

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

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

**For reporting on  
FFY 2023**

**North Dakota**



**PART C DUE  
February 3, 2025**

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

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs meet 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 2022, 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 2022.

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.

Update April 2025: For FFY 2024, North Dakota has begun targeted monitoring of requirements outside of the EIS program's SPP/APR results as part of the General Supervision process. The process described in the FFY 2023 SPP/APR is accurate for that reporting year. Future SPP/APR Submissions will reflect the updated process.

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

Program findings can be issued for noncompliance identified from a variety of sources including:

- APR Indicator information is completed through a review of data in preparation for the filing of the federal Annual Performance Report (APR)
- Quality Monitoring Indicators are identified yearly
- Regional Action Plan (RAP) data reviews, including use of the Case Review Tool (CRT) for self-assessment
- Formal complaint proceedings results
- Other monitoring methods

Through these processes, any noncompliance identified will result in the issuance of a finding within three months of its discovery and verification. In any instance of a finding being issued, the state must ensure timely correction of the finding and verification of the correction within one year.

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.

Quality monitoring indicators are identified yearly through data review and stakeholder feedback. Dependent on the quality indicator, data are pulled from the entire state caseload or a random sample and then examined for each program. Quality indicator findings are determined through this data review and may impact yearly regional program level determination. Specific process information for each quality monitoring indicator is within the annual Data Guidance document.

The correction of the noncompliance must be made within the timeline set forth in the Letter of Finding, not to exceed one year from date of issuance. It is the responsibility of the state monitoring team to verify the completion of this correction through a review of current data submitted by the program, the state electronic file, and other data as necessary.

#### Correction, Compliance, and Closure Process (C3P) Phase 1

The Correction, Compliance, and Closure Process (C3P) exists to assure that the programs have corrected the incidences of noncompliance related to an individual child.

Programs use the following actions for correcting findings of noncompliance:

- If a child is no longer in services, the IFSP can no longer be revised. Therefore, the program documents the child has left the jurisdiction of the program.
- If the child is still in services, corrections must be completed and documented as soon as possible. Programs should check to see if the correction has occurred and is documented. If so, this documentation can serve as the correction.
- If correction of the individual finding has not already occurred, complete an document the required action. This may require the IFSP team to be reconvened. If an IFSP meeting is necessary, the team membership needs to be a minimum of those individuals indicated in the IFSP for a Review meeting, but depending on the issue, other team members may need to be included.
- Documentation regarding any of the above actions will be submitted in accordance with the directions included with the letter of finding. C3P Phase 1 will be considered met after the action has been verified by a designated member of the state monitoring team. Once C3P Phase 1 is verified, the program moves into the C3P Phase 2 of verification of correction.

#### Correction, Compliance, and Closure Process (C3P) Phase 2

The Correction, Compliance, and Closure Process (C3P) Phase 2 process is mandated through federal requirements, as outlined in the OSEP Memo 09-02, to ensure that the program is correctly implementing the regulatory requirements. This is done through a review of subsequent data to ensure 100% compliance with the requirement. The following formula is used to implement C3P Phase 2:

- For programs that have 31 or more children, 5 child records are reviewed per finding.
- For programs that have 30 or fewer children on their roster, 3 child records are reviewed per finding.
- For programs that have 5 or fewer children on their roster, all child records are reviewed per finding.
- o If no child records are available for review of a specific indicator, an individualized indicator-specific procedure action plan document approved by the Part C Coordinator is required.

Procedure: The most recently developed or updated cases are selected for the C3P Phase 2 so compliance is demonstrated. It is the responsibility of the local programs to obtain and document the required data for C3P Phase 2. The program submits documentation to the state monitoring team to verify that all selected records are compliant in the area of the finding. This information is submitted to and verified by the state monitoring team.

- If all records are found to be compliant, C3P Phase 2 is closed.
- If any records are found to be non-compliant, the finding is not closed. The C3P continues with additional record review of current cases following the Phase 2 procedure. The state monitoring team works with the local program to ensure correct implementation of the relevant regulatory requirement. This process continues until 100% of the records selected meet compliance. In some instances, the state Part C Coordinator may determine that additional sanctions are necessary to ensure correction

A Regional Action Plan (RAP) is North Dakota's process for assuring that correction happens in a timely manner with improved performance. At the discretion of the Part C Coordinator, non-timely correction of Phase 2 and/or the program's level of determination, discussed further below, a regional program (both DD/Service Coordination & ID) enters into the Regional Action Plan (RAP) process with representatives of the state monitoring team. This decision to enter a RAP is based on variables, such as:

- Current performance
- Timely correction of previous non-compliance
- Systemic issues
- Data quality
- Adherence to Part C regulations

Members of the RAP team include designated state monitoring team members, the regional DDPA, ID program coordinator, and an experienced parent (when available). The RAP process is started within 90 days of the issuance of the finding to identify corrective action steps and ensure timely correction or sooner at the Part C Coordinators discretion. The RAP includes a minimum of quarterly data collection, a review of the areas for improvement, and agreed upon strategies to ensure correction. The strategies developed by the team provide detailed information about regional action steps and planning. Technical assistance is used to support the regional program throughout the RAP process. The RAP also includes a review of the supports and resources the region will access. In addition, community stakeholder involvement is encouraged. The RAP identifies the timelines for each of the strategies and data

submission. The regional program is required to meet at a minimum quarterly with state staff to review the available data, explain what will be necessary to achieve compliance as defined in the letter of findings or defined by the Part C Coordinator, and review the evidence of change that will be necessary to demonstrate correction. If a regional program already has an active RAP, the findings and plans for verification of correction will be added to the plan. A regional program can request a RAP, at any time to support the adherence of Part C regulations and compliance by contacting the Part C Coordinator.

#### **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 2023, the time period was July 1 2023- June 30 2024). 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/Early%20Intervention%20-%20DD/Final%20FFY%202024%20Data%20Guidance%206.11.24.pdf>

#### **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, parent 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.

**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.**

Updated April 2025: On an annual basis, following the completion of the federal APR, 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>

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

Updated April 2025: North Dakota apologizes for the previous link issue. We discovered after submission that the link was no longer working.

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>

Specifically, North Dakota's General Supervision document can be located here:

<https://www.hhs.nd.gov/sites/www/files/documents/Developmental%20Disabilities/Early%20Intervention%20-%20DD/nd-general-supervision.pdf>

#### **Technical Assistance System:**

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

North Dakota's approach to providing technical assistance and support to EIS programs is multifaceted and data driven. By integrating evidence-based practices like the Pyramid Model and RBI into a robust professional development system, utilizing monitoring and data systems to track progress, and offering targeted coaching and support, the state ensures that service providers have the tools and resources they need to deliver high-quality services.

The state's commitment to continuous improvement, corrective action, and real-time support fosters a well-trained workforce that can meet the needs of infants, toddlers, and families while ensuring compliance with IDEA Part C requirements. For those regions in a Regional Action Plan (RAP) the state requires Technical Assistance (TA) touchpoints on a minimum of quarterly meetings that include data review. Programs demonstrating the most need receive regular TA. RAP's supply TA around the documented findings for the program and support program needs through a year-long process. All programs can access TA through a request to the TA provider at any time.

In addition to the evidence-based practice training and corrective action plans, any region in North Dakota can reach out to state technical assistance (TA) providers to request individualized support based on their specific needs or questions. This ensures that regions receive tailored guidance and solutions to address unique challenges, promoting a more responsive and targeted approach to improving service delivery and outcomes for children and families. This flexibility enhances the state's ability to provide timely and effective support to EIS programs across the state.

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

Date    Event

07/08/23    Differentiated Monitoring System (DMS): Dispute Resolution  
07/13/23    Individuals with Disabilities in Education Act (IDEA) Part C Child Count Webinar  
07/18/23    Racial Equity Learning Community  
07/24/23-07/27/23    Office of Special Education Programs (OSEP) Leadership Conference  
08/02/23    DMS: Dispute Resolution  
08/04/23    Cross-State DMS Cohort  
08/08/23    DMS: Dispute Resolution  
08/10/23    OSEP National TA Call  
08/17/23    DMS: Dispute Resolution  
08/18/23    Center for IDEA Fiscal Reporting (CIFR) Community of Practice (CoP)  
08/23/23    Infant Toddler Coordinators Association (ITCA) Members Meeting  
09/07/23    DMS: Dispute Resolution  
09/08/23    DMS: Dispute Resolution  
09/15/23    North Dakota (ND) H325L2000009 Grant Technical Assistance (TA) Call  
09/21/23    DMS: Dispute Resolution  
09/22/23    OSEP TA for ND- Systemic Improvement Plan (SSIP)

