed the preliminary targets, as well as trend performance and target data for the last five (5) years of APRs. The group discussed potential changes to the targets, and suggested to ND HS to adopt the targets as suggested by the Data Drill Down work group. On December 8, 2022, the ND ICC met and reviewed FFY 2021 APR Data, including the targets, and voted to adopt the data as their report to the Governor.

Ongoing Engagement:

Annually, the ND ICC reviews APR data and discusses concerns and process improvement. A change was made in FFY 2020 to improve the quality of data display to ensure that all members, and specifically parent members who are not engaged in regular Part C data review, were able to understand the data and contribute to the process. Refinements to this display continue, and additional guidance is provided to all members prior to the annual APR data review. This guidance includes a description of indicators and types of targets (compliance vs. results), a short discussion around how data is collected and used, a review of the current year's APR data, and a review of the last 10 years of APR data. Discussion around data anomalies, questions, and areas to further investigate is included at the December ICC meeting each year.

Caregiver Survey: In addition, the state engages families and caregivers through a survey process to learn about their experiences and create future strategies. In FFY 2021, the response rate grew to over 140 caregiver responses, indicating an overwhelming increase in parent and caregiver participation.

Activities to Improve Outcomes for Children with Disabilities:

Activities to Improve Outcomes for Children with Disabilities:

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

The ND ICC identified a need to engage parents regularly prior to ND ICC meetings to ensure that parents understand all agenda items and to provide guidance around agenda items so that parents feel confident to engage in meaningful dialogue during the ND ICC meetings. The group created a Membership subcommittee to create mentorship opportunities for new parent members, as well as creating trainings for new members around common topics during meetings (i.e. APR Data, SSIP, Part C Budget, etc.). This group has developed a welcome kit for members, set up a mentorship program, and has begun to develop a library of family stories to be shared at ICC meetings. The group continues to meet to develop ways to support parent members of the ICC. In FFY 2022, the ND ICC also identified a need to investigate parent compensation to ensure that all parents are able to fully participate in the ND ICC meetings. In FFY 2024, North Dakota engaged national technical assistance to review the ICC Standard Operating Procedures, including defining the parent role. The Technical Assistance for Excellence in Special Education (TAESE) center provided templates to help guidance ICC priority setting activities and engage all members equally.

The Resilient Early Intervention Leadership Grant initiative builds a tiered, sustainable system of leadership opportunities to increase the capacity of leaders across the state, region, and local early childhood system. The ND EI leadership program, Resilient Early Intervention Leaders (REIL), supports 100 cross-agency leaders, including parents and tribal entities, in a multiyear learning collaborative and 36 interdisciplinary professionals in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated. In FFY 2024, planning began for a Parent Leadership Institute focused on Early Intervention parents. This institute is designed to educate parents on how to better engage with the EI system to create change.

In FFY 2022, a series of short videos on the Early Intervention process was developed in conjunction with the ND Parent Training and Information Center, Pathfinder Services of North Dakota, to explain the process of Early Intervention in North Dakota.

Soliciting Public Input:

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

Public input, specifically engaging caregivers within the system, is sought throughout the year in several ways.

All stakeholder work groups are encouraged to invite additional participants to attend meetings, and specifically to pass information of meetings along to parents who may be interested in attending.

The ND ICC Meetings are public, and public notice of meetings including agenda topics, is made prior to meeting dates. This notice is posted on the nd.gov website and shared with a newspaper in each region of ND. As with other work groups, the ND ICC is encouraged to invite additional participants to attend meetings.

The SSP/APR as well as local program reports and levels of determination are posted to the ND EI Website annually.

The Resilient Early Intervention Leadership Grant (REIL Grant) has two stakeholder advisory groups that meet regularly to provide feedback on building a sustainable system of leadership opportunities to increase capacity across the early childhood system in North Dakota. Public notice of meetings and agenda topics is made prior to meeting dates, and is posted on the nd.gov website.

Making Results Available to the Public:

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

The results of the target setting activities and the SSIP improvement strategies were shared with the public at the ND ICC Meeting on 12/16/21 and through the minutes of the ICC meeting, available on the ND EI Website. Additionally, the PowerPoint presentation used to discuss the FFY 2020-2025 targets is posted to the ND EI Website.

The SPP/APR, SSIP, and local program reports and levels of determination are posted to the ND EI Website annually. These documents can be found at: <https://www.hhs.nd.gov/early-childhood-services/early-intervention/federal-reporting>

Reporting to the Public:

How and where the State reported to the public on the FFY 2023 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

All required public information is contained on the ND Early Intervention website at: <https://www.hhs.nd.gov/early-childhood-services/early-intervention/federal-reporting>

In addition to the posting on the website, this information is shared with the ND Interagency Coordinating Council, at the meeting following the receipt of the ND Part C Level of Determination. The local program Levels of Determination are shared with the ND Interagency Coordinating Council at the meeting that takes place once the local programs have received their determinations and have had the time and opportunity to share any concerns with the Part C Coordinator.

The ND Part C Level of Determination is shared with the Service Coordinators & Early Intervention providers during a video conferencing session, after receipt of the State's level of determination. After the providers have received their individual determinations and have had the time and opportunity to express concerns with the Part C Coordinator, the local program Levels of Determination are shared with Service Coordinators & Early Intervention providers during a video conference session.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	59.26%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	98.41%	98.65%	96.80%	96.81%	96.18%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,493	1,780	96.18%	100%	98.48%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

260

Provide reasons for delay, if applicable.

For FFY 2024, North Dakota had 27 instances of delayed services due to agency reasons. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage. For this indicator, 18 instances of delayed services were due to agency oversight, four (4) were due to agency illness, and five (5) were due to agency shortage.

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

For North Dakota, timely initiation of service is defined as the service occurring on or before the date agreed upon at the IFSP meeting and documented in the "services" section of the IFSP.

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

State database

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

July 1, 2024- June 30, 2025

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

Data for Indicator 1 is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting in Indicator 1, using Therap, for FFY 2024.

In FFY 2024 North Dakota had 15 early intervention providers across the state. The performance of all 15 of these providers is represented in this data.

Provide additional information about this indicator (optional)

For FFY 2024, North Dakota had 27 instances of delayed services due to agency reasons. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage. For this indicator, 18 instances of delayed services were due to agency oversight, four (4) were due to agency illness, and five (5) were due to agency shortage. For 21 of the 27 instances of delayed services, the services were provided, although late. For 6 instances of the 27 instances of delayed services, the child is no longer in the jurisdiction of the North Dakota Early Intervention Program.

In FFY 2024, North Dakota identified two (2) providers in the state who had more than 5 instances of delayed services due to agency reasons. These two (2) providers account for 16 of the 27 instances, or 59.26%, of delayed services. These programs had a large amount of staff turnover and difficulty hiring staff in FFY 2024, resulting in an increased amount of delayed service for the providers. Both providers are engaged in technical assistance with the state technical assistance provider and will continue to receive technical assistance around timely services. The remaining 11 instances of delayed services were attributable to an additional five (5) providers. A total of seven (7) providers had instances of noncompliance for Indicator 1 in FFY 2024.

Indicator 1 FFY 2024 noncompliance was discovered through the APR data review process which began on September 1, 2025 for Indicator 1. On November 17, 2025, a Letter of Findings was issued to each of the seven (7) providers who had at least one instance of delayed services due to an agency reason. The Letters of Findings were issued less than three months after the discovery and verification of noncompliance. Eight (8) providers had 100% compliance for Indicator 1 in FFY 2024.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

For FFY 2023, North Dakota issued a Letter of Findings to nine (9) providers due to having at least one instance of delay due to an agency reason. Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to nine (9) providers. Correction was verified according to Federal requirements. Of the nine (9) providers, five (5) demonstrated 100% compliance after one data pull and were not required to revise current policy or training plans. Two (2) providers demonstrated 100% compliance after two data pulls and were required to review procedures with technical assistance and make revisions as appropriate. One (1) provider demonstrated 100% compliance after four data pulls, requiring intensive technical assistance, supported procedure revisions, and continued TA support after verification was complete. One (1) provider stopped serving children prior to the correction and verification process. Their license was terminated on June 30, 2024 at their request. The Part C Coordinator sent an official letter of closure to the Service Coordination Unit and the last known address of the EIS provider. As of July 28, 2025, the verification of correction of noncompliance for all providers was considered complete.

Describe how the State verified that each *individual case of noncompliance* was corrected.

For FFY 2023, North Dakota issued a Letter of Findings to nine (9) providers due to having at least one instance of delay due to an agency reason. The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state. For this indicator, the State verified through record review, on April 1, 2025, that in 44 of the 66 individual instances, the child received their service, although late. In the remaining 22 instances of delayed services, the child is no longer in the jurisdiction of the North Dakota Early Intervention Program. Individual instances of noncompliance were verified as corrected for all programs on April 1, 2025. Correction was verified according to Federal requirements.

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

North Dakota does not allow pre-finding correction for any instances of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

For FFY 2023, North Dakota issued a Letter of Findings to nine (9) providers due to having at least one instance of delay due to an agency reason. Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to nine (9) providers. Correction was verified according to Federal requirements. Of the nine (9) providers, five (5) demonstrated 100% compliance after one data pull and were not required to revise current policy or training plans. Two (2) providers demonstrated 100% compliance after two data pulls and were required to review procedures with technical assistance and make revisions as appropriate. One (1) provider demonstrated 100% compliance after four data pulls, requiring intensive technical assistance, supported procedure revisions, and continued TA support after verification was complete. One (1) provider stopped providing services prior to the end of FFY 2023 and therefore had no additional cases to review as they are no longer an active provider. As of July 28, 2025, the verification of correction of noncompliance for all providers was considered complete.

For FFY 2023, The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state. For this indicator, the State verified through record review, on April 1, 2025, that in 44 of the 66 individual instances, the child received their service, although late. In the remaining 22 instances of delayed services, the child is no longer in the jurisdiction of the North Dakota Early Intervention Program. Individual instances of noncompliance were verified as corrected for all programs on April 1, 2025. Correction was verified according to Federal requirements.

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.26%

FFY	2019	2020	2021	2022	2023
Target>=	99.80%	99.82%	99.82%	99.84%	99.86%
Data	100.00%	100.00%	99.88%	99.88%	100.00%

Targets

FFY	2024	2025
Target >=	99.88%	99.90%

Targets: Description of Stakeholder Input

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention.

The following groups were engaged for SPP/APR and SSIP activities:

- PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.
- Resilient Early Intervention Leadership Certificate: 15 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.
- REIL Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.
- Interagency Coordinating Council (ICC): Statewide, designated agency and caregiver stakeholders appointed by the governor.
- Statewide EI Meeting Group: Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend. In addition, stakeholders are a part of the Personnel Development To Improve Services and Results for Children With Disabilities
- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Health and Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program.
- Part C to B Transition Workgroup: Strategic partnerships were established to form a Part B and Part C Transition Workgroup. The group includes representatives from Part B and Part C, Early Childhood Special Education Coordinators and teachers, Early Intervention Directors and Providers, Service Coordinators, parents, a representative from the Parent Information Center, and experienced parents. Together, they are working to strengthen the collaboration between Part C and Part B transitions. The Transition Guidebook, which has been developed in two parts—a Provider Guide and a Family Guide—continues to be refined and expanded to better support families and providers.