10/16/23 Part C to Part B Transition- Early Childhood Technical Assistance Center (ECTA) TA  
 10/20/23 CIFR CoP  
 10/25/23 ITCA Membership Meeting  
 10/27/23 DMS 2.0 TA Call  
 11/08/23 Dispute Resolution CoP  
 11/09/23 OSEP National TA Call  
 11/26/23 OSEP TA for ND  
 11/20/23 Pyramid Model State Leadership Team- Scaleup and Sustainability Meeting  
 12/08/23 ND Part C TA General Supervision Meeting  
 12/12/23 FFY 2022 SPP/Annual Performance Review (APR) Technical Webinar  
 12/14/23 OSEP National TA Call  
 12/15/23 NDH325L2000009 Grant TA Call  
 12/20/23 ITCA Membership Meeting  
 12/29/23 ND Part C to Part B/619 Transition Planning with ECTA  
 01/08/24 ND Pyramid Model Leadership Team- Scale Up and Sustainability Meeting  
 01/10/24 ND Part C TA Meeting: APR  
 01/11/24 OSEP National TA Call  
 01/26/24 ND Part C TA Meeting  
 01/26/24 OSEP DMS Cross-State Call  
 02/09/24 Early Childhood Personnel Central (ECPC) Leadership Part C Training Cohort  
 02/09/24 OSEP TA to ND- DMS 2.0  
 02/16/24 CIFR Central Region CoP  
 02/22/24 OSEP National TA Call  
 02/27/24 ND Part C OSEP DMS 2.0 Fiscal Call  
 02/28/24 ITCA Membership Meeting  
 03/08/24 ND Part C TA: OSEP Part C Grant  
 03/13/24 CIFR Central Region CoP  
 03/14/24 OSEP TA Call  
 03/15/24 H325L2000009 Grant National TA Call  
 03/18/24 ITCA Membership Meeting  
 03/18/24-03/22/24 ECPC Leadership Part C Training Cohort  
 03/25/24 CIFR Central Region CoP  
 03/26/24 ND-C DMS 2.0 TA Call  
 03/28/24 OSEP TA National Call  
 04/04/24 ITCA Membership Meeting  
 04/11/24 National Association of State Directors of Special Education (NASDSE) and ICC TA Planning  
 04/12/24 ND-C DMS 2.0 TA Call  
 04/16/24 ND-C DMS 2.0 TA Call  
 04/19/24 CIFR Central Region CoP  
 05/17/24 ND Early Intervention OSEP DMS 2.0 Internal Kickoff Meeting  
 05/22/24 ITCA Membership Meeting  
 05/23/24 ICC/IDEA Strategic Action Plan Priority Planning TA Call  
 05/31/24 ND-C DMS 2.0 TA Call  
 06/12/24 CIFR Central Region CoP  
 06/12/24 ND-C DMS 2.0 TA Call  
 06/21/24 NDH325L2000009 Grant TA Call  
 06/21/24 CIFR Central Region CoP  
 06/24/24-06/28/24 ECPC Leadership Part C Training Cohort  
 06/26/24 ITCA Membership Meeting

#### **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.**

To ensure that service providers have the necessary skills to effectively provide services to infants and toddlers with disabilities and their families, North Dakota employs a robust professional development system. This system includes a combination of evidence-based practices, training, monitoring, data collection, and continuous improvement efforts to support the workforce and ensure compliance with the Individuals with Disabilities Education Act (IDEA) Part C requirements.

The state utilizes consistent PD on a regular basis through Mini-PD and Burning Questions time at each Statewide Early Intervention Leadership Meeting made up of the state leadership team, service coordinator regional leads, experienced parents, and early intervention program coordinators. PD is also supported through the Peoplesoft Platform, which provides modules on EI EBPs and procedures available to community partners, parents, service coordinators, and early interventionists at their convenience. The EI modules for the platform are created by an EI stakeholder group made up of parents, service coordinators, early interventionists, and TA in the PD Workgroup group.

North Dakota's PD system focuses on building the competence and confidence of service providers, such as Service Coordinators (SC) and Infant Development (ID) providers, to improve their practice through evidence-based strategies. In FFY 2023, the state focused on two key evidence-based practices: the Pyramid Model and the Routines-Based Interview (RBI). The Pyramid Model is an evidence-based framework for promoting social-emotional development in young children. ND also continued focus on leadership through activities in the Resilient Early Intervention Leadership (REIL) grant, which targets improving EI services through leadership development and the use of EBPs.

During FFY 2023, the state developed an EI Pyramid State Leadership Team (SLT) to lead the Pyramid Model initiative, and this team collaborates with the statewide PDG leadership group. The team implemented a rigorous training schedule for pilot programs, including on-site and virtual sessions. These pilot programs began training, with an eventual goal of achieving fidelity in implementing the Pyramid Model through the Early Intervention Program Fidelity Inventory (EIPFI). By focusing on leadership competencies, the state aims to ensure that service providers have the skills to implement social-emotional strategies that support caregivers and improve outcomes for children.

The RBI is a family-centered assessment tool designed to gather information about a child's needs and family priorities within the context of daily

routines. In FFY 2023 North Dakota's PD plan supported the use of RBI through a 16-module training series, launched in January 2024 on the state's Peoplesoft platform. The series is divided into three parts: RBI Overview, RBI Components, and RBI Fidelity. The series ensures that service coordinators and infant development providers understand how to conduct family assessments and utilize the RBI to enhance services. The state also tracks each program through action plans developed by regional teams to encourage ongoing improvements and eventual fidelity in the use of RBI.

2023 Date Event  
 7/5 Preschool Development Grant (PDG)  
 7/13 ND State Team  
 7/14 Professional Developmental (PD) Workgroup (WG)  
 7/14 Part C & Early Hearing Detection Intervention (EHDI) Data Sharing Agreement  
 7/18 Regional Action Plan (RAP)  
 7/27 ND PM State Leadership Team (SLT)  
 8/1 Regional RAP  
 8/2 Regional Technical Assistance (TA)  
 8/2 Part C & EHDI Data Sharing  
 8/3 ND State Team  
 8/8 Service Coordinator (SC) Training  
 8/10 ND State Team  
 8/10 ND Crossroads Conference WG  
 8/11 PD WG  
 8/14 Data Systems  
 8/16 Resiliency in Early Intervention Leadership (REIL) Advisory  
 8/17 ND State Team  
 8/22-8/23 PDG  
 8/24 ND State Team  
 8/24 ND Crossroads Conference WG  
 8/28-8/29 SC Administrator (SCA) Training  
 8/31 ND State Team  
 9/7 ND State Team  
 9/7 REIL Advisory  
 9/8 PD WG  
 9/13 New SC Orientation  
 9/14 ICC & IDEA Joint Advisory Meeting  
 9/14 ND State Team  
 9/19 Early Intervention (EI) Statewide Leadership  
 9/19 PD Authentic Assessment  
 9/20 Part C & B Transition Group  
 9/21 PDG  
 9/21 ND State Team  
 9/22 PD WG  
 9/25 Child Outcomes Tool Discussion  
 9/27 Pyramid Model (PM) SLT  
 9/28 Crossroads Conference PD WG  
 9/28 ND State Team  
 9/28 Regional TA  
 10/2-10/3 SC & EI Service Providers Conference  
 10/3 Annual SSI  
 10/4 ND PM SLT  
 10/5 ND State Team  
 10/5 Regional TA  
 10/9 Part C & B Transition Group  
 10/10 Regional RAP  
 10/10 SC Training Informed Clinical Opinion  
 10/12 ICC  
 10/12 ND EHDI Advisory Board  
 10/12 PDG  
 10/13 PD WG  
 10/16 Regional TA SC  
 10/18 ND State PM SLT  
 10/19 ND State Team  
 10/24 Regional RAP  
 10/25 Regional TA Provider  
 10/26 Right Track (RT) Coordinators' Call  
 10/26 Regional RAP  
 10/26 ND State Team  
 11/3 Part C & B Transition ECTA  
 11/6 ND State Team  
 11/7 Therap Data System  
 11/9 Part C to B Transition WG  
 11/13 ND State Team  
 11/14-11/15 PDG  
 11/16 REIL Advisory  
 11/17 PD WG  
 11/20 ND State Team  
 11/21 Competency Assessment Tool Training  
 11/21 EI Statewide Leadership  
 11/21 PD Routine Based Interview (RBI)  
 11/27-11/28 SCA Training

12/7 ND State Team  
 12/7 Regional RAP  
 12/13 EHDI Language Acquisition Group  
 12/13 Cross Disability Advisory Council (CDAC)  
 12/14 ICC  
 12/14 Regional RAP  
 12/14 REIL Advisory  
 12/18 ND State Team  
 12/19 SC Training  
 12/19 RT Coordinator Quarterly  
 12/20 PM SLT Coaching WG  
 12/21 PM SLT Communications & Data WG  
 12/22 Regional TA  
 12/28 Part C & B Transition WG  
 2024  
 1/3 ND Part C & B Transition WG  
 1/4 ND State Team  
 1/8 PDG  
 1/11 ND State Team  
 1/11 Regional RAP  
 1/12 PD WG  
 1/16 EI Statewide Leadership  
 1/16 PD RBI & DEC Recommended Practices  
 1/18 ND State Team  
 1/24 EHDI Language Acquisition  
 1/24 PM SLT  
 1/25 ND State Team  
 1/30-01/31 PDG  
 1/31 EHDI Intro to EI  
 2/1 ND State Team  
 2/7 PM SLT Data & Communications  
 2/7 PM SLT- Coaching  
 2/7 ND State Team  
 2/8 ICC  
 2/9 PD WG  
 2/12 PDG  
 2/14 EHDI Language Acquisition WG  
 2/14 ND State Team  
 2/14 Early Childhood (EC) All Staff  
 2/15 Regional RAP  
 2/20 ND Part C & B Transition WG  
 2/21 PM SLT  
 2/21 CDAC  
 2/22 ND State Team  
 2/23 REIL Advisory Group  
 2/26 SCA Training  
 2/27 RT Coordinators' Quarterly  
 2/27 SCA Training  
 2/27 Regional RAP  
 2/28 ND Part C & B Transition WG  
 2/29 ND State Team  
 3/4-3/5 PM SLT  
 3/6 ND EHDI & Part C Collaboration  
 3/7 ND State Team  
 3/8 PD WG  
 3/8 ND PM SLT Scale-Up & Sustainability  
 3/11 PDG  
 3/11 PDG Data  
 3/12 EC Conference  
 3/12 SC Training  
 3/13 EC All Staff  
 3/14 ND State Team  
 3/14 REIL  
 3/21 ND State Team  
 3/21 Regional RAP  
 3/26 Regional RAP  
 3/28 ND State Team  
 4/2 PDG Data Systems  
 4/4 ND State Team  
 4/4 ND EC Education Council Presentation  
 4/4 Regional RAP  
 4/4 Regional RAP  
 4/9 EC Conference Planning  
 4/10 PDG  
 4/10 ND EHDI & Part C  
 4/10 PDG  
 4/10 EC All Staff  
 4/11 Regional RAP

4/11 ND State Team  
 4/11 ICC  
 4/18 ND State Team  
 4/22 ND EHDI & Part C  
 4/22 Part C & B Transition WG  
 4/23 Part C PM  
 4/23 EI Statewide Leadership  
 4/24 SC Training  
 4/24 PM SLT  
 4/25-4/26 New SC Training  
 4/25 ND State Team  
 5/1 ECSE Director PD  
 5/2 ND State Team  
 5/6 EC Conference  
 5/8 EC All Staff  
 5/9 ND State Team  
 5/9 EHDI PD  
 5/9 Regional RAP  
 5/9 Regional RAP  
 5/9 Regional RAP  
 5/10 PD WG  
 5/13 ND EHDI & Part C  
 5/13 PDG  
 5/13 Regional TA  
 5/14 ND State Team  
 5/15 RT Coordinators' Quarterly  
 5/16 ND State Team  
 5/16 PM SLT  
 5/21 EI Statewide Leadership  
 5/21 PD ND Case Review Tool  
 5/22 ND EHDI & Part C  
 5/23 ND State Team  
 5/28 ND EHDI MOU  
 5/29 Part C PM Leadership  
 5/30 ND State Team  
 6/4 EC All Staff  
 6/5 ND EHDI & Part C  
 6/6 ND State Team  
 6/10-6/11 PDG  
 6/12 EC All Staff  
 6/13 ICC  
 6/13 ND State Team  
 6/13 Regional RAP  
 6/14 OSEP Conference Planning  
 6/14 Memorandum of Agreement (MOA) EHDI  
 6/14 PD WG  
 6/17 Part C PML  
 6/17 EHDI MOA  
 6/19 ND EHDI & Part C  
 6/19 EC Conference  
 6/20 ND State Team  
 6/20 PDG Data  
 6/21 Data System Report Update  
 6/24 Child Outcomes Tool  
 6/27 ND State Team  
 6/27 Regional RAP  
 6/27 Regional RAP  
 6/27 Regional RAP  
 6/27 REIL State Team  
 6/28 OSEP Leadership Conference Planning

#### **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.

Stakeholders were used to create an updated Theory of Action and Evaluation Plan. Work with stakeholders began in FFY 21 when the current Theory of Action was reviewed with the ICC and the Statewide Early Intervention meeting. On January 12, 2022, the Statewide Early Intervention meeting offered feedback and discussion on updating the Theory of Action. On September 19, 2023, the Statewide Early Intervention meeting met to offer further edits to the Theory of Action and Evaluation plan. During 2023, meetings members were asked for their review, discussion, and feedback regarding the Theory of Action and Evaluation Plan. At the October 12, 2023, meeting, the ICC offered final edits for the plan. On January 16, 2024, Service Coordinators and EI Professionals met and reviewed the final editing for the Theory of Action and Evaluation Plan.

During the fall and winter of 2021, North Dakota Department of Health and Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each



engagement is detailed in the FFY 2020 SPP/APR and posted on the Early Intervention website.

ND HHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND HHS and NDICC had reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

**SSIP ACTIVITIES:** The following groups were engaged for SSIP activities:

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

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

Procedures Workgroup: Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.

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. The workgroup collaborated to develop a Memorandum of Agreement (MOA) to streamline referral processes and improve services for families. Additionally, they created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

Grant Stakeholder groups:

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

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

YES

#### **Number of Parent Members:**

16

#### **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.**

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. 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.

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:**

**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.

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 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.

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

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**

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

OSEP notes that the State did not describe a process that constitutes a reasonably designed general supervision system, consistent with OSEP QA 23-01. Specifically, the State described a process that limits the scope of its general supervisory activities to the EIS program's performance on SPP/APR indicators. OSEP may follow up with the State regarding its general supervisory activities outside of the SPP/APR process.



## Indicator 1: Timely Provision of Services

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	59.26%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.24%	98.41%	98.65%	96.80%	96.81%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,478	1,727	96.81%	100%	96.18%	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.*

183

**Provide reasons for delay, if applicable.**

For FFY 2023, North Dakota had 66 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, 60 instances of delayed services were due to agency oversight, four (4) were due to agency illness, and two (2) 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 happening 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, 2023- June 30, 2024

**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 2023.

In FFY 2023 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 2023, North Dakota had 66 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, 60 instances of delayed services were due to agency oversight, four (4) were due to agency illness, and two (2) were due to agency shortage. For 44 of the 66 instances of delayed services, the services were provided, although late. For 22 instances of the 66 delayed services, the child is no longer in the jurisdiction of the North Dakota Early Intervention Program.

In FFY 2023, North Dakota identified three (3) providers in the state who had more than 10 instances of delayed services due to agency reasons. These three (3) providers account for 46 of the 66 instances, or 69.70%, of delayed services. These programs had a large amount of staff turnover and difficulty hiring staff in FFY 2023, resulting in an increased amount of delayed service for the providers. The three (3) providers will participate in a Regional Action Plan (RAP) process with the state Technical Assistance provider which will help to identify and remedy systemic issues around timely services. The remaining 20 instances of delayed services were attributable to an additional six (6) providers. A total of nine (9) providers had instances of noncompliance for Indicator 1 in FFY 2023.

Indicator 1 FFY 2023 noncompliance was discovered through the APR data review process and was verified on November 22, 2024.

On January 22, 2025, a Letter of Findings was issued to each of the nine (9) 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. Six (6) providers had 100% compliance for Indicator 1 in FFY 2023.

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	8	0	0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

For FFY 2022, North Dakota issued a Letter of Findings to eight (8) 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 2022 on January 23, 2024 to eight (8) providers. Correction was verified according to Federal

requirements. All eight (8) findings were verified as corrected on June 28, 2024. Of the eight (8) providers, all eight (8) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans.

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

For FFY 2022, North Dakota issued a Letter of Findings to eight (8) 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 29, 2024, that in 36 of the 48 individual instances, the child received their service, although late. In the remaining 12 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 29, 2024. Correction was verified according to Federal requirements. All eight (8) findings were verified as corrected on June 28, 2024.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

For FFY 2022, North Dakota issued a Letter of Findings to eight (8) 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 2022 on January 23, 2024 to eight (8) providers. Correction was verified according to Federal requirements. All eight (8) findings were verified as corrected on June 28, 2024. Of the eight (8) providers, all eight (8) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans.

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 29, 2024, that in 36 of the 48 individual instances, the child received their service, although late. In the remaining 12 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 29, 2024. Correction was verified according to Federal requirements. All eight (8) findings were verified as corrected on June 28, 2024.

## 1 - OSEP Response

### 1 - 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.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.26%

FFY	2018	2019	2020	2021	2022
Target>=	99.70%	99.80%	99.82%	99.82%	99.84%
Data	99.93%	100.00%	100.00%	99.88%	99.88%

### Targets

FFY	2023	2024	2025
Target >=	99.86%	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.

Stakeholders were used to create an updated Theory of Action and Evaluation Plan. Work with stakeholders began in FFY 21 when the current Theory of Action was reviewed with the ICC and the Statewide Early Intervention meeting. On January 12, 2022, the Statewide Early Intervention meeting offered feedback and discussion on updating the Theory of Action. On September 19, 2023, the Statewide Early Intervention meeting met to offer further edits to the Theory of Action and Evaluation plan. During 2023, meetings members were asked for their review, discussion, and feedback regarding the Theory of Action and Evaluation Plan. At the October 12, 2023, meeting, the ICC offered final edits for the plan. On January 16, 2024, Service Coordinators and EI Professionals met and reviewed the final editing for the Theory of Action and Evaluation Plan.

During the fall and winter of 2021, North Dakota Department of Health and Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed in the FFY 2020 SPP/APR and posted on the Early Intervention website.