The Early Hearing Detection and Intervention (EHDI) Workgroup brought together strategic partners from the Parent Infant Program, Part C, EHDI, the North Dakota School for the Deaf/Hard of Hearing, the Deaf Mentor Program, Special Health Services, and the North Dakota Center for Persons with Disabilities. They created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, work groups, and the EI website. Several statewide meetings occur regularly where SSIP information is shared. The EI Statewide Leadership Meeting group occurs six times per year and includes service coordinators, experienced parents, early interventionists, and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

Strategy 1: Data Quality. The statewide EI Meeting Group and the Interagency Coordinating Council stakeholders regularly collaborate, discuss and give feedback on the child outcome results, child outcome tool, and the use of data to answer programmatic questions. The ICC also reviews data and considers statewide long-term needs. Each year, the ICC reviews an APR Trend Data report, which contains data visualization and narrative.

Strategy 2: Professional Development. The Professional Development (PD) Workgroup was initially created over the summer of 2016. The work group includes stakeholders from across the state (experienced parents, EI, TA, parents, and service coordinators). The Workgroup's goal was to delineate state and local responsibilities in PD, create a structure for PD and to review and develop resources, and vet PD materials. The EI Statewide Leadership Meeting Group also reviews material and provides feedback on the final product along with community stakeholders including parents, who also have access to the training and complete the feedback form.

Strategy 3: Evidence-Based Practices. The EI Statewide Leadership Meeting Group, REIL Grant Advisory Group, and the Interagency Coordinating Council regularly collaborate, discuss, review, and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand. The Statewide Pyramid Model Leadership Team supports scale-up of Pyramid Model strategies.

Strategy 4: Policy & Procedure. The EI Statewide Leadership Meeting Group and Transition Work Group stakeholders review current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	2,129
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	2,129

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,129	2,129	100.00%	99.88%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

For FFY 2024, the total number of infants and toddlers with an IFSP increased to 2,129 as compared to 1,808 in FFY 2023. There were 321 more infants and toddlers with IFSPs in the child count this year as compared to FFY 2023.

For FFY 2024, zero (0) infants or toddlers received the majority of their early intervention services outside of a home or community-based setting, which is consistent with FFY 2023.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention.

The following groups were engaged for SPP/APR and SSIP activities:

- PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.
- Resilient Early Intervention Leadership Certificate: 15 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.
- REIL Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.
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Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2008	Target>=	60.50%	70.00%	70.00%	71.00%	72.00%
A1	33.30%	Data	82.80%	86.91%	83.06%	84.63%	82.32%

A2	2008	Target>=	60.50%	61.50%	61.50%	62.50%	63.50%
A2	60.30%	Data	69.40%	75.60%	69.36%	70.29%	69.19%
B1	2008	Target>=	62.60%	62.70%	62.70%	63.20%	63.70%
B1	47.50%	Data	62.85%	72.81%	66.57%	69.54%	66.74%
B2	2008	Target>=	52.20%	55.80%	55.80%	56.30%	56.80%
B2	52.00%	Data	55.80%	62.65%	59.62%	61.14%	60.86%
C1	2008	Target>=	68.90%	69.50%	69.50%	70.00%	70.50%
C1	64.80%	Data	72.89%	82.51%	80.68%	79.71%	78.41%
C2	2008	Target>=	81.10%	81.10%	81.10%	81.20%	81.30%
C2	80.90%	Data	76.66%	80.51%	76.79%	78.65%	76.43%

Targets

FFY	2024	2025
Target A1>=	73.00%	74.00%
Target A2>=	64.50%	65.50%
Target B1>=	64.20%	64.70%
Target B2>=	57.30%	57.80%
Target C1>=	71.00%	71.50%
Target C2>=	81.40%	81.50%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	11	1.23%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	84	9.39%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	131	14.64%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	560	62.57%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	109	12.18%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	691	786	82.32%	73.00%	87.91%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	669	895	69.19%	64.50%	74.75%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	8	0.89%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	214	23.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	84	9.39%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	512	57.21%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	77	8.60%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	596	818	66.74%	64.20%	72.86%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	589	895	60.86%	57.30%	65.81%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.56%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	119	13.30%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	54	6.03%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	489	54.64%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	228	25.47%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	543	667	78.41%	71.00%	81.41%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	717	895	76.43%	81.40%	80.11%	Did not meet target	No Slippage

FFY 2024 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	1,543
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	439
Number of infants and toddlers with IFSPs assessed.	895

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

Provide the criteria for defining “comparable to same-aged peers.”

North Dakota's child outcomes tool, the AEPS (Bricker, 2002), is a curriculum-based assessment. To meet the Office of Special Education Programs (OSEP) Child Outcome reporting requirements, specific AEPS Test items were aligned to the three OSEP Child Outcomes. Further empirically derived same-age peer benchmarks were generated to address Near Entry (originally called Time 1) and Near Exit (originally called Time 2) OSEP Reporting Categories. The AEPS Test same-age peer benchmarks were constructed using a national non-random sample of children identified as typically developing with the chronological ages of birth to 5 years inclusive (i.e. 0-72 months). The sample consisted of 571 children on whom the Birth to Three Level of the AEPS Test was completed and 1307 children on whom the Three to Six Level of the AEPS Test was completed.

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

North Dakota EIS staff enter entry/exit data into the publisher's online system (AEPSi) online tool. Entry of data occurs by staff online. Initial child outcome assessment is completed and entered into the data system by early intervention providers or the Service Coordinator (DDPM) prior to eligibility, and exit data is entered for children who have been receiving services for at least 6 months. Exit data must be entered within 30 days of the child's third birthday, and if the exit date is unexpected, the exit data must be entered within 30 days of the exit. The Service Coordinator (DDPM) is responsible to ensure completion of the tool by local early intervention providers. In FFY 2024, there was an increase in performance in all six summary statements. After analysis of the data and through discussion with EIS providers, it appears that this is due to stabilization of the AEPS data with a full cohort and continued interrater reliability.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2006	Target>=	90.00%	97.50%	97.50%	97.70%	97.90%
A	88.12 %	Data	97.12%	98.11%	98.63%	97.74%	98.91%
B	2006	Target>=	94.10%	98.00%	98.00%	98.30%	98.60%
B	88.46 %	Data	99.33%	99.05%	98.93%	97.74%	98.77%
C	2006	Target>=	92.70%	97.50%	97.50%	97.70%	97.90%
C	85.79 %	Data	97.78%	99.05%	98.33%	97.49%	98.50%

Targets

FFY	2024	2025
Target A>=	98.10%	98.30%
Target B>=	98.90%	99.20%
Target C>=	98.10%	98.30%

Targets: Description of Stakeholder Input

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention.

The following groups were engaged for SPP/APR and SSIP activities:

- PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.
- Resilient Early Intervention Leadership Certificate: 15 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.
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The Early Hearing Detection and Intervention (EHDI) Workgroup brought together strategic partners from the Parent Infant Program, Part C, EHDI, the North Dakota School for the Deaf/Hard of Hearing, the Deaf Mentor Program, Special Health Services, and the North Dakota Center for Persons with Disabilities. They created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, work groups, and the EI website. Several statewide meetings occur regularly where SSIP information is shared. The EI Statewide Leadership Meeting group occurs six times per year and includes service coordinators, experienced parents, early interventionists, and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

Strategy 1: Data Quality. The statewide EI Meeting Group and the Interagency Coordinating Council stakeholders regularly collaborate, discuss and give feedback on the child outcome results, child outcome tool, and the use of data to answer programmatic questions. The ICC also reviews data and considers statewide long-term needs. Each year, the ICC reviews an APR Trend Data report, which contains data visualization and narrative.

Strategy 2: Professional Development. The Professional Development (PD) Workgroup was initially created over the summer of 2016. The work group includes stakeholders from across the state (experienced parents, EI, TA, parents, and service coordinators). The Workgroup's goal was to delineate state and local responsibilities in PD, create a structure for PD and to review and develop resources, and vet PD materials. The EI Statewide Leadership Meeting Group also reviews material and provides feedback on the final product along with community stakeholders including parents, who also have access to the training and complete the feedback form.

Strategy 3: Evidence-Based Practices. The EI Statewide Leadership Meeting Group, REIL Grant Advisory Group, and the Interagency Coordinating Council regularly collaborate, discuss, review, and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand. The Statewide Pyramid Model Leadership Team supports scale-up of Pyramid Model strategies.

Strategy 4: Policy & Procedure. The EI Statewide Leadership Meeting Group and Transition Work Group stakeholders review current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials.

The number of families to whom surveys were distributed	2,167
Number of respondent families participating in Part C	725
Survey Response Rate	33.46%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	712
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	725
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	714
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	725
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	711
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	725

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	98.91%	98.10%	98.21%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	98.77%	98.90%	98.48%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	98.50%	98.10%	98.07%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2023	2024
Survey Response Rate	37.40%	33.46%

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

North Dakota analyzed response rates of each racial or geographic demographic against the percent of children of that racial or geographic demographic enrolled in the Part C program, as of November 1, 2025, 618 Table 1 Point-In-Time data. Representativeness is considered +/-3% when compared to the percent of children of that racial or geographic demographic enrolled in the Part C program.

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

In FFY 2024, as in prior years, North Dakota has analyzed the family outcomes data to determine representativeness based race/ethnicity and geographic location.

The following is the return rate for each race/ethnicity as compared to children in the program as of 11/1/25 (618 Table 1 PIT data):

American Indian/AK Native: Returned 5.79% In Program 6.77% Representative 3.77-9.77%
 Asian: Returned 1.10% In Program 1.23% Representative 0-3.89%
 Black/African American: Returned 3.31% In Program 5.09% Representative 2.09-8.09%
 Hispanic or Latino: Returned 6.48% In Program 4.15% Representative 1.15-7.15%
 Native Hawaiian or Pacific Islander: Returned 0.28% In Program 0.49% Representative 0-3.49%
 White: Returned 76.00% In Program 71.87% Representative 68.87-74.87%
 More than One Race: Returned 7.03% In Program 10.73% Representative 7.73-13.73%

Based on the information above, in FFY 2024, the response rate was representative for American Indian/AK Native, Asian, Black/African American, Hispanic or Latino, and Native Hawaiian or Pacific Islander. The strong representativeness for the majority of race categories is believed to be due to the survey being made available in multiple languages and in two formats (online and paper) to meet the needs of diverse families. In FFY 2024, White was over representative. North Dakota has historically had an overrepresentation in the response rate for White. In FFY 2024, More Than One Race was considered under representative. In North Dakota, families self-identify race on the family survey as well as when providing demographic information for the IFSP. Due to this, families can self-identify in different categories on the IFSP and on the family survey. This has historically caused fluctuation in the More Than One Race category.

For FFY 2024, North Dakota analyzed geographic demographics to determine representativeness on the family outcomes survey. For the purposes of providing Early Intervention Services, the state of North Dakota is divided into eight (8) geographic regions. Each region has a notable city that houses the Regional Human Service Center and includes the surrounding counties. The eight (8) regions are: Region 1- Williston, Region 2- Minot, Region 3- Devils Lake, Region 4- Grand Forks, Region 5- Fargo, Region 6- Jamestown, Region 7- Bismarck, and Region 8- Dickinson. The family outcomes survey requires families to select the region in which they receive services. The following is the return rate for each geographic region as compared to children in the program as of 11/1/25 (618 Table 1 PIT data):

Region 1: Returned 2.34% In Program 5.24% Rep. 2.24-8.24%
 Region 2: Returned 9.38% In Program 8.16% Rep. 5.16-11.16%
 Region 3: Returned 3.72% In Program 4.50% Rep. 1.50-7.50%
 Region 4: Returned 9.66% In Program 8.85% Rep. 5.85-11.85%
 Region 5: Returned 18.07% In Program 26.54% Rep. 23.54-29.54%
 Region 6: Returned 8.97% In Program 8.30% Rep. 5.30-11.30%
 Region 7: Returned 27.03% In Program 24.96% Rep. 21.96-27.96%
 Region 8: Returned 20.83% In Program 13.45% Rep. 10.45-18.45%

In FFY 2024, Regions 1, 2, 3, 4, 6, and 7 are considered to be representative. Regions 5 and 8 are underrepresented and overrepresented, respectively.

Further analysis of the impact of representativeness based on racial or geographic demographics, including any nonresponse bias can be found below.

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

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The state continues dedicated work to increase the return rate and representativeness of the family survey through a family survey subcommittee of the ICC, which began its work in September 2018. The Part C Coordinator has also worked to gather feedback from Early Intervention professionals in the state to examine the best methodology for increasing representativeness. This feedback resulted in a change to the collection methodology in FFY 2022, specifically removing the tracking requirement at a local program level. The change impacted the response rate but did not impact representativeness significantly. In response to the decrease in the response rate in FFY 2022, the ICC family survey subcommittee recommended that a tracking requirement be added back into the family survey collection procedure for FFY 2023. This increased the family survey response rate from 22.95% in FFY 2022 to 37.40% in FFY 2023. There was a slight decrease in response rate in FFY 2024, to 33.46%. The ICC family survey subcommittee will continue to meet to improve the family survey collection procedure, including review of the tracking form utilized in FFY 2024.

To continue to increase representativeness in survey responses, in FFY 2024, the state provided either a paper or online survey option, as well as providing the survey in seven (7) written languages in either format. In FFY 2024, the online version of the survey received 666 of the 725 total responses (91.86%), and a paper version received 59 of the 725 total responses (8.14%). The percentage of individuals utilizing the online version of the survey increased in FFY 2024. Languages other than English were utilized for both the online and paper versions of the survey. The online version of the survey received comments on approximately 93% of responses, whereas the paper version received comments on only approximately 33% of responses, which is consistent with FFY 2021, FFY 2022 and FFY 2023.

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

North Dakota met its target in A) Percent of families participating in Part C who report that early intervention services have helped the family know their rights, with a slight decrease to 98.21% in FFY 2024 from 98.91% in FFY 2023. North Dakota did not meet its target in B) Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs, with a decrease to 98.48% in FFY 2024 from 98.77% in FFY 2023. North Dakota did not meet its target in C) Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn, with a decrease to 98.07% in FFY 2024 from 98.50% in FFY 2023. A total of 725 surveys were returned in FFY 2024, which is a decrease of seven (7) surveys from FFY 2023, when 732 surveys were returned. The response rate decreased to 33.46% in FFY 2024 from 37.40% in FFY 2023.

In FFY 2022, through conversation and data analysis, the state decided to discontinue the tracking form that was required to be completed by the Primary Early Intervention Provider (PEIP). After a thorough analysis of the response rate and data, it was determined that the tracking form that was

previously required to be completed provided accountability for follow-up on completion of the survey by families. Without the tracking form, the PEIPs were not following up with families to determine if they had completed and returned their surveys. This directly contributed to the low response rate and decrease in performance for Indicators 4b and 4c in FFY 2022. In response to the decrease in the response rate in FFY 2022, the ICC family survey subcommittee recommended that a tracking requirement be added back into the family survey collection procedure for FFY 2023. This increased the family survey response rate from 22.95% in FFY 2022 to 37.40% in FFY 2023. This same tracking form was utilized in FFY 2024. The ICC family survey subcommittee will continue to meet to improve the family survey collection procedure.

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The ECO Family Outcomes Survey-Revised (FOS-R), a cover letter and newsletter with the FFY 2023 results and information were distributed to families. On the survey, the family self-reports their regional human service center, EI service provider, and race/ethnicity. At the end of the collection period, all surveys returned to the state office were scanned for data collection by the state Part C Coordinator. The Part C Coordinator worked with the NDIT department to compile the online survey data and integrate it with the paper survey data.

The state continues dedicated work to increase the return rate and representativeness of the family survey through a family survey subcommittee of the ICC, which began its work in September 2018. The Part C Coordinator has also worked to gather feedback from Early Intervention professionals in the state to examine the best methodology for increasing representativeness. This feedback resulted in a change to the collection methodology in FFY 2022, specifically removing the tracking requirement at a local program level. The change impacted the response rate but did not impact representativeness significantly. In response to the decrease in the response rate in FFY 2022, the ICC family survey subcommittee recommended that a tracking requirement be added back into the family survey collection procedure for FFY 2023. This increased the family survey response rate from 22.95% in FFY 2022 to 37.40% in FFY 2023. There was a slight decrease in response rate in FFY 2024, to 33.46%. The ICC family survey subcommittee will continue to meet to improve the family survey collection procedure, including review of the tracking form utilized in FFY 2024 to determine the efficacy of follow-up.

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

In FFY 2024, the state provided either a paper or online survey option, as well as providing the survey in seven (7) written languages in either format. Families of children who received services for at least three months between January 1, 2025, and March 31, 2025, were eligible to receive the survey. Service Coordinators (DDPMs) and Primary Early Intervention Providers (PEIPs) worked together to determine which families were eligible to receive the survey and submit the number of surveys needed to the state office by July 15. One survey or survey link per child was delivered, dependent on the caregiver that interacts most with the child. If there were siblings (foster or biological) receiving early intervention services, the family would receive one survey for each child. A sample script was created for the PEIP to share with the family. In FFY 2024, PEIPs tracked the date and method in which the family survey was distributed, as well as indicating the number of follow-up reminders made to the family. The PEIPs followed up with the family at the next home visit after delivering the survey to answer any questions the family had and encouraged them to complete the survey. The survey was returned to the state office via postal mail or completed online via Microsoft Forms.

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North Dakota will continue refining our strategies to improve overall representativeness and reduce potential nonresponse bias, including determining the appropriate amount of follow-up contacts, and the timing of those contacts.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must report whether its FFY 2024 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2023 SPP/APR

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4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.58%

FFY	2019	2020	2021	2022	2023
Target >=	2.24%	2.30%	2.30%	2.32%	2.34%
Data	2.43%	2.24%	2.85%	2.73%	3.26%

Targets

FFY	2024	2025
Target >=	2.36%	2.38%

Targets: Description of Stakeholder Input

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention.

The following groups were engaged for SPP/APR and SSIP activities:

- PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.
- Resilient Early Intervention Leadership Certificate: 15 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.
- REIL Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.
- Interagency Coordinating Council (ICC): Statewide, designated agency and caregiver stakeholders appointed by the governor.
- Statewide EI Meeting Group: Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend. In addition, stakeholders are a part of the Personnel Development To Improve Services and Results for Children With Disabilities
- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Health and Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program.
- Part C to B Transition Workgroup: Strategic partnerships were established to form a Part B and Part C Transition Workgroup. The group includes representatives from Part B and Part C, Early Childhood Special Education Coordinators and teachers, Early Intervention Directors and Providers, Service Coordinators, parents, a representative from the Parent Information Center, and experienced parents. Together, they are working to strengthen the collaboration between Part C and Part B transitions. The Transition Guidebook, which has been developed in two parts—a Provider Guide and a Family Guide—continues to be refined and expanded to better support families and providers.

The Early Hearing Detection and Intervention (EHDI) Workgroup brought together strategic partners from the Parent Infant Program, Part C, EHDI, the North Dakota School for the Deaf/Hard of Hearing, the Deaf Mentor Program, Special Health Services, and the North Dakota Center for Persons with

Disabilities. They created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, work groups, and the EI website. Several statewide meetings occur regularly where SSIP information is shared. The EI Statewide Leadership Meeting group occurs six times per year and includes service coordinators, experienced parents, early interventionists, and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

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Strategy 4: Policy & Procedure. The EI Statewide Leadership Meeting Group and Transition Work Group stakeholders review current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	349
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	9,574

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
349	9,574	3.26%	2.36%	3.65%	Met target	No Slippage

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

North Dakota has invested a significant amount of time into increasing referral rates from primary referral sources across the state.

In FFY 2024, North Dakota engaged in focused monitoring with two regions who had the highest results in Indicators 5 & 6 in the previous three APR reporting periods. The results of this monitoring revealed that in both regions, strong relationships were present between the primary referral sources in the region and the local Early Intervention programs. The local programs cultivated these relationships through education to referral sources, participating in community meetings and outreach, and providing ongoing support to referral sources. Local programs also engage in outreach and advertising within their communities.

North Dakota has also worked closely with the ND ICC over the last year to begin development of a referral portal. While the development of this portal is still in process, the referral process was streamlined by providing a unique email address for each regional area to ensure that referrals were easy. Guidance was provided with the release of the email addresses that clarified what information should be provided during the referral. Also at a state level, the EI Specialist provided training to physicians across the state about referring to Early Intervention.

North Dakota continues to invest time and resources into streamlining the referral process, providing information to the community about Early Intervention services, and supporting local programs to build relationships with their primary referral sources.

Provide additional information about this indicator (optional)

For FFY 2024, on November 1st, 2024, there were 349 children birth to one year of age with IFSPs in North Dakota, an increase of 35 children from FFY 2023. The number of children served is from Table 1 (618 data). The population of children birth to one year of age was 9,574, a decrease of 52 children from FFY 2023.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	3.02%

FFY	2019	2020	2021	2022	2023
Target >=	3.48%	4.35%	4.35%	4.65%	4.95%
Data	4.88%	4.76%	5.35%	5.71%	6.20%

Targets

FFY	2024	2025
Target >=	5.25%	5.25%

Targets: Description of Stakeholder Input

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention.

The following groups were engaged for SPP/APR and SSIP activities:

-PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

-Resilient Early Intervention Leadership Certificate: 15 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

-REIL Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

-Interagency Coordinating Council (ICC): Statewide, designated agency and caregiver stakeholders appointed by the governor.

-Statewide EI Meeting Group: Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend. In addition, stakeholders are a part of the Personnel Development To Improve Services and Results for Children With Disabilities

-Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Health and Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program.