ND HHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND HHS and NDICC had reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

SSIP ACTIVITIES: The following groups were engaged for SSIP activities:

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

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

Procedures Workgroup: Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.

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. The workgroup collaborated to develop a Memorandum of Agreement (MOA) to streamline referral processes and improve services for families. Additionally, they created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

Grant Stakeholder groups:

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,808
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	1,808

#### FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,808	1,808	99.88%	99.86%	100.00%	Met target	No Slippage

#### Provide additional information about this indicator (optional).

For FFY 2023, the total number of infants and toddlers with an IFSP increased to 1808 as compared to 1704 in FFY 2022. There were 104 more infants and toddlers with IFSPs in the child count this year as compared to FFY 2022.

For FFY 2023, zero (0) infants or toddlers received the majority of their early intervention services outside of a home or community-based setting, which is a decrease from FFY 2022.

## 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 =  $\left[ \frac{\text{\# of infants and toddlers who did not improve functioning}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \text{ times } 100$ .
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $\left[ \frac{\text{\# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \text{ times } 100$ .
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it =  $\left[ \frac{\text{\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \text{ times } 100$ .
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers =  $\left[ \frac{\text{\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \text{ times } 100$ .
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers =  $\left[ \frac{\text{\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \text{ times } 100$ .

#### 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 =  $\left[ \frac{\text{\# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in category (d)}}{\text{\# of infants and toddlers reported in progress category (a) plus \# of infants and toddlers reported in progress category (b) plus \# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in progress category (d)}} \right] \text{ times } 100$ .

**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 =  $\left[ \frac{\text{\# of infants and toddlers reported in progress category (d) plus \# of infants and toddlers reported in progress category (e)}}{\text{total \# of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)}} \right] \text{ times } 100$ .

#### 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.

Stakeholders were used to create an updated Theory of Action and Evaluation Plan. Work with stakeholders began in FFY 21 when the current Theory of Action was reviewed with the ICC and the Statewide Early Intervention meeting. On January 12, 2022, the Statewide Early Intervention meeting offered feedback and discussion on updating the Theory of Action. On September 19, 2023, the Statewide Early Intervention meeting met to offer further edits to the Theory of Action and Evaluation plan. During 2023, meetings members were asked for their review, discussion, and feedback regarding the Theory of Action and Evaluation Plan. At the October 12, 2023, meeting, the ICC offered final edits for the plan. On January 16, 2024, Service Coordinators and EI Professionals met and reviewed the final editing for the Theory of Action and Evaluation Plan.

During the fall and winter of 2021, North Dakota Department of Health and Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed in the FFY 2020 SPP/APR and posted on the Early Intervention website.

ND HHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND HHS and NDICC had reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

SSIP ACTIVITIES: The following groups were engaged for SSIP activities:

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

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

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Grant Stakeholder groups:

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Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

#### Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2008	Target>=	39.20%	60.50%	70.00%	70.00%	71.00%
A1	33.30%	Data	71.96%	82.80%	86.91%	83.06%	84.63%
A2	2008	Target>=	60.40%	60.50%	61.50%	61.50%	62.50%
A2	60.30%	Data	67.27%	69.40%	75.60%	69.36%	70.29%
B1	2008	Target>=	62.50%	62.60%	62.70%	62.70%	63.20%
B1	47.50%	Data	64.11%	62.85%	72.81%	66.57%	69.54%
B2	2008	Target>=	52.10%	52.20%	55.80%	55.80%	56.30%

<b>B2</b>	52.00%	Data	51.80%	55.80%	62.65%	59.62%	61.14%
<b>C1</b>	2008	Target>=	68.80%	68.90%	69.50%	69.50%	70.00%
<b>C1</b>	64.80%	Data	69.54%	72.89%	82.51%	80.68%	79.71%
<b>C2</b>	2008	Target>=	81.00%	81.10%	81.10%	81.10%	81.20%
<b>C2</b>	80.90%	Data	73.38%	76.66%	80.51%	76.79%	78.65%

#### Targets

FFY	2023	2024	2025
Target A1>=	72.00%	73.00%	74.00%
Target A2>=	63.50%	64.50%	65.50%
Target B1>=	63.70%	64.20%	64.70%
Target B2>=	56.80%	57.30%	57.80%
Target C1>=	70.50%	71.00%	71.50%
Target C2>=	81.30%	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	14	1.54%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	132	14.47%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	135	14.80%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	545	59.76%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	86	9.43%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	680	826	84.63%	72.00%	82.32%	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	631	912	70.29%	63.50%	69.19%	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	10	1.10%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	275	30.15%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	72	7.89%

Outcome B Progress Category	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	500	54.82%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	55	6.03%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	572	857	69.54%	63.70%	66.74%	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	555	912	61.14%	56.80%	60.86%	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	0.55%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	142	15.57%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	68	7.46%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	466	51.10%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	231	25.33%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	534	681	79.71%	70.50%	78.41%	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	697	912	78.65%	81.30%	76.43%	Did not meet target	Slippage

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

For FFY 2022, North Dakota Early Intervention programs had significant staff turnover. With new staff being hired, the level of experience and fidelity with the AEPS tool has decreased. This contributed directly to the slippage in Indicator 3C2 as well as an overall decline in scores for Indicator 3. North Dakota is implementing the AEPS-3 in June 2025. Trainings on the updated AEPS will be conducted in the months of April and May and a plan has been created to ensure all staff who are hired after the training will have access to training on the assessment to ensure accuracy.

#### FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	1,502

Question	Number
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.	328
Number of infants and toddlers with IFSPs assessed	912

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 2022, there was an increase in performance in five of the six summary statements, with Indicator 3C1 showing a slight decrease. 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.

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

For FFY 2022, North Dakota Early Intervention programs had significant staff turnover. With new staff being hired, the level of experience and fidelity with the AEPS tool has decreased. This contributed directly to the slippage in Indicator 3C2 as well as an overall decline in scores for Indicator 3. North Dakota is implementing the AEPS-3 in June 2025. Trainings on the updated AEPS will be conducted in the months of April and May and a plan has been created to ensure all staff who are hired after the training will have access to training on the assessment to ensure accuracy.

### 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	2018	2019	2020	2021	2022
A	2006	Target>=	88.20%	90.00%	97.50%	97.50%	97.70%
A	88.12 %	Data	98.45%	97.12%	98.11%	98.63%	97.74%
B	2006	Target>=	94.00%	94.10%	98.00%	98.00%	98.30%
B	88.46 %	Data	99.07%	99.33%	99.05%	98.93%	97.74%
C	2006	Target>=	92.60%	92.70%	97.50%	97.50%	97.70%
C	85.79 %	Data	98.76%	97.78%	99.05%	98.33%	97.49%

## Targets

FFY	2023	2024	2025
Target A>=	97.90%	98.10%	98.30%
Target B>=	98.60%	98.90%	99.20%
Target C>=	97.90%	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.

Stakeholders were used to create an updated Theory of Action and Evaluation Plan. Work with stakeholders began in FFY 21 when the current Theory of Action was reviewed with the ICC and the Statewide Early Intervention meeting. On January 12, 2022, the Statewide Early Intervention meeting offered feedback and discussion on updating the Theory of Action. On September 19, 2023, the Statewide Early Intervention meeting met to offer further edits to the Theory of Action and Evaluation plan. During 2023, meetings members were asked for their review, discussion, and feedback regarding the Theory of Action and Evaluation Plan. At the October 12, 2023, meeting, the ICC offered final edits for the plan. On January 16, 2024, Service Coordinators and EI Professionals met and reviewed the final editing for the Theory of Action and Evaluation Plan.

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SSIP ACTIVITIES: The following groups were engaged for SSIP activities:

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

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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. The workgroup collaborated to develop a Memorandum of Agreement (MOA) to streamline referral processes and improve services for families. Additionally, they created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

Grant Stakeholder groups:

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

## FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	1,957
Number of respondent families participating in Part C	732
Survey Response Rate	37.40%

A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	724
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	732
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	723
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	732
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	721
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	732

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	97.74%	97.90%	98.91%	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)	97.74%	98.60%	98.77%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	97.49%	97.90%	98.50%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

#### Response Rate

FFY	2022	2023
Survey Response Rate	22.95%	37.40%

**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, 2024, 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 2023, 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 11/1/24 (618 Table 1 PIT data):

American Indian/AK Native: Returned 5.74% In Program 8.69% Representative 5.69-11.69%  
Asian: Returned 1.23% In Program 0.85% Representative 0-3.85%  
Black/African American: Returned 2.19% In Program 4.46% Representative 1.46-7.46%  
Hispanic or Latino: Returned 5.33% In Program 3.29% Representative 0.29-6.29%  
Native Hawaiian or Pacific Islander: Returned 0.27% In Program 0.47% Representative 0-3.47%  
White: Returned 79.51% In Program 70.78% Representative 67.78-73.78%  
More than One Race: Returned 5.74% In Program 11.46% Representative 8.46-14.46%



Based on the information above, in FFY 2023, 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 2023, White was over representative. North Dakota has historically had an overrepresentation in the response rate for White. In FFY 2023, 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 2023, 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 11/1/24 (618 Table 1 PIT data):

Region 1: Returned 1.37% In Program 4.23% Rep. 1.23-7.23%  
 Region 2: Returned 9.43% In Program 8.50% Rep. 5.50-11.50%  
 Region 3: Returned 3.28% In Program 5.21% Rep. 2.21-8.21%  
 Region 4: Returned 12.43% In Program 10.29% Rep. 7.29-13.29%  
 Region 5: Returned 22.68% In Program 24.80% Rep. 21.80-27.80%  
 Region 6: Returned 8.74% In Program 8.27% Rep. 5.27-11.27%  
 Region 7: Returned 26.50% In Program 24.38% Rep. 21.38-27.38%  
 Region 8: Returned 15.57% In Program 14.33% Rep. 11.33-17.33%

In FFY 2023, all eight (8) geographical regions were considered to be representative. This is an improvement from FFY 2022 when Region 5 was not considered to be representative.

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. The ICC family survey subcommittee will continue to meet to improve the family survey collection procedure.

To continue to increase representativeness in survey responses, in FFY 2023, 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 2023, the online version of the survey received 660 of the 732 total responses (90.16%), and the paper version received 72 of the 732 total responses (9.84%). The percentage of individuals utilizing the online version of the survey increased in FFY 2023. 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 90% of responses, whereas the paper version received comments on only approximately 30% of responses, which is consistent with FFY 2021 and FFY 2022.

**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 an increase to 98.91% in FFY 2023 from 97.74% in FFY 2022. North Dakota met 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 an increase to 98.77% in FFY 2023 from 97.74 in FFY 2022. North Dakota met 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 an increase to 98.50% in FFY 2023 from 97.49% in FFY 2022. A total of 732 surveys were returned in FFY 2023, which is an increase of 334 surveys from FFY 2022, when 398 surveys were returned. The response rate increased to 37.40% in FFY 2023 from 22.95% in FFY 2022.

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. The ICC family survey subcommittee will continue to meet to improve the family survey collection procedure.

In FFY 2023, 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, 2024, and March 31, 2024, 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 2023, 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.

The ECO Family Outcomes Survey-Revised (FOS-R), a cover letter and newsletter with the FFY 2022 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 NDI 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, the ICC family survey subcommittee recommended that a tracking requirement be added back into the family survey collection procedure. This increased the family survey response rate from 22.95% in FFY 2022 to 37.40% in FFY 2023. The ICC family survey subcommittee will continue to meet to improve the family survey collection procedure.

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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 2023, 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, 2024, and March 31, 2024, 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 2023, 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.

North Dakota analyzed response rates of each racial and geographic demographic against the percent of children of that racial or geographic demographic enrolled in the Part C program, as of November 1, 2024, 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.

The survey response rate for each racial and geographic category was analyzed. 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 between the IFSP and the family survey. This has historically caused fluctuation in the More Than One Race category for North Dakota's 618 Exiting data as well as APR Indicator 4. The underrepresented racial category of two or more races returned results of 100% for 4A, B and C. This is higher than the total population's response of 98.91%, 98.77% and 98.5% respectively. This indicates potential nonresponse bias in that the individuals who responded are biased toward complete agreement, and the individuals in this group who would potentially not have responded favorably did not respond to the survey at all. The analysis of the geographical categories determined that all geographic regions are considered representative for FFY 2023.

North Dakota will continue refining our strategies to improve overall representativeness and reduce potential nonresponse bias, including exploring real-time monitoring of responses and targeted follow-up with underrepresented demographics.

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

## **4 - Prior FFY Required Actions**

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 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 2022 SPP/APR**

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 an increase to 98.91% in FFY 2023 from 97.74% in FFY 2022. North Dakota met 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 an increase to 98.77% in FFY 2023 from 97.74% in FFY 2022. North Dakota met 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 an increase to 98.50% in FFY 2023 from 97.49% in FFY 2022. A total of 732 surveys were returned in FFY 2023, which is an increase of 334 surveys from FFY 2022, when 398 surveys were returned. The response rate increased to 37.40% in FFY 2023 from 22.95% in FFY 2022.

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. The ICC family survey subcommittee will continue to meet to improve the family survey collection procedure.

In FFY 2023, 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, 2024, and March 31, 2024, 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 2023, 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.

The ECO Family Outcomes Survey-Revised (FOS-R), a cover letter and newsletter with the FFY 2022 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, the ICC family survey subcommittee recommended that a tracking requirement be added back into the family survey collection procedure. This increased the family survey response rate from 22.95% in FFY 2022 to 37.40% in FFY 2023. The ICC family survey subcommittee will continue to meet to improve the family survey collection procedure.

In FFY 2023, as in prior years, North Dakota has analyzed the family outcomes data to determine representativeness based race/ethnicity and geographic location.

In FFY 2023, 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 2023, White was over representative. North Dakota has historically had an overrepresentation in the response rate for White. In FFY 2023, 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 2023, 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 11/1/24 (618 Table 1 PIT data):

In FFY 2023, all eight (8) geographical regions were considered to be representative. This is an improvement from FFY 2022 when Region 5 was not considered to be representative.

To continue to increase representativeness in survey responses, in FFY 2023, 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 2023, the online version of the survey received 660 of the 732 total responses (90.16%), and the paper version received 72 of the 732 total responses (9.84%). The percentage of individuals utilizing the online version of the survey increased in FFY 2023. 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 90% of responses, whereas the paper version received comments on only approximately 30% of responses, which is consistent with FFY 2021 and FFY 2022.

## **4 - OSEP Response**

### **4 - 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.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	1.58%

FFY	2018	2019	2020	2021	2022
Target >=	2.20%	2.24%	2.30%	2.30%	2.32%
Data	2.35%	2.43%	2.24%	2.85%	2.73%

### Targets

FFY	2023	2024	2025
Target >=	2.34%	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.

Stakeholders were used to create an updated Theory of Action and Evaluation Plan. Work with stakeholders began in FFY 21 when the current Theory of Action was reviewed with the ICC and the Statewide Early Intervention meeting. On January 12, 2022, the Statewide Early Intervention meeting offered feedback and discussion on updating the Theory of Action. On September 19, 2023, the Statewide Early Intervention meeting met to offer further edits to the Theory of Action and Evaluation plan. During 2023, meetings members were asked for their review, discussion, and feedback regarding the Theory of Action and Evaluation Plan. At the October 12, 2023, meeting, the ICC offered final edits for the plan. On January 16, 2024, Service Coordinators and EI Professionals met and reviewed the final editing for the Theory of Action and Evaluation Plan.

During the fall and winter of 2021, North Dakota Department of Health and Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed in the FFY 2020 SPP/APR and posted on the Early Intervention website.

ND HHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND HHS and NDICC had reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

SSIP ACTIVITIES: The following groups were engaged for SSIP activities:

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

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

Procedures Workgroup: Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.  
 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. The workgroup collaborated to develop a Memorandum of Agreement (MOA) to streamline referral processes and improve services for families. Additionally, they created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

Grant Stakeholder groups:

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	314
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	9,626

#### FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
314	9,626	2.73%	2.34%	3.26%	Met target	No Slippage

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

For FFY 2023, on November 1st, 2023, there were 314 children birth to one year of age with IFSPs in North Dakota, an increase of 38 children from FFY 2022. The number of children served is from Table 1 (618 data). The population of children birth to one year of age was 9626, a decrease of 467 children from FFY 2022.

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

### 5 - Prior FFY Required Actions

None

### 5 - OSEP Response

### 5 - Required Actions

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	3.02%

FFY	2018	2019	2020	2021	2022
Target >=	3.46%	3.48%	4.35%	4.35%	4.65%
Data	4.62%	4.88%	4.76%	5.35%	5.71%

#### Targets

FFY	2023	2024	2025
Target >=	4.95%	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.

Stakeholders were used to create an updated Theory of Action and Evaluation Plan. Work with stakeholders began in FFY 21 when the current Theory of Action was reviewed with the ICC and the Statewide Early Intervention meeting. On January 12, 2022, the Statewide Early Intervention meeting offered feedback and discussion on updating the Theory of Action. On September 19, 2023, the Statewide Early Intervention meeting met to offer further edits to the Theory of Action and Evaluation plan. During 2023, meetings members were asked for their review, discussion, and feedback regarding the Theory of Action and Evaluation Plan. At the October 12, 2023, meeting, the ICC offered final edits for the plan. On January 16, 2024, Service Coordinators and EI Professionals met and reviewed the final editing for the Theory of Action and Evaluation Plan.

During the fall and winter of 2021, North Dakota Department of Health and Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed in the FFY 2020 SPP/APR and posted on the Early Intervention website.

ND HHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND HHS and NDICC had reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

SSIP ACTIVITIES: The following groups were engaged for SSIP activities:

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

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

Procedures Workgroup: Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.

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. The workgroup collaborated to develop a Memorandum of Agreement (MOA) to streamline referral processes and improve services for families. Additionally, they created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

Grant Stakeholder groups:

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	1,808
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	29,164

#### FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,808	29,164	5.71%	4.95%	6.20%	Met target	No Slippage

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

North Dakota has begun discussions on further analysis and expect to complete this in spring of 2025.