-Part C to B Transition Workgroup: Strategic partnerships were established to form a Part B and Part C Transition Workgroup. The group includes representatives from Part B and Part C, Early Childhood Special Education Coordinators and teachers, Early Intervention Directors and Providers, Service Coordinators, parents, a representative from the Parent Information Center, and experienced parents. Together, they are working to strengthen the collaboration between Part C and Part B transitions. The Transition Guidebook, which has been developed in two parts—a Provider Guide and a Family Guide—continues to be refined and expanded to better support families and providers.

The Early Hearing Detection and Intervention (EHDI) Workgroup brought together strategic partners from the Parent Infant Program, Part C, EHDI, the North Dakota School for the Deaf/Hard of Hearing, the Deaf Mentor Program, Special Health Services, and the North Dakota Center for Persons with Disabilities. They created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, work groups, and the EI website. Several statewide meetings occur regularly where SSIP information is shared. The EI Statewide Leadership Meeting group occurs six times per year and includes service coordinators, experienced parents, early interventionists, and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

Strategy 1: Data Quality. The statewide EI Meeting Group and the Interagency Coordinating Council stakeholders regularly collaborate, discuss and give feedback on the child outcome results, child outcome tool, and the use of data to answer programmatic questions. The ICC also reviews data and considers statewide long-term needs. Each year, the ICC reviews an APR Trend Data report, which contains data visualization and narrative.

Strategy 2: Professional Development. The Professional Development (PD) Workgroup was initially created over the summer of 2016. The work group includes stakeholders from across the state (experienced parents, EI, TA, parents, and service coordinators). The Workgroup's goal was to delineate state and local responsibilities in PD, create a structure for PD and to review and develop resources, and vet PD materials. The EI Statewide Leadership Meeting Group also reviews material and provides feedback on the final product along with community stakeholders including parents, who also have access to the training and complete the feedback form.

Strategy 3: Evidence-Based Practices. The EI Statewide Leadership Meeting Group, REIL Grant Advisory Group, and the Interagency Coordinating Council regularly collaborate, discuss, review, and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand. The Statewide Pyramid Model Leadership Team supports scale-up of Pyramid Model strategies.

Strategy 4: Policy & Procedure. The EI Statewide Leadership Meeting Group and Transition Work Group stakeholders review current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	2,129
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	29,101

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,129	29,101	6.20%	5.25%	7.32%	Met target	No Slippage

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

North Dakota has invested a significant amount of time into increasing referral rates from primary referral sources across the state.

In FFY 2024, North Dakota engaged in focused monitoring with two regions who had the highest results in Indicators 5 & 6 in the previous three APR reporting periods. The results of this monitoring revealed that in both regions, strong relationships were present between the primary referral sources in the region and the local Early Intervention programs. The local programs cultivated these relationships through education to referral sources, participating in community meetings and outreach, and providing ongoing support to referral sources. Local programs also engage in outreach and advertising within their communities.

North Dakota has also worked closely with the ND ICC over the last year to begin development of a referral portal. While the development of this portal is still in process, referral was streamlined by providing a unique email address for each regional area to ensure that referrals were easy. Guidance was provided with the release of the email addresses that clarified what information should be provided during the referral. Also at a state level, the EI Specialist provided training to physicians across the state about referring to Early Intervention.

North Dakota continues to invest time and resources into streamlining the referral process, providing information to the community about Early Intervention services, and supporting local programs to build relationships with their primary referral sources.

Provide additional information about this indicator (optional).

For FFY 2024, on November 1st, 2024, there were 2,129 children birth to three years of age with IFSPs in North Dakota, an increase of 321 children from FFY 2023. The number of children served is from Table 1 (618 data). The population of children birth to one year of age was 29,101, a decrease of 63 children from FFY 2023.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	39.39%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.02%	99.67%	99.45%	98.67%	98.74%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,152	1,380	98.74%	100%	99.28%	Did not meet target	No Slippage

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

218
Provide reasons for delay, if applicable.

For FFY 2024, North Dakota had 10 instances where an initial IFSP meeting was not conducted within the 45-day timeline due to agency reasons. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage. For this indicator, eight (8) instances of delayed services were due to agency oversight, two (2) were due to agency illness, and zero (0) were due to agency shortage.

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

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

July 1, 2024-June 30 2025

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

Data for Indicator 7 is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting in Indicator 7, using Therap, for FFY 2024.

In FFY 2024, North Dakota had 15 early intervention providers across the state. The performance of all 15 of these providers is represented in this data.

Provide additional information about this indicator (optional).

For FFY 2024, North Dakota had 10 instances where an initial IFSP meeting was not conducted within the 45-day timeline due to agency reasons. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage. For this indicator, eight (8) instances of delayed services were due to agency oversight, two (2) were due to agency illness, and zero (0) were due to agency shortage. In the case of all 10 instances, the initial IFSP meeting was held, although late.

The 17 instances where an initial IFSP meeting was not conducted within the 45-day timeline due to an agency reason are attributed to five (5) providers. Ten (10) providers had 100% compliance with Indicator 7.

Indicator 7 FFY 2024 noncompliance was discovered through the APR data review process which began on October 1, 2025. On December 19, 2025, a Letter of Findings was issued to all five (5) providers who had at least one instance where an initial IFSP meeting was not held within the 45-day timeline due to an agency reason. The Letters of Findings were issued less than three months after the discovery and verification of noncompliance.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

For FFY 2023, North Dakota issued a Letter of Findings to five (5) providers due to having at least one instance where an initial IFSP was not held within the 45-day timeline due to an agency reason.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to five (5) providers. Correction was verified according to Federal requirements. Of the five (5) providers, all five (5) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of April 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

Describe how the State verified that each individual case of noncompliance was corrected.

For FFY 2023, North Dakota issued a Letter of Findings to five (5) providers due to having at least one instance where an initial IFSP was not held within the 45-day timeline due to an agency reason.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 4, 2025, that in 17 of the 17 individual instances, the initial IFSP meeting was held, although late. Individual instances of noncompliance were verified as corrected for all programs on April 4, 2025. Correction was verified according to Federal requirements.

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

North Dakota does not allow pre-finding correction for any instances of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

For FFY 2023, North Dakota issued a Letter of Findings to five (5) providers due to having at least one instance where an initial IFSP was not held within the 45-day timeline due to an agency reason.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to five (5) providers. Correction was verified according to Federal requirements. Of the five (5) providers, all five (5) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of April 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 4, 2025, that in 17 of the 17 individual instances, the initial IFSP meeting was held, although late. Individual instances of noncompliance were verified as corrected for all programs on April 4, 2025. Correction was verified according to Federal requirements.

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.06%	99.17%	98.56%	99.21%	98.68%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
174	181	98.68%	100%	96.13%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In FFY 2024, under Indicator 8a, three (3) of the seven (7) instances of noncompliance were attributable to a single provider serving a region with a high population of transient families. Frequent movement of families into and out of the region presents challenges in meeting required transition timelines which has contributed to slippage in Indicator 8a. The program in question is also experiencing challenges with staff turnover, contributing to missed timelines.

The federal and state requirements around timely transition were reviewed with local program leadership at a statewide leadership meeting to ensure understanding of all programs.

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

For FFY 2024, North Dakota had seven (7) instances where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to agency reasons. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage. For this indicator, all seven (7) instances of missing transition steps and services were due to agency oversight.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

A data set for Indicator 8A is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8A, using Therap, for FFY 2024. Child records, using a random sample representative of all 15 programs, were pulled from the data set for review based on the size of the program. 181 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements.

In FFY 2024, North Dakota had 15 early intervention programs across the state. The performance of all 15 of these programs is represented in this data.

Provide additional information about this indicator (optional).

For FFY 2024, North Dakota had seven (7) instances where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to agency reasons. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage. For this indicator, all seven (7) instances of missing transition steps and services were due to agency oversight. In the case of all seven (7) instances, at the time of discovery, the child was no longer in the jurisdiction of the early intervention program.

The seven (7) instances where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to an agency reason are attributed to four (4) providers. Eleven (11) providers had 100% compliance with Indicator 8A.

Indicator 8A FFY 2024 noncompliance was discovered through the APR data review process which began on November 1, 2025. On December 19, 2025, a Letter of Findings was issued to the providers who had at least one instance where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to an agency reason. The Letters of Findings were issued less than three months after the discovery and verification of noncompliance.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

For FFY 2023, North Dakota issued a Letter of Findings to two (2) providers due to having at least one instance where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to an agency reason.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025, to two (2) providers. Correction was verified according to Federal requirements. For one (1) provider, the finding was verified after one data review, which did not require them to revise current policy and training plans. For one (1) provider, the provider demonstrated 100% compliance after two data reviews, which required them to review and revise their policy and training plans. As of May 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

Describe how the State verified that each individual case of noncompliance was corrected.

For FFY 2023, North Dakota issued a Letter of Findings to two (2) provider due to having at least one instance where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to an agency reason.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state. For this indicator, the State verified through record review, on April 1, 2025, that in two (2) of the one (2) individual cases, the IFSP had been corrected to include documented transition steps and services, although late. Individual instances of noncompliance were verified as corrected for the program on April 1, 2025. Correction was verified according to Federal requirements.

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

North Dakota does not allow pre-finding correction for any instances of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

For FFY 2023, North Dakota issued a Letter of Findings to two (2) providers due to having at least one instance where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to an agency reason.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100%

compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025, to two (2) providers. Correction was verified according to Federal requirements. For one (1) provider, the finding was verified after one data review, which did not require them to revise current policy and training plans. For one (1) provider, the provider demonstrated 100% compliance after two data reviews, which required them to review and revise their policy and training plans. As of May 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state. For this indicator, the State verified through record review, on April 1, 2025, that in two (2) of the one (2) individual cases, the IFSP had been corrected to include documented transition steps and services, although late. Individual instances of noncompliance were verified as corrected for the program on April 1, 2025. Correction was verified according to Federal requirements.

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.52%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	89.71%	Not Valid and Reliable	93.28%	94.55%	95.76%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
174	181	95.76%	100%	96.13%	Did not meet target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

For FFY 2024, North Dakota had seven (7) instances where a child's record did not contain record of an LEA Notification due to agency reasons. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage. For this indicator, all seven (7) instances of a missing LEA Notification were due to agency oversight.

There were zero (0) instances of delay due to agency reason for SEA Notification.

Describe the method used to collect these data.

A data set for Indicator 8B is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8B using Therap, for FFY 2024. Child records, using a random sample representative of all 15 programs, were pulled from the data set for review based on the size of the program. 181 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements.

In FFY 2024, North Dakota had 15 early intervention programs across the state. The performance of all 15 of these programs is represented in this data.

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

YES

If yes, is the policy on file with the Department? (yes/no)

YES

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

State monitoring

Describe the method used to select EIS programs for monitoring.

A data set for Indicator 8B is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8B using Therap, for FFY 2024. Child records, using a random sample representative of all 15 programs, were pulled from the data set for review based on the size of the program. 181 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements.

In FFY 2024, North Dakota had 15 early intervention programs across the state. The performance of all 15 of these programs is represented in this data.