#### Provide additional information about this indicator (optional).

For FFY 2023, on November 1st, 2023, there were 1,808 children birth to three years of age with IFSPs in North Dakota, an increase of 104 children from FFY 2022. The number of children served is from Table 1 (618 data). The population of children birth to one year of age was 29,164, a decrease of 673 children from FFY 2022.

### 6 - Prior FFY Required Actions

None

### 6 - OSEP Response

### 6 - Required Actions

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	39.39%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.94%	99.02%	99.67%	99.45%	98.67%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

#### FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,093	1,348	98.67%	100%	98.74%	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.

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**Provide reasons for delay, if applicable.**

For FFY 2023, North Dakota had 17 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, 12 instances of delayed services were due to agency oversight, five (5) 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, 2023-June 30 2024

**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 2023.

In FFY 2023, 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 2023, North Dakota had 17 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, 12 instances of delayed services were due to agency oversight, five (5) were due to agency illness, and zero (0) were due to agency shortage. In the case of all 17 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 2023 noncompliance was discovered through the APR data review process and was verified on December 2, 2024. On January 22, 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 2022**

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

**FFY 2022 Findings of Noncompliance Verified as Corrected****Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

For FFY 2022, 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 2022 on January 23, 2024 to five (5) providers. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on June 30, 2024. Of the five (5) providers, four (3) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) provider stopped serving children prior to the correction and verification process. Their licensed service 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.

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

For FFY 2022, 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 29, 2024, that in 18 of the 18 individual instances, the initial IFSP meeting was held, although late. Individual instances of noncompliance were verified as corrected for all programs on April 29, 2024. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on June 30, 2024.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

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

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

### Response to actions required in FFY 2022 SPP/APR

For FFY 2022, 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 2022 on January 23, 2024 to five (5) providers. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on June 30, 2024. Of the five (5) providers, four (3) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) provider stopped serving children prior to the correction and verification process. Their licensed 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.

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 29, 2024, that in 18 of the 18 individual instances, the initial IFSP meeting was held, although late. Individual instances of noncompliance were verified as corrected for all programs on April 29, 2024. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on June 30, 2024.

## 7 - OSEP Response

### 7 - 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.

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.09%	97.06%	99.17%	98.56%	99.21%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

#### FFY 2023 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
150	152	99.21%	100%	98.68%	Did not meet target	No Slippage

#### Number of documented delays attributable to exceptional family circumstances

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

0

#### Provide reasons for delay, if applicable.

For FFY 2023, North Dakota had two (2) 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, two (2) 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 2023. 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. 152 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements.

In FFY 2023, 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 2023, North Dakota had two (2) 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, two (2) instances of missing transition steps and services were due to agency oversight. In the case the two (2) instances, at the time of discovery, the IFSPs had been corrected to include documented transition steps and services, although late.

The two (2) 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 two (2) providers. Thirteen providers had 100% compliance with Indicator 8A.

Indicator 8A FFY 2023 noncompliance was discovered through the APR data review process and was verified on December 10, 2024. On January 22, 2025, Letter of Findings were 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 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

#### FFY 2022 Findings of Noncompliance Verified as Corrected

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

For FFY 2022, North Dakota issued a Letter of Findings to one (1) 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.

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 2022 on January 23, 2024, to one (1) provider. Correction was verified according to Federal requirements. For the single provider, the finding was verified as corrected on May 21, 2024. The provider demonstrated 100% compliance after one (1) data review, which did not require them to review and revise their current policy and training plans to assure future compliance.

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

For FFY 2022, North Dakota issued a Letter of Findings to one (1) 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 29, 2024, that in one (1) of the one (1) 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 29, 2024. Correction was verified according to Federal requirements. The one (1) finding was verified as corrected on May 21, 2024.

4/2025: ND acknowledges that a mistake was made in the final line of the paragraph above. Originally, it was written, "The two (2) findings were verified as corrected on May 21, 2024." This was incorrectly written due to human error. It has been corrected above to note that for FFY 2022 there was only a single individual instance of noncompliance with Indicator 8a. For the individual, a records review on April 29, 2024 indicated that the IFSP had been corrected to include transition steps and services, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

**8A - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

For FFY 2022, North Dakota issued a Letter of Findings to one (1) 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.

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 2022 on January 23, 2024, to one (1) provider. Correction was verified according to Federal requirements. For the single provider, the finding was verified as corrected on May 21, 2024. The provider demonstrated 100% compliance after one (1) data review, which did not require them to review and revise their current policy and training plans to assure future compliance.

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 29, 2024, that in one (1) of the one (1) 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 29, 2024. Correction was verified according to Federal requirements. The one (1) finding was verified as corrected on May 21, 2024.

4/2025: ND acknowledges that a mistake was made in the final line of the paragraph above. Originally, it was written, "The two (2) findings were verified as corrected on May 21, 2024." This was incorrectly written due to human error. It has been corrected above to note that for FFY 2022 there was only a single individual instance of noncompliance with Indicator 8a. For the individual, a records review on April 29, 2024 indicated that the IFSP had been corrected to include transition steps and services, although late.

**8A - OSEP Response**

## 8A - 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.

## 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.52%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	85.00%	89.71%	Not Valid and Reliable	93.28%	94.55%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

#### FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
113	152	94.55%	100%	95.76%	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.

34

#### Provide reasons for delay, if applicable.

For FFY 2023, North Dakota had five (5) 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, five (5) instances of a missing LEA Notification were due to agency oversight

#### 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 2023. 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. 152 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements.

In FFY 2023, 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 2023. 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. 152 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements.

In FFY 2023, 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 2023, North Dakota had five (5) 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, five (5) instances of a missing LEA Notification were due to agency oversight. In the case of all five (5) instances, at the time of discovery, the LEA Notification was sent, although late.

For LEA notification: A total of 152 records were reviewed. Of those 152 records, 34 parents chose to opt-out of the notification. Of the 118 that required LEA notification, 113 of the records contained documentation of the notification. Five (5) records did not contain a timely notification, therefore, North Dakota's performance for LEA notification is at 95.76%. The five (5) 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.

Updated April 2025: For SEA notification: SEA Notification is managed at the state level. A total of 152 records were reviewed, which are the same as those reviewed for LEA Notification. Of those 152 records, 34 parents chose to opt out of the notification. The Part C Coordinator reviewed the timeliness of the SEA notification being sent for these 118 children. Of the 118 that required SEA notification, 118 records were sent timely. Zero (0)



records were not sent timely.

Indicator 8B FFY 2023 noncompliance was discovered through the APR data review process and was verified on December 10, 2024. On January 22, 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 2022

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

#### FFY 2022 Findings of Noncompliance Verified as Corrected

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

Updated April 2025: For FFY 2022, 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 2022, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2022, 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 2022 on January 23, 2024 to five (5) programs. Correction was verified according to Federal requirements. The findings were verified as corrected on June 27, 2024. Four (4) programs demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance.

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

Updated April 2025: For FFY 2022, 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 2022, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2022, 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 29, 2024, that in six (6) of the six (6) individual cases, the LEA Notification was sent, although late. Individual instances of noncompliance were verified as corrected for the program on April 29, 2024. Correction was verified according to Federal requirements. The five (5) findings were verified as corrected on June 27, 2024.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

#### Response to actions required in FFY 2022 SPP/APR

Updated April 2025: For FFY 2022, 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 2022, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2022, 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 2022 on January 23, 2024 to five (5) programs. Correction was verified according to Federal requirements. The findings were verified as corrected on June 27, 2024. Four (4) programs demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance.

Updated April 2025: For FFY 2022, 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 2022, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2022, 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 29, 2024, that in six (6) of the six (6) individual cases, the LEA Notification was sent, although late. Individual instances of noncompliance were verified as corrected for the program on April 29, 2024. Correction was verified according to Federal requirements. The five (5) findings were verified as corrected on June 27, 2024.

## **8B - OSEP Response**

### **8B - 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.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	83.30%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.36%	100.00%	97.50%	98.56%	100.00%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

#### FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
147	152	100.00%	100%	98.68%	Did not meet target	Slippage

#### Provide reasons for slippage, if applicable

In FFY 2022, North Dakota did not have any instances of noncompliance. In FFY 2023, North Dakota had two (2) instances of noncompliance, triggering slippage. This was due to staff turnover in Part B 619 programs.

#### 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.

3

#### Provide reasons for delay, if applicable.

For FFY 2023, North Dakota had two (2) instances where a transition conference was not held timely 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, two (2) instances of transition conference not held timely 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 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 2023. 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. 152 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements.

In FFY 2023 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 2023, North Dakota had two (2) instances where a transition conference was not held timely 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, two (2) instances of transition conference not held timely were due to agency oversight. In the case of both instances, at the time of discovery, the LEA Notification was sent, although late.

Indicator 8C FFY 2023 noncompliance was discovered through the APR data review process and was verified on December 10, 2024. On January 22, 2025, a Letter of Findings was issued to both providers who had at least one instance where a child's record did not contain evidence of a timely transition conference 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 2022

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

**8C - Prior FFY Required Actions**

None

**8C - OSEP Response**

**8C - Required Actions**

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.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

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 2022 SPP/APR**

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### 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

Target Range not used

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

NO

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

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

Stakeholders were used to create an updated Theory of Action and Evaluation Plan. Work with stakeholders began in FFY 21 when the current Theory of Action was reviewed with the ICC and the Statewide Early Intervention meeting. On January 12, 2022, the Statewide Early Intervention meeting offered feedback and discussion on updating the Theory of Action. On September 19, 2023, the Statewide Early Intervention meeting met to offer further edits to the Theory of Action and Evaluation plan. During 2023, meetings members were asked for their review, discussion, and feedback regarding the Theory of Action and Evaluation Plan. At the October 12, 2023, meeting, the ICC offered final edits for the plan. On January 16, 2024, Service Coordinators and EI Professionals met and reviewed the final editing for the Theory of Action and Evaluation Plan.

During the fall and winter of 2021, North Dakota Department of Health and Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed in the FFY 2020 SPP/APR and posted on the Early Intervention website.

ND HHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND HHS and NDICC had reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

SSIP ACTIVITIES: The following groups were engaged for SSIP activities:

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

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

Procedures Workgroup: Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.

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. The workgroup collaborated to develop a Memorandum of Agreement (MOA) to streamline referral processes and improve services for families. Additionally, they created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

Grant Stakeholder groups:

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

## Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

## Targets

FFY	2023	2024	2025
Target>=			

## FFY 2023 SPP/APR Data

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

## Provide additional information about this indicator (optional)

North Dakota reported fewer than ten mediations held in FFY 2022. 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

The State reported fewer than ten mediations held in FFY 2023. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions



## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Measurement

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

#### Instructions

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

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

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

#### Overview of the Three Phases of the SSIP

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

##### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

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

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

##### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

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	2023	2024	2025
Target	Data must be greater than or equal to the target	72.00%	73.00%	74.00%

FFY 2023 SPP/APR Data

Number of infants and toddlers reported in Indicator 3a progress category (c) plus number of infants and toddlers reported in 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	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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	reported in progress category (d)					
680	826	84.63%	72.00%	82.32%	Met target	No Slippage

**Provide the data source for the FFY 2023 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)**

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

The State revised the evaluation plan with stakeholders in 2023. The evaluation plan can be found at: <https://www.hhs.nd.gov/early-childhood-services/early-intervention/federal-reporting>. During FFY 2023, stakeholders were engaged to reassess and strengthen the Evidence-Based Practices (EBP's). Stakeholders revised the EBP from DEC 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, to the Pyramid Model and Routines-Based Interview (RBI). DEC F6 is now the framework for the evaluation plan as it highlights the vital nature of families represented in the Theory of Action. The Theory of Action remains unchanged.

During FFY 2023, stakeholders updated the Evidence-Based Practices (EBP's) to the Pyramid Model and Routines-Based Interview (RBI). DEC F6 is now the framework for the evaluation plan as it highlights the vital nature of families represented in the Theory of Action, which remains unchanged.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

North Dakota's stakeholders originally chose DEC F6 as the framework for evidence-based practices (EBP). During FFY 2023, meetings with our state OSEP contact and technical assistance prompted the State Team to explore updates to the EBPs. Stakeholders met to update the Evidence-Based Practices (EBP's).

On September 12, 2025, the ICC reviewed the EBPs on the Evaluation Plan and suggested updates to better represent our EBP work in the Evaluation Plan. On September 23, 2025, the Statewide Early Intervention meeting met to offer feedback on the EBPs in the Evaluation plan. On October 28, 2025, the state Resilient Early Intervention Leadership Advisory Committee also reviewed updates to the Evaluation Plan. The Evaluation Plan EBPs were updated to the Pyramid Model and Routines-Based Interview (RBI). DEC F6 is now the framework for the evaluation plan as it highlights the vital nature of families.

**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 2023, the creation of a data process manual began to assure procedures for valid and reliable data. 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. Fields for specific data elements were added in Therap for exiting data, and those elements will be included in an updated report beginning in FFY 2024, which will be included in the manual. 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 began 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 23 one parent and one service coordinator were added to the monthly PD workgroup. The PD workgroup focuses on creating early intervention modules for the state EI system. The workgroup is in the process of updating the Family-Centered Practice and the Service Coordination modules. A Competency Assessment tool (CAT) was also completed. Stakeholder feedback was collected on the previously developed Authentic Assessment and RBI modules. Stakeholder feedback was collected, and the following 3 modules were targeted for upcoming development: Informed Clinical Opinion, Eligibility, and IFSP.

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. Stakeholders are developing updated Transition procedures and an updated General Supervision document. In FFY 2024 and annually, stakeholders will review and re-prioritize the procedure list. Supplemental guidance is being developed around 2.7, 2.9, parent handbook, and referrals. Work is nearing completion after a full stakeholder review.

4.1 Policy Workgroup develops procedures.

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: Fields for specific data elements were added in Therap, web-based data system, for exiting data, and those elements will be included in an updated report beginning in FFY 2024, which will be included in the manual. The state EI Specialist verified exit reasons within the data system without requiring manual review by local providers for Indicator 1, 7, and Table 3 for FFY 2023.

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: Work has been completed on the data system to show a 4-year review of data through Power BI for FFY 2023. Planning for public-facing system has been initiated.

Systems Framework: Data and Accountability/Monitoring

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

1.3 A statewide, online referral system is used for referrals: The ICC has been engaged to provide input on desired components of an online referral system for EI.

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 ready access for community referrals in the EI statewide system.

Professional Development Strand Outcome: Early Intervention leaders (families and EI professionals) are 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 family stakeholders developed professional development modules through regular meetings. During FFY 2023, one parent and one service coordinator were added to the PD workgroup. The workgroup had monthly meetings. The group continues to work updating the Family-Centered Practices and Service Coordinator modules with planned release in 2026. A Competency Assessment tool was released. The PD workgroup presented their work process and Authentic Assessment module content internationally at the Division of Early Childhood (DEC) conference in Minneapolis, MN, on December 1st, 2023. The PD workgroup also presented in Bismarck, ND, at the state Developmental Disabilities (DD) Conference on October 3rd, 2023.

Systems Framework: Professional Development

Systems Change: This strategy supports systems change through sustainability of systems improvement. Local EI leaders create professional development 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 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. An annual review of Peoplesoft analytics was completed to demonstrate the use of the PD modules across the state. The review of data analytics for the Authentic Assessment module Parts 1-3 and the RBI module Parts 1-3 indicated that 178 early interventionists, 4 students, 70 service coordinators, and 1 experienced parent completed a total of 709 modules since the module placement on the Peoplesoft platform. Users completed the modules and rated themselves at a high level of understanding in the following areas:

The following are responses from participants on the module feedback survey about the Peoplesoft Platform:

"I liked that it was a little bit interactive. It helps to stay engaged when they ask some simple questions along the way to check in with you."

"Can be done when I have time in schedule! Can move at speed that allows for best understanding."

"Very laid out and organized at the beginning, explaining clearly where we are in the process."

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

AA Part 1: 92.96%

AA Part 2: 94.52%

AA Part 3: 96.72%

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

RBI Part 1: 92.10%  
RBI Part 2: 90.32%  
Training increased my ability to talk with families in EI about authentic assessment.  
AA Part 1: 83.33%  
AA Part 2: 93.24%  
AA Part 3: 93.55%  
Training increased my ability to talk with families in EI about family assessment.  
RBI Part 1: 92.00%  
RBI Part 2: 88.71%

Participant demographics indicated 43 modules were completed by new staff (less than a year of employment) for on-boarding with the following participation:

AA Part 1: 16  
AA Part 2: 7  
AA Part 3: 5  
RBI Part 1: 10  
RBI Part 2: 5

RBI Part 3 data will be reported in the FFY 2024 SSIP.

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 the ability for community partners to access 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: For FFY 2023, General Supervision and transition procedures were identified as priorities for development. In FFY 2024 and annually, stakeholders will review and re-prioritize the procedure list. General Supervision and transition procedure work with stakeholders is ongoing. FFY 2023 procedure work continues around Transition and General Supervision.

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: This work begins in July 2025.

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 all stakeholders in the EI statewide system.

4.3 Stakeholder Transition Committee updates state transition guidelines: A Part C and Part B collaborative stakeholder transition workgroup, including parents and community agencies, was developed in December 2023. The workgroup has met twice a month during FFY 2023 to review and update transition policy and procedures. Supplemental guidance is being developed around 2.7, 2.9, parent handbook, and referrals. Work is nearing completion after a full stakeholder review.

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: Online manual development continues as processes are refined. Therap improvement and data transparency process continue with stakeholders. State training for the AEPS-3 validity and reliability will begin in April, 2025, for Service Coordinators and Early Interventionists.

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 to show trend data and utilize Power BI as a tool for stakeholder data analysis in real-time.

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: During FFY 2024, the PD workgroup will complete the Family-Centered Practices module for release on the Peoplesoft system. The Service Coordination module series will continue to be updated. The next step for the PD workgroup will be to update the Triadic Strategies module and begin work on the stakeholder created list of new performance support modules.

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 2024. Stakeholder feedback will be collected on RBI Part 3 modules, and the Family-Centered Practices modules to determine the effectiveness of the module content.