Provide additional information about this indicator (optional).

For FFY 2024, North Dakota had seven (7) instances where a child's record did not contain record of an LEA Notification due to agency reasons. North Dakota requires providers to identify if the agency reason for delay is due to agency oversight, agency (staff) illness, or agency (staff) shortage. For this indicator, all seven (7) instances of a missing LEA Notification were due to agency oversight. In the case of all seven (7) instances, at the time of discovery, the child was no longer in the jurisdiction of the early intervention program.

For LEA notification: A total of 181 records were reviewed. Of the 181 that required LEA notification, 174 of the records contained documentation of the notification. Seven (7) records did not contain a timely notification, therefore, North Dakota's performance for LEA notification is at 96.13%. The seven (7) instances where a child's record did not contain evidence of an LEA Notification due to an agency reason are attributed to five (5) programs. Ten programs had 100% compliance with Indicator 8B.

For SEA notification: SEA Notification is managed at the state level. A total of 181 records were reviewed, which are the same as those reviewed for LEA Notification. The Part C Coordinator reviewed the timeliness of the SEA notification being sent for these 181 children. Of the 181 that required SEA notification, 181 records were sent timely. Zero (0) records were not sent timely.

Indicator 8B FFY 2023 noncompliance was discovered through the APR data review process which was started on November 1, 2025. On December 19, 2025, a Letter of Findings was issued to all five (5) providers who had at least one instance where a child's record did not contain evidence of an LEA Notification due to an agency reason. The Letters of Findings were issued less than three months after the discovery and verification of noncompliance.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

For FFY 2023, North Dakota issued a Letter of Findings to five (5) programs due to having at least one instance where a child's record did not contain evidence of an LEA Notification due to an agency reason.

SEA Notification is managed at the state level. For FFY 2023, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2023, there were zero (0) instances of noncompliance with SEA Notification.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to five (5) programs. Correction was verified according to Federal requirements. All five (5) programs demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of May 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

Describe how the State verified that each individual case of noncompliance was corrected.

For FFY 2023, North Dakota issued a Letter of Findings to five (5) programs due to having at least one instance where a child's record did not contain evidence of an LEA Notification due to an agency reason.

SEA Notification is managed at the state level. For FFY 2023, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2023, there were zero (0) instances of noncompliance with SEA Notification.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 1, 2025, that in five (5) of the five (5) individual cases, the LEA Notification was sent, although late. Individual instances of noncompliance were verified as corrected for the program on April 1, 2025. Correction was verified according to Federal requirements.

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

North Dakota does not allow pre-finding correction for any instances of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that

each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

For FFY 2023, North Dakota issued a Letter of Findings to five (5) programs due to having at least one instance where a child's record did not contain evidence of an LEA Notification due to an agency reason.

SEA Notification is managed at the state level. For FFY 2023, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2023, there were zero (0) instances of noncompliance with SEA Notification.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to five (5) programs. Correction was verified according to Federal requirements. All five (5) programs demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of May 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

SEA Notification is managed at the state level. For FFY 2023, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2023, there were zero (0) instances of noncompliance with SEA Notification.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 1, 2025, that in five (5) of the five (5) individual cases, the LEA Notification was sent, although late. Individual instances of noncompliance were verified as corrected for the program on April 1, 2025. Correction was verified according to Federal requirements.

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.30%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	97.50%	98.56%	100.00%	98.68%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
181	181	98.68%	100%	100.00%	Met target	No Slippage

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

North Dakota did not have any instances of delay due to agency reason for Indicator 8c in FFY 2024.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

A data set for Indicator 8C is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8C, using Therap, for FFY 2024. Child records, using a random sample representative of all 15 programs, were pulled from the data set for review based on the size of the program. 181 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements.

In FFY 2024 North Dakota had 15 early intervention providers across the state. The performance of all 15 of these providers is represented in this data.

Provide additional information about this indicator (optional).

Indicator 8C FFY 2024 potential noncompliance was identified through the APR data review process, which began on November 1, 2025. A total of 181 records were reviewed, and all 181 contained evidence of a timely transition conference. As no instances of noncompliance were found, no Letters of Findings were issued to programs for Indicator 8C in FFY 2024.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

For FFY 2023, North Dakota issued a Letter of Findings to two (2) providers due to having at least one instance where a timely transition conference was not conducted due to agency reasons.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100%

compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to two (2) providers. Correction was verified according to Federal requirements. Of the two (2) providers, both providers demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of April 15, 2025, the verification of correction of noncompliance for both providers was considered complete.

Describe how the State verified that each individual case of noncompliance was corrected.

For FFY 2023, North Dakota issued a Letter of Findings to two (2) providers due to having at least one instance where a timely transition conference was not conducted due to agency reasons.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 1, 2025, that in two (2) of the two (2) individual instances, the transition meeting occurred, although late. Individual instances of noncompliance were verified as corrected for all programs on April 1, 2025. Correction was verified according to Federal requirements.

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

North Dakota does not allow pre-finding correction for any instances of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

For FFY 2023, North Dakota issued a Letter of Findings to two (2) providers due to having at least one instance where a timely transition conference was not conducted due to agency reasons.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to two (2) providers. Correction was verified according to Federal requirements. Of the two (2) providers, both providers demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of April 15, 2025, the verification of correction of noncompliance for both providers was considered complete.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 1, 2025, that in two (2) of the two (2) individual instances, the transition meeting occurred, although late. Individual instances of noncompliance were verified as corrected for all programs on April 1, 2025. Correction was verified according to Federal requirements.

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

North Dakota uses Part C due process hearing procedures under 34 CFR 303.430(d)(1), therefore this indicator is not applicable.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2023 SPP/APR

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

Percent = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100$.

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

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

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1 Mediations held	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention.

The following groups were engaged for SPP/APR and SSIP activities:

-PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

-Resilient Early Intervention Leadership Certificate: 15 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

-REIL Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

-Interagency Coordinating Council (ICC): Statewide, designated agency and caregiver stakeholders appointed by the governor.

-Statewide EI Meeting Group: Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend. In addition, stakeholders are a part of the Personnel Development To Improve Services and Results for Children With Disabilities

-Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Health and Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program.

-Part C to B Transition Workgroup: Strategic partnerships were established to form a Part B and Part C Transition Workgroup. The group includes representatives from Part B and Part C, Early Childhood Special Education Coordinators and teachers, Early Intervention Directors and Providers, Service Coordinators, parents, a representative from the Parent Information Center, and experienced parents. Together, they are working to strengthen the collaboration between Part C and Part B transitions. The Transition Guidebook, which has been developed in two parts—a Provider Guide and a Family Guide—continues to be refined and expanded to better support families and providers.

The Early Hearing Detection and Intervention (EHDI) Workgroup brought together strategic partners from the Parent Infant Program, Part C, EHDI, the North Dakota School for the Deaf/Hard of Hearing, the Deaf Mentor Program, Special Health Services, and the North Dakota Center for Persons with Disabilities. They created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, work groups, and the EI website. Several statewide meetings occur regularly where SSIP information is shared. The EI Statewide Leadership Meeting group occurs six times per year and includes service coordinators, experienced parents, early interventionists, and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

Strategy 1: Data Quality. The statewide EI Meeting Group and the Interagency Coordinating Council stakeholders regularly collaborate, discuss and give feedback on the child outcome results, child outcome tool, and the use of data to answer programmatic questions. The ICC also reviews data and considers statewide long-term needs. Each year, the ICC reviews an APR Trend Data report, which contains data visualization and narrative.

Strategy 2: Professional Development. The Professional Development (PD) Workgroup was initially created over the summer of 2016. The work group includes stakeholders from across the state (experienced parents, EI, TA, parents, and service coordinators). The Workgroup's goal was to delineate state and local responsibilities in PD, create a structure for PD and to review and develop resources, and vet PD materials. The EI Statewide Leadership Meeting Group also reviews material and provides feedback on the final product along with community stakeholders including parents, who also have access to the training and complete the feedback form.

Strategy 3: Evidence-Based Practices. The EI Statewide Leadership Meeting Group, REIL Grant Advisory Group, and the Interagency Coordinating Council regularly collaborate, discuss, review, and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand. The Statewide Pyramid Model Leadership Team supports scale-up of Pyramid Model strategies.

Strategy 4: Policy & Procedure. The EI Statewide Leadership Meeting Group and Transition Work Group stakeholders review current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2019	2020	2021	2022	2023
Target>=					
Data					

Provide additional information about this indicator (optional)

North Dakota reported fewer than ten mediations held in FFY 2024. North Dakota is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 3, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

North Dakota Part C's State-Identified Measurable Result (SiMR) is:

There will be improved social emotional outcomes for children who come in below age expectation but make substantial gains (Indicator 3a, Summary Statement 1) as a result of participation in early intervention.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

<https://www.hhs.nd.gov/early-childhood-services/early-intervention/federal-reporting>

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2016	72.04%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	73.00%	74.00%

FFY 2024 SPP/APR Data

Number of infants and toddlers reported in Indicator 3a progress category (a) plus number of infants and toddlers reported in progress category (b) plus number of infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in progress category (d)	Number of infants and toddlers reported in Indicator 3a progress category (a) plus number of infants and toddlers reported in progress category (b) plus number of infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in progress category (d)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
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691	786	82.32%	73.00%	87.91%	Met target	No Slippage
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Provide the data source for the FFY 2024 data.

North Dakota Part C's State-Identified Measurable Result (SiMR) data source is child outcome Indicator 3a, Summary Statement 1, and the data for this is gathered through the states Assessment, Evaluation and Programming System Assessment, Evaluation, and Programming System for Infants and Children (AEPS) child outcomes tool.

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

North Dakota uses the Assessment, Evaluation and Programming System Assessment, Evaluation, and Programming System for Infants and Children (AEPS) as the evaluation/assessment tool for child outcomes data. The data for the SiMR is taken from child outcome Indicator 3a, Summary Statement 1. All child outcomes data is entered into the publisher's online system (AEPSi), a web-based database.

Staff enter entry/exit data into the AEPSi online tool. Initial child outcome assessment is completed and entered into the data system by early intervention providers or the Service Coordinator (DDPM) prior to eligibility, and exit data is entered for children who have been receiving services for at least 6 months. Exit data must be entered within 30 days of the child's third birthday, and if the exit date is unexpected, the exit data must be entered within 30 days of the exit. The Service Coordinator (DDPM) is responsible to ensure completion of the tool by local early intervention providers. All data is downloaded and analyzed by the Part C Data Manager for reporting.

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

<https://www.hhs.nd.gov/early-childhood-services/early-intervention/federal-reporting>

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

NO

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

Data Quality Strategies:

The outcome of the Data Quality strand is for state, regional programs, families, and community stakeholders to have data available for program planning and continuous improvement. During FFY 2024, updated reports have been generated to include Therap supplied data points. Verification for exiting data has remained at a program level to ensure accuracy. An updated ND EIS IDEA Part C Programmatic and Fiscal Comprehensive Monitoring Manual (awaiting OSEP approval) will be included in the process and accuracy of data will be monitored. The state continues to work with the Decision Support Services (DSS) Division to update data reports using a program called Power BI that allows users to isolate individual programs' data in several APR data areas. The ND ICC and EI stakeholder groups reviewed reports during stakeholder meetings. Stakeholder input is used to identify enhancements and/or additional needs in the Therap database when reviewing data with the ICC, and additional stakeholders. Planning and research continues for the development of an online referral system.

1.1 Data processes assure valid and reliable data.

1.2 A public facing, interactive system creates access to real-time data for community stakeholders, providers, and families for data-based decision-making.

1.3 A statewide, online referral system is used for referrals.

Professional Development Strategies:

The outcome of the professional development strand is for early intervention leaders (families and EI professionals) to be developed at the program and community level, increasing recruitment and retention in the field. During FFY 24 one parent, two service coordinators, and one early interventionist joined the monthly PD workgroup. The PD work group focuses on creating early intervention modules for the state EI system. The workgroup updated the Family-Centered Practices, Service Coordination, and the Triadic Strategies modules. A strategic plan was developed with stakeholders in July 2025. Stakeholder feedback was collected on RBI Module Part 3.

2.1 EI stakeholders collaboratively develop timely and meaningful professional development.

2.2 Community partners, families, service coordinators, and ID providers have increased knowledge and skills in use of evidence-based practices through effective professional development.

Policy & Procedure Strategies:

The outcome of the Policy and Procedure strand is that Service Coordinators and Infant Development providers effectively use statewide policies and procedures for high-quality service provision. A Comprehensive Monitoring Manual is awaiting approval by OSEP and released to support development of a comprehensive procedural manual. A Dispute Resolution procedural manual was created to be disseminated in FFY 2025. Stakeholders co-developed and updated Transition training materials with trainings completed in October 2025.

4.1 Policy Workgroup develops procedures.

4.2 Regional programs, families, and community partners have web-based access to policies and procedures ensuring consistent implementation statewide.

4.3 Stakeholder Transition Committee updates state transition guidelines

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

Data Quality Strand Outcome: State, regional programs, families, and community stakeholders have data available for program planning and continuous improvement.

Data Quality Strategies:

1.1 Data processes assure valid and reliable data: Data Guidance document developed to include detailed deadlines, processes, and procedures for data collection and review. In FFY 2025, the document will be updated to the new Comprehensive Monitoring Manual is currently being reviewed by OSEP. Updated reports generated to include Therap data points. Verification for exiting remained at a program level to ensure accuracy, and the updated Comprehensive Monitoring Manual will be included in the process and accuracy of data monitored.

Systems Framework: Data and Accountability/Monitoring

Systems Change: This strategy supports systems change through sustainability of system efforts. The development of valid and reliable data provide consistency and transparency in the EI statewide system.

1.2 A public facing, interactive system creates access to real-time data for community stakeholders, providers, and families for data-based decision-making: The Comprehensive Monitoring Manual (awaiting OSEP approval) was updated and will be included in planning for data management system parameters. The Power BI shows a four-year review of data remains in use. Work continues on creating a public facing system with NDDHHS, Information Technology Department, Data Scientist. The Part C Coordinator is working collaboratively to develop real-time data access for stakeholders.

Systems Framework: Data and Accountability/Monitoring

Systems Change: This strategy supports systems change through sustainability of system efforts. Real time data system provides consistent data for continuous improvement.

1.3 A statewide, online referral system is used for referrals: Regional referral email addresses were put in place to coordinate regional referrals. This streamlines the current referral process for stakeholders. Information provided to stakeholders on October 16, 2026, regarding information that needs to be shared during referral.

Systems Framework: Data and Accountability/Monitoring

Systems Change: This strategy supports systems change through sustainability of system efforts. The development of an online system provides access for community referrals in the EI statewide system.

Professional Development Strand Outcome: Early Intervention leaders (families and EI professionals) developed at the program and community level, increasing recruitment and retention in the field.

Professional Development Strategies:

2.1 EI stakeholders collaboratively develop timely and meaningful professional development: A collaborative PD workgroup of service coordinators, infant development providers, and families developed PD modules through regular meetings. During FFY 2024, one parent, two service coordinators, and one early interventionist joined the monthly PD workgroup. The PD work group focuses on creating EI modules for the state EI system. The workgroup updated the Family-Centered Practices, Service Coordination, and the Triadic Strategies modules. A strategic plan was developed with stakeholders in July 2025. Stakeholder feedback was collected on RBI Module Part 3. The PD work group presented at the state DD conference and the Division of Early Childhood conference in Portland, Oregon.

Systems Framework: Professional Development

Systems Change: This strategy supports systems change through sustainability of systems improvement. Local EI leaders create PD to become community collaborators and experts in EI. This is also represented through their international and state presentations.

Systems Framework: Professional Development

Systems Change: This strategy supports systems change through sustainability of systems improvement. Local EI leaders create PD

2.2 Community partners, families, service coordinators, and ID providers have increased knowledge and skills in use of evidence-based practices through effective PD. An annual review of Peoplesoft analytics was completed to demonstrate the use of the PD module RBI Part 3: Fidelity across the state. The review of data analytics for RBI Part 3: Fidelity indicated that 137 EI, 63 SC, 1 experienced parent, and 1 community partner completed a total of 202 modules RBI Part 3: Fidelity on the Peoplesoft platform.

Users completed the RBI Part 3 modules and rated themselves at a high level of understanding in the following areas:

Training increased my understanding of RBI in EI. Percentages combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 81.25%

Training increased my ability to talk with families in EI about family assessment.

RBI Part 3: 78.73%

Systems Framework: Professional Development

Systems Change: This strategy supports systems change through a sustainability of systems improvement effort. The PD modules provide real time professional development within the early intervention system. This includes community partners access to the modules.

Policy & Procedure Strand Outcome: Service Coordinators and Infant Development providers effectively use statewide policies and procedures for high-quality service provision.

Policy & Procedure Strategies:

4.1 Policy Workgroup develops procedures: After DMS, the focus moved to updating the Monitoring and Compliance process. A new Comprehensive Monitoring Manual was created and submitted to OSEP for approval. Training was provided at the EI Statewide Meeting January 20, 2026, and implementation of the first cohort of cyclical monitoring begins in 2026.

Systems Framework: Governance and Quality Standards

Systems Change: This strategy supports systems change through sustainability of system efforts. The development of procedures provides for consistency and transparency in the EI statewide system.

4.2 Regional programs, families, and community partners have web-based access to policies and procedures ensuring consistent implementation statewide: The EI Website was updated during FFY 2024 with additional policies and procedures, including the updated transition guide and training for it. Guidance is being reviewed for accuracy and updated or removed as appropriate. A Dispute Resolution procedural manual was created to be disseminated in FFY 2025. These documents include multiple procedures and supplemental guides for families available on the Part B and Part C websites.

Systems Framework: Accountability/Monitoring and Quality Standards

Systems Change: This strategy supports systems change through sustainability of system efforts. The development of web-based access provides consistency and transparency for all stakeholders in the EI statewide system.

4.3 Stakeholder Transition Committee updates state transition guidelines: The Transition Strategic Partner Group met bi-monthly and reviewed current policies while developing new guidelines to support smoother transitions for families and providers. They were also divided into two subgroups: 1) a group focused on developing transition guides, and 2) a group focused on creating content for meetings.

Supplemental guidance for sections 2.7–2.9 was developed, including updates to the parent-facing document and referral processes. Procedural changes were finalized and reviewed with field staff. A new Administrative Transition Guide and a Parent Transition Guide were written to provide clear, consistent guidance. Trainings were delivered to both Part B and Part C staff, and recorded virtual training was created to support onboarding of new staff. Trainings were completed October 14 and October 22, 2025. Virtual training is on the Part B and Part C websites.

Systems Framework: Accountability/Monitoring and Quality Standards

Systems Change: This strategy supports system change through sustainability of system efforts around transition in the EI system. The transition guidelines provide for clear procedures for the EI statewide system and stakeholders.

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

NO

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

Data Quality Strategies:

1.1 Data processes assure valid and reliable data: An updated Comprehensive Monitoring Manual (awaiting OSEP approval) will be included in the process and accuracy of data will be monitored in FFY 2025.

1.2 A public facing, interactive system creates access to real-time data for community stakeholders, providers, and families for data-based decision-making: Work continues on creating a public facing system with the NDDHHS, Information Technology Department, Data Scientist. The Part C Coordinator is working collaboratively to develop real-time data access for stakeholders. The Comprehensive Monitoring Manual (awaiting OSEP approval) will be included in planning for data management system parameters.

1.3 A statewide, online referral system is used for referrals: Stakeholder engagement continues to identify system components and options for development online.

Professional Development Strategies:

2.1 EI stakeholders collaboratively develop timely and meaningful professional development: The next steps for the PD workgroup will be to release the Triadic Strategies module and begin work on the stakeholder created list of new performance support modules, with initial work focused on functional outcomes.

2.2 Community partners, families, service coordinators, and ID providers have increased knowledge and skills in use of evidence-based practices through effective professional development. Peoplesoft analytics will be reviewed for user demographics, new staff onboarding, and module completion for FFY 2025. Stakeholder feedback will be collected on Family-Centered Practices, Service Coordination, and Triadic Strategies modules to determine the effectiveness of the module content.

Policy & Procedure Strategies:

4.1 Policy Workgroup develops procedures: Due to the focus on developing the Comprehensive Monitoring Manual for DMS 2.0, the Policy and Procedure Work Group did not meet to develop additional procedures in this FFY. The group will meet again in FFY 2025 to develop additional procedures as part of a Comprehensive ND EIS Procedural Manual.

4.2 Regional programs, families, and community partners have web-based access to policies and procedures ensuring consistent implementation statewide: This work begins in July 2025. The ND EI website will be updated to include new procedures and Pyramid model website links (EBP site information). A Dispute Resolution procedural manual was created to be disseminated in FFY 2025. These documents include multiple procedures and supplemental guides for families, which will be made available on the Part B and Part C websites.

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

North Dakota Part C's Evidence-Based Practices (EBP's) are the Pyramid Model and Routines-Based Interview (RBI). The Division of Early Childhood (DEC) Recommended Practices F6, Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences, is the framework for the evaluation plan as it highlights the vital nature of families

Evidence-Based Practice Strand Outcome: Service Coordinators and Infant Development Providers use evidence-based strategies to support families and develop relationships to increase confidence and competence in supporting their children's social emotional development through natural learning opportunities.

3.1 Service Coordinators and Infant Development providers increase their knowledge and practice in the use of family assessment (RBI).

3.1 Performance Indicators:

EI programs (SC & ID) identify RBI Lead and develop an Action Plan for their program: Completed FFY 2023.

EI programs (SC & ID) complete 16-month Routines-Based Interview (RBI) modules series with their staff: Completed FFY 2023.

Peer (SC & ID) RBI fidelity reviews will be implemented in 2 regions: Plan developed with stakeholders, and fidelity reviews begin January 2026.

3.2 Service coordinators and ID providers increase their knowledge and practice in the use of social-emotional strategies to support caregivers (Pyramid Model):

3.2 Performance Indicators:

Pyramid Model State Leadership Team is in place. Completed FFY 2023.