Policy & Procedure Strategies:

4.1 Policy Workgroup develops procedures: The Policy workgroup will complete the General Supervision procedure and begin work on a newly prioritized list of procedures for the next year. The Transition workgroup will finalize and disseminate their new handbooks with supplemental information.

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 pilot site information).

4.3 Stakeholder Transition Committee updates state transition guidelines: Stakeholders in the Transition Workgroup will complete a final review of the newly created materials and disseminate statewide.

**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.

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

Peer RBI fidelity reviews will be implemented in 2 regions.

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.

State scale-up of Pyramid Model occurs through pilot programs with coaching.

Programs use the Pyramid Model to fidelity based on EIPPF1.

#### **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 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 will be completed during FFY 2024, so data will be reported in the FFY 2024 report. 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 1: 92.10%

RBI Part 2: 90.32%

RBI Part 3: FFY 2024 data

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

RBI Part 1: 92.00%

RBI Part 2: 88.71%

RBI Part 3: FFY 2024 data

The following are responses from participants' module feedback survey about the RBI trainings:

"I enjoyed the break down (sic) of the RBI process especially going over the elements."

"Remember that everyone's "day" does not start the same way. I liked the example of maybe their day starts at night as a parent works the overnight shift. Good reminder."

"RBI is much more thorough and detailed/specific when the actual RBI process is followed. Using it to its full potential will be a big strength for our EI program."

"Creating an map of family supports seems very helpful for both the Interventionist and the family."

"No matter how many times I have had this training. I still feel that the refresher is needed. Especially when we do not do a good job of completing the RBI."

"I liked the explanation of the worry section and how it was related back to the emotions. I forget that part sometimes!"

"I found the rating verbiage to be very helpful in explaining why and how to rate, as that sometimes can be confusing."

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.

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 pilot sites. Pyramid pilot site applications were available for regions in March 2024. Three (3) EI programs in four (4) regions were chosen to pilot 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 the pilot 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. When training is completed in FFY 2024, pilot programs will use the EIPPF1 to work towards fidelity and improve practitioner's use of evidence-based practices for social-emotional skills and relationships. Fidelity reporting will begin in FFY 2024.

#### **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 pilot program site leaders are completing the Pyramid training process to begin using the practices in their regional programs. The pilot practitioners will begin to implement 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 pilot

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.**

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. For the Pyramid Model, training began with onsite training October 2-4, 2024, in Bismarck, ND with the pilot 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. When training is completed in FFY 2024, pilot programs will use the EIPPF to work towards fidelity and improve practitioner's use of evidence-based practices for social-emotional skills and relationships. Fidelity reporting will begin in FFY 2024.

Fidelity during FFY 2022-2023 has focused on gathering data around practitioner practice change in EBP DEC F6. As reported above, the following are participant ratings after completing RBI module training. Users completed RBI modules Part 1 and Part 2 during FFY 2023. RBI Part 3 will be completed during FFY 2024, so data will be reported in the FFY 2024 report. 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 1: 92.10%

RBI Part 2: 90.32%

RBI Part 3: FFY 2024 data

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

RBI Part 1: 92.00%

RBI Part 2: 88.71%

RBI Part 3: FFY 2024 data

The following are responses from participants' module feedback survey about the RBI trainings:

"I enjoyed the break down (sic) of the RBI process especially going over the elements."

"Remember that everyone's 'day' does not start the same way. I liked the example of maybe their day starts at night as a parent works the overnight shift. Good reminder."

"RBI is much more thorough and detailed/specific when the actual RBI process is followed. Using it to its full potential will be a big strength for our EI program."

"Creating an map of family supports seems very helpful for both the Interventionist and the family."

"No matter how many times I have had this training. I still feel that the refresher is needed. Especially when we do not do a good job of completing the RBI."

"I liked the explanation of the worry section and how it was related back to the emotions. I forget that part sometimes!"

"I found the rating verbiage to be very helpful in explaining why and how to rate, as that sometimes can be confusing."

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.

#### **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.**

none

#### **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:

EI programs (SC & ID) complete 16-month Routines-Based Interview (RBI) modules series with their staff: To be completed April, 2025.

Peer RBI fidelity reviews will be implemented in 2 regions: Scale-up of the RBI fidelity process using the RBI-FC will be finalized with stakeholders in March, 2025. RBI-FC process will begin across the state by June 2025 with baseline reporting of fidelity. Scale-up of fidelity reporting will occur 2025-2029. Scale-up process and fidelity data will be reported in FFY 2024.

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 1 is made up of three (3) EI programs in four (4) regions piloting the Pyramid model will complete training in spring 2025 to include: EI Practice-Based Coaching Training, Behavior Support Training, and Data Coordinator Training. The pilot program sites will begin implementation of using practices by summer 2025.

Programs use the Pyramid Model to fidelity based on EIPPF: Data and fidelity reporting will begin using the EIPPF during FFY 2024.

#### **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 was re-developed with stakeholders during FFY 2022. During FFY 2023, stakeholders aided in clarification of the Evaluation Plan EBP and framework. The evaluation plan and strategies are being carried out, and the SiMR data is meeting targets. Fidelity data reporting will begin in FFY 2024, and FFY 2023 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.

Stakeholders were used to create an updated Theory of Action and Evaluation Plan. Work with stakeholders began in FFY 21 when the current Theory of Action was reviewed with the ICC and the Statewide Early Intervention meeting. On January 12, 2022, the Statewide Early Intervention meeting offered feedback and discussion on updating the Theory of Action. On September 19, 2023, the Statewide Early Intervention meeting met to offer further edits to the Theory of Action and Evaluation plan. During 2023, meetings members were asked for their review, discussion, and feedback regarding the Theory of Action and Evaluation Plan. At the October 12, 2023, meeting, the ICC offered final edits for the plan. On January 16, 2024, Service Coordinators and EI Professionals met and reviewed the final editing for the Theory of Action and Evaluation Plan.

During the fall and winter of 2021, North Dakota Department of Health and Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed in the FFY 2020 SPP/APR and posted on the Early Intervention website.

ND HHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND HHS and NDICC had reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

**SSIP ACTIVITIES:** The following groups were engaged for SSIP activities:

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

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

Procedures Workgroup: Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.

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. The workgroup collaborated to develop a Memorandum of Agreement (MOA) to streamline referral processes and improve services for families. Additionally, they created professional development opportunities for statewide implementation, promoting collaborative efforts from the time a child is diagnosed with hearing loss through age three.

Grant Stakeholder groups:

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

Using implementation science, stakeholder groups have been continuously used to provide feedback and participate in ongoing work in early intervention. The State revised the evaluation plan with stakeholders in 2023. During FFY 2023, stakeholders were engaged to reassess and strengthen the Evidence-Based Practices (EBP's). Stakeholders revised the EBP from DEC 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, to the Pyramid Model and Routines-Based Interview (RBI). DEC F6 is now the framework for the evaluation plan as it highlights the vital nature of families represented in the Theory of Action. The Theory of Action remains unchanged

During the fall and winter of 2021, North Dakota Department of Health and Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed in the FFY 2020 SPP/APR and posted on the Early Intervention website.

The following groups were engaged:

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance create state PD modules for the Peoplesoft platform.

Statewide Pyramid Model Leadership Team: Part C coordinator, Early Intervention Specialist, state Service Coordinator Lead, and TA.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

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

Policy & Procedures Workgroup: Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.

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

EI Statewide Leadership Meeting: 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. Community partners join to present their initiatives and learn with EI staff.

Transition Workgroup: Cross-agency representation of Part C, Part B, service coordinators, early interventionists, parents, and experienced parents meeting to update transition guidelines.

Developmental Disability Service Coordinator Group: Monthly meeting of EI service coordinators with EI leadership and developmental disabilities.



PDG Leadership: A meeting of the state Preschool Development Grant (PDG) leadership team focusing on statewide scale-up of the Pyramid Model across the early childhood system.

Early Childhood State Conference Team: Cross-agency representation of ND's early childhood agencies working to plan annual early childhood conference and networking.

Experienced Parent Stakeholder Group: engaged to offer input on EI system procedures.

**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, website, and newsletters. 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, Policy and Procedure 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, Policy & Procedure 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 Policy & Procedure Workgroup stakeholders review current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. The Workgroup includes early intervention providers and service coordinators. 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 Statewide Early Intervention Meeting Group and the ICC Group review policy and procedure created by the Policy and Procedure Workgroup, supplying additional input. The Transition Workgroup is made up of Part B, Part C, community agencies, and parents to review and update the Transition materials. An Experienced Parent Stakeholder Group has been engaged to offer input on system procedures.

**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 REIL grant has been a support to staff in its focus on resilient early intervention leadership, and it has provided a foundation for being mindful of self-care. 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, staff have consistently expressed the need for PD support over time with deliberate planning and consideration of their ability to participate. This feedback has led to careful planning of initiatives, offering extended time for staff to participate fully. The Evaluation Plan ties strategies to recruitment and retention, specifically in the PD strand.

**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 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	100.00%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

### Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
8	0	8	0	0

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

For Indicator 1, there were no additional findings related to other IDEA requirements in FFY 2022.

**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 2022, North Dakota issued a Letter of Findings to eight (8) 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 2022 on January