State scale-up of Pyramid Model occurs through pilot programs with coaching. Upscaling since FFY 2023. Programs use the Pyramid Model to fidelity based on EIPPI. Data available late 2026.

Provide a summary of each evidence-based practice.

3.1 Service Coordinators and Infant Development providers increase their knowledge and practice in the use of family assessment (RBI).

Family assessment practices (RBI) were supported through the January 2024-July 2025 release of a 16-module series (3 parts) of training on the state's new Peoplesoft platform. Regional programs (Early Interventionists and Service Coordinators) developed an action plan and identified an RBI Lead for their program to support monthly discussions and practice change as one module was released per month. Each regional program submitted action plans in December 2023 to begin RBI training in January 2024. The RBI Module is made of Part 1: RBI Overview, Part 2: RBI Components, and Part 3: RBI Fidelity. Users completed RBI modules Part 1 and Part 2 during FFY 2023. RBI Part 3 was completed during FFY 2024, and that data is reported below. Participants rated themselves at a high level of understanding in the following areas:

Training increased my understanding of RBI in EI. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 81.25%

Training increased my ability to talk with families in EI about family assessment.

RBI Part 3: 78.73%

A review of data analytics for RBI Part 3 indicates the following number of users completing the modules: 137 EI, 63 SC, 1 experienced parent, and 1 community partner. Participant demographics indicate 9 module completions by new staff (less than a year of employment) for onboarding with a total of 202 users completing RBI Part 3. Users rated themselves at a high level of understanding in the following areas:

The Fidelity Coach training helped me to increase my skills in my current practice of (I) Introducing the RBI. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 81.25%

The Fidelity Coach training helped me to increase my skills in my current practice of (II) Getting Started. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 81.25%

The Fidelity Coach training helped me to increase my skills in my current practice of (III) Learning About Routines. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 81.25%

The Fidelity Coach training helped me to increase my skills in my current practice of (IV) Asking the Time, Worry and Change questions. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 72.92%

The Fidelity Coach training helped me to increase my skills in my current practice of (V) Recapping the RBI. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 79.17%

The Fidelity Coach training helped me to increase my skills in my current practice of (VI) Inviting the Family to Identify Their Priorities. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 79.16%

This information helped me to refine my RBI skills in my current practice. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 79.17%

Stakeholders including EI and SC at the Statewide EI Meeting and the PD Workgroup supported the development of the RBI Fidelity Plan. Beginning January 2026, two staff from each EI and SC program are identified to complete the RBI-Fidelity Checklist (FC) once a quarter for a year, including quarterly goal planning for practice improvement and inter-rater reliability checks. Every 6 months, 2 new staff from each program will be added. Fidelity data will be reported in FFY 2025.

3.2 Service coordinators and ID providers increase their knowledge and practice in the use of social-emotional strategies to support caregivers (Pyramid Model):

ND Part C has the 325L Resilient Early Intervention Leadership (REIL) grant, through the Personnel Development To Improve Services and Results for Children With Disabilities- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant, is now in its fifth year and is targeting supports the Pyramid Model activities in early intervention. Over the past four years, the grant initiative provided the foundation to develop EI leaders who understand and employ practices based on leadership competencies, evidence-based practices, and Part C federal and state regulations in supporting infants and young children with disabilities and their families.

An EI Pyramid State Leadership Team (PSL) was created from the REIL grant leadership team during Spring 2024. The PSL collaborates with the statewide PDG leadership group, which is working to scale-up the Pyramid Model in state early childhood systems. ND Part C completed an agreement with the Pyramid Model Consortium during summer 2024. The PSL created an application process for Cohort 1 sites. Pyramid Cohort 1 site applications were available for regions in March 2024. Three (3) EI programs in four (4) regions were chosen Cohort 1 of the Pyramid model. Virtual orientation of the Pyramid Model Scale-Up plan took place July 10, 2024. Training began with onsite training October 2-4, 2024, in Bismarck, ND with Cohort 1 programs. The following Pyramid Model trainings were completed virtually during fall 2024 by the EI pilot programs: Program Coach Training, Program-Wide Leadership Team Training, and EI Practices Training. In July 2025, a new application process began for Cohort 2. Three (3) EI programs in four (4) regions were trained by July 31, 2025, including coaches in Cohort 2.

Cohort 1 programs began using the EIPPFI to work towards fidelity and improve practitioners' use of evidence-based practices for social-emotional skills and relationships in fall 2025. Fidelity reporting will begin in FFY 2025 as data becomes available.

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

Supporting RBI and social-emotional skills through the Pyramid Model impact the SiMR through building local understanding and leadership. The goal of the state professional development Peoplesoft platform with modules is to increase consistent, real-time information for performance support to increase skills and knowledge in early intervention. Through the scale-up of local leadership, specifically in RBI and Pyramid Model, the ultimate goal of developing regional leaders, peer learning, and ownership at the program level is strengthened. Local program RBI Leads are program-level staff who support growth in RBI skills in their region, to develop regional leaders and peer learning opportunities to support the evidence-based practice. This process also supports professionals to aid in retention and recruitment of new staff while enhancing service delivery.

The Pyramid Model scale-up supports social-emotional practices in each program. The Pyramid Model Cohort 1 program site leaders are completing the Pyramid training process to begin using the practices in their regional programs. Cohort 1 practitioners began implementing the Pyramid practices in their programs with families and children. As their program scale-up is happening, these Pyramid leaders will have a key role in supporting new EI sites (Cohort 2) to scale-up the Pyramid Model in the state. The SiMR will be impacted by the scale-up in social-emotional supports through practices and state EI procedures, ultimately impacting child and family outcomes.

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

RBI: The focus of the EBP's has been on building a foundation of knowledge and skills in the areas of RBI and the Pyramid Model. For RBI, after completion of the 16-month RBI training modules, fidelity measures will begin using the Routines-Based Interview Fidelity Coach (RBI-FC) with reporting to begin in FFY 2024. RBI Part 3 was completed during FFY 2024, and that data is reported below. Participants rated themselves at a high level of understanding in the following areas:

Training increased my understanding of RBI in EI. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 81.25%

Training increased my ability to talk with families in EI about family assessment.

RBI Part 3: 78.73%

A review of data analytics for RBI Part 3 indicates the following number of users completing the modules: 137 EI, 63 SC, 1 experienced parent, and 1 community partner. Participant demographics indicate 9 module completions by new staff (less than a year of employment) for onboarding with a total of 202 users completing RBI Part 3. Users rated themselves at a high level of understanding in the following areas:

The Fidelity Coach training helped me to increase my skills in my current practice of (I) Introducing the RBI. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 81.25%

The Fidelity Coach training helped me to increase my skills in my current practice of (II) Getting Started. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 81.25%

The Fidelity Coach training helped me to increase my skills in my current practice of (III) Learning About Routines. Percentages are a combined rating of completely (100%) or almost (50-99%):

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The Fidelity Coach training helped me to increase my skills in my current practice of (IV) Asking the Time, Worry and Change questions. Percentages are a combined rating of completely (100%) or almost (50-99%):

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The Fidelity Coach training helped me to increase my skills in my current practice of (V) Recapping the RBI. Percentages are a combined rating of completely (100%) or almost (50-99%):

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RBI Part 3: 79.16%

This information helped me to refine my RBI skills in my current practice. Percentages are a combined rating of completely (100%) or almost (50-99%):

RBI Part 3: 79.17%

Survey feedback indicated the usefulness of the RBI training for new and experienced staff. Comments also suggest that knowledge of RBI was gained in the online training modules, but practice change is supported with local peers/mentors in their program. This will be supported in the RBI Fidelity process. Following is user feedback after completing the RBI module:

- A great training piece on the RBI and how to use it. I would use it as a training for new staff to intro the RBI, continued training for existing staff to promote growth and community partners to understand our process better.
- Will use this for onboarding of new staff for sure and with existing staff.
- If a professional in Early Intervention didn't have experience with completing RBIs, this presentation outlines clear steps to follow.
- It is helpful to go through the whole process by step and the skills needed to complete each step.
- It is a good overview of the entire process, especially for newer staff.
- It's important to have a process to train new staff in use of the RBI and EI. This along with coaching from a supervisor is helpful.
- I typically guide families to come up with outcomes based on their priority, but I learned that we can create the list of outcomes first, then number the outcomes based on order of priority.
- Allowing families to prioritize what order they would like to see their goals/outcomes met is powerful and I love this concept.
- Outcomes will be more likely to be met when the family finds them important.
- Able to complete on own time. The video clips are very helpful to see the RBI in action vs just reading about the skills.
- The format allows for staff to work at their own pace and fit it into their schedule.
- Allows us to put into practice what we are learning and leads to robust discussions.
- Appreciate being able to stop and restart the training, and to be able to do when I have time.
- Interactive practice and comparison provided me with the input needed to know if I am on the right path.

Stakeholders including EI and SC at the Statewide EI Meeting and the PD Workgroup supported the development of the RBI Fidelity Plan. Beginning January 2026, two staff from each EI and SC program are identified to complete the RBI-Fidelity Checklist (FC) once a quarter for a year, including quarterly goal planning for practice improvement and inter-rater reliability checks. Every 6 months, 2 new staff from each program will be added. Fidelity data will be reported in FFY 2025.

Pyramid: Cohort 1 programs began using the EIPPF to work towards fidelity and improve practitioners' use of evidence-based practices for social-emotional skills and relationships fall 2025. Fidelity reporting will begin in FFY 2025 as data becomes available with Cohort 2 data available in FFY 2026.

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

Review of module feedback data with stakeholders (PD work group) supported continued focus on individual practice change with the RBI through fidelity work. Qualitative data demonstrates the need for continued support in the area of interview skills and building relationships to address difficult conversations with families.

- I am finding the "Time, Worry, Change" part of the RBI is tough for me to cover or ask. I feel like many times parents give you the "None of your business look."
- It [RBI training] helps me gain confidence with time/worry/change questions - ways to ask about social engagement.
- I need to continue to ask more questions to get more details about routines.
- Watching others interview for me was so beneficial. Rating them as I watched the interview was great practice for me as well.
- The video clip trainings were very helpful to see the skills in action.
- I thought the fidelity coach was a great practice and discussion tool.

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

Evidence-Based Practice Strand Outcome: Service Coordinators and Infant Development Providers use evidence-based strategies to support families and develop relationships to increase confidence and competence in supporting their children's social emotional development through natural learning opportunities.

3.1 Service Coordinators and Infant Development providers increase their knowledge and practice in the use of family assessment (RBI).

3.1 Performance Indicators:

Peer RBI fidelity reviews will be implemented in 2 regions: In January 2026, two staff from each EI and SC program were identified to complete the RBI-Fidelity Checklist (FC) once a quarter for a year, including quarterly goal planning for practice improvement and inter-rater reliability checks. Every 6 months, 2 new staff from each program will be added. Fidelity data will be reported in FFY 2025.

3.2 Service coordinators and ID providers increase their knowledge and practice in the use of social-emotional strategies to support caregivers (Pyramid Model):

3.2 Performance Indicators:

State scale-up of Pyramid Model occurs through pilot programs with coaching: Cohort 2 will complete training led by Cohort 1 programs: EI Practice-Based Coaching Training, Behavior Support Training, and Data Coordinator Training. Cohort 1 programs began using the EIPPF to work towards fidelity and improve practitioners' use of evidence-based practices for social-emotional skills and relationships fall 2025. Fidelity reporting will begin

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

YES

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

The SSIP evaluation plan continues to support the state's priorities in infrastructure and evidence-based practice improvement. Procedural updates, communication with stakeholders, and practice change continue to increase the SiMR and promote implementation of evidence-based practices. Fidelity data will be reported in FFY 2025, and FFY 2024 data demonstrates that the plan is moving forward as planned with no modifications needed to meet the Theory of Action.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention.

The following groups were engaged for SPP/APR and SSIP activities:

- PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.
- Resilient Early Intervention Leadership Certificate: 15 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.
- REIL Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.
- Interagency Coordinating Council (ICC): Statewide, designated agency and caregiver stakeholders appointed by the governor.
- Statewide EI Meeting Group: Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend. In addition, stakeholders are a part of the Personnel Development To Improve Services and Results for Children With Disabilities
- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Health and Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program.
- Part C to B Transition Workgroup: Strategic partnerships were established to form a Part B and Part C Transition Workgroup. The group includes representatives from Part B and Part C, Early Childhood Special Education Coordinators and teachers, Early Intervention Directors and Providers, Service Coordinators, parents, a representative from the Parent Information Center, and experienced parents. Together, they are working to strengthen the collaboration between Part C and Part B transitions. The Transition Guidebook, which has been developed in two parts—a Provider Guide and a Family Guide—continues to be refined and expanded to better support families and providers.

The Early Hearing Detection and Intervention (EHDI) Workgroup brought together strategic partners from the Parent Infant Program, Part C, EHDI, the North Dakota School for the Deaf/Hard of Hearing, the Deaf Mentor Program, Special Health Services, and the North Dakota Center for Persons with Disabilities. They created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, work groups, and the EI website. Several statewide meetings occur regularly where SSIP information is shared. The EI Statewide Leadership Meeting group occurs six times per year and includes service coordinators, experienced parents, early interventionists, and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

Strategy 1: Data Quality. The statewide EI Meeting Group and the Interagency Coordinating Council stakeholders regularly collaborate, discuss and give feedback on the child outcome results, child outcome tool, and the use of data to answer programmatic questions. The ICC also reviews data and considers statewide long-term needs. Each year, the ICC reviews an APR Trend Data report, which contains data visualization and narrative.

Strategy 2: Professional Development. The Professional Development (PD) Workgroup was initially created over the summer of 2016. The work group includes stakeholders from across the state (experienced parents, EI, TA, parents, and service coordinators). The Workgroup's goal was to delineate state and local responsibilities in PD, create a structure for PD and to review and develop resources, and vet PD materials. The EI Statewide Leadership Meeting Group also reviews material and provides feedback on the final product along with community stakeholders including parents, who also have access to the training and complete the feedback form.

Strategy 3: Evidence-Based Practices. The EI Statewide Leadership Meeting Group, REIL Grant Advisory Group, and the Interagency Coordinating Council regularly collaborate, discuss, review, and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand. The Statewide Pyramid Model Leadership Team supports scale-up of Pyramid Model strategies.

Strategy 4: Policy & Procedure. The EI Statewide Leadership Meeting Group and Transition Work Group stakeholders review current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials.

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

The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, work groups, and the EI website. Several statewide meetings occur regularly where SSIP information is shared. The EI Statewide Leadership Meeting group occurs six times per year and includes service coordinators, experienced parents, early interventionists, and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

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Strategy 3: Evidence-Based Practices. The EI Statewide Leadership Meeting Group, REIL Grant Advisory Group, and the Interagency Coordinating Council regularly collaborate, discuss, review, and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand. The Statewide Pyramid Model Leadership Team supports scale-up of Pyramid Model strategies.

Strategy 4: Policy & Procedure. The EI Statewide Leadership Meeting Group and Transition Work Group stakeholders review current policies, identify procedure topics, and assist in writing any new policies and procedures. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials.

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

NO

Additional Implementation Activities

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

None

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

N/A

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

North Dakota's barriers continue to include overall staff shortages that have impacted early intervention across the state. Early intervention professionals are very dedicated and have been creative in using strategies to counter shortages. The state has been thoughtful in supporting professionals and considering implementation science to not overwhelm staff when planning new and ongoing initiatives. Through stakeholder feedback processes, the state has consistently updated procedures, such as the Transition and Comprehensive Monitoring Manual updates with stakeholders. Stakeholder feedback aids in understanding barriers for initiatives, offering insight for priority work.

Provide additional information about this indicator (optional).

N/A

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

Instructions

Targets must be 100%.

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

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

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					100.00%

Targets

FFY	2024	2025
Target	100%	100%

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
9	0	9	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

For Indicator 1, there were no additional findings related to other IDEA requirements in FFY 2023.

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

For FFY 2023, North Dakota issued a Letter of Findings to nine (9) providers due to having at least one instance of delay due to an agency reason. Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to nine (9) providers. Correction was verified according to Federal requirements. Of the nine (9) providers, five (5) demonstrated 100% compliance after one data pull and were not required to revise current policy or training plans. Two (2) providers demonstrated 100% compliance after two data pulls and were required to review procedures with technical assistance and make revisions as appropriate. One (1) provider demonstrated 100% compliance after four data pulls, requiring intensive technical assistance, supported procedure revisions, and continued TA support after verification was complete. One (1) provider stopped serving children prior to the correction and verification process. Their license was terminated on June 30, 2024 at their request. The Part C Coordinator sent an official letter of closure to the Service Coordination Unit and the last known address of the EIS provider. As of July 28, 2025, the verification of correction of noncompliance for all providers was considered complete.

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

For FFY 2023, North Dakota issued a Letter of Findings to nine (9) providers due to having at least one instance of delay due to an agency reason. The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state. For this indicator, the State verified through record review, on April 1, 2025, that in 44 of the 66 individual instances, the child received their service, although late. In the remaining 22 instances of delayed services, the child is no longer in the jurisdiction of the North Dakota Early Intervention Program. Individual instances of noncompliance were verified as corrected for all programs on April 1, 2025. Correction was verified according to Federal requirements.

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

For Indicator 7, there were no additional findings related to other IDEA requirements in FFY 2023.

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

For FFY 2023, North Dakota issued a Letter of Findings to five (5) providers due to having at least one instance where an initial IFSP was not held within the 45-day timeline due to an agency reason.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is

offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to five (5) providers. Correction was verified according to Federal requirements. Of the five (5) providers, all five (5) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of April 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

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

For FFY 2023, North Dakota issued a Letter of Findings to five (5) providers due to having at least one instance where an initial IFSP was not held within the 45-day timeline due to an agency reason.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 4, 2025, that in 17 of the 17 individual instances, the initial IFSP meeting was held, although late. Individual instances of noncompliance were verified as corrected for all programs on April 4, 2025. Correction was verified according to Federal requirements.

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

For Indicator 8A, there were no additional findings related to other IDEA requirements in FFY 2023.

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

For FFY 2023, North Dakota issued a Letter of Findings to two (2) providers due to having at least one instance where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to an agency reason.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025, to two (2) providers. Correction was verified according to Federal requirements. For one (1) provider, the finding was verified after one data review, which did not require them to revise current policy and training plans. For one (1) provider, the provider demonstrated 100% compliance after two data reviews, which required them to review and revise their policy and training plans. As of May 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

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

For FFY 2023, North Dakota issued a Letter of Findings to two (2) provider due to having at least one instance where a child did not have an IFSP with documented transition steps and services prior to exiting Part C due to an agency reason.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state. For this indicator, the State verified through record review, on April 1, 2025, that in two (2) of the one (2) individual cases, the IFSP had been corrected to include documented transition steps and services, although late. Individual instances of noncompliance were verified as corrected for the program on April 1, 2025. Correction was verified according to Federal requirements.

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

For Indicator 8B, there were no additional findings related to other IDEA requirements in FFY 2023.

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

For FFY 2023, North Dakota issued a Letter of Findings to five (5) programs due to having at least one instance where a child's record did not contain evidence of an LEA Notification due to an agency reason.

SEA Notification is managed at the state level. For FFY 2023, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2023, there were zero (0) instances of noncompliance with SEA Notification.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to five (5) programs. Correction was verified according to Federal requirements. All five (5) programs demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of May 30, 2025, the verification of correction of noncompliance for all providers was considered complete.

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

For FFY 2023, North Dakota issued a Letter of Findings to five (5) programs due to having at least one instance where a child's record did not contain evidence of an LEA Notification due to an agency reason.

SEA Notification is managed at the state level. For FFY 2023, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2023, there were zero (0) instances of noncompliance with SEA Notification.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 1, 2025, that in five (5) of the five (5) individual cases, the LEA Notification was sent, although late. Individual instances of noncompliance were verified as corrected for the program on April 1, 2025. Correction was verified according to Federal requirements.

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.)

For Indicator 8C, there were no additional findings related to other IDEA requirements in FFY 2023.

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

For FFY 2023, North Dakota issued a Letter of Findings to two (2) providers due to having at least one instance where a timely transition conference was not conducted due to agency reasons.

Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record. For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2023 on January 22, 2025 to two (2) providers. Correction was verified according to Federal requirements. Of the two (2) providers, both providers demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. As of April 15, 2025, the verification of correction of noncompliance for both providers was considered complete.

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

For FFY 2023, North Dakota issued a Letter of Findings to two (2) providers due to having at least one instance where a timely transition conference was not conducted due to agency reasons.

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on April 1, 2025, that in two (2) of the two (2) individual instances, the transition meeting occurred, although late. Individual instances of noncompliance were verified as corrected for all programs on April 1, 2025. Correction was verified according to Federal requirements.

Optional for FFY 2024, and 2025:

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

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

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

North Dakota conducted focused monitoring of two regions which included a total of four (4) providers. The areas of monitoring were APR Indicators 5&6 regarding percentage of children with IFSPs. There were no instances of noncompliance identified for any of the providers monitored.

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

North Dakota conducted focused monitoring of two regions which included a total of four (4) providers. The areas of monitoring were APR Indicators 5&6 regarding percentage of children with IFSPs. There were no instances of noncompliance identified for any of the providers monitored.

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

North Dakota conducted focused monitoring of two regions which included a total of four (4) providers. The areas of monitoring were APR Indicators 5&6 regarding percentage of children with IFSPs. There were no instances of noncompliance identified for any of the providers monitored.

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
23	0	23	0	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
23	23	100.00%	100%	100.00%	Met target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	23
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	23
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

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

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

For FFY 2023, all findings have been verified as corrected within the one-year timeline.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

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

12 - Prior FFY Required Actions

None

12 - OSEP Response

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

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

Name:

Title:

Email:

Phone:

Submitted on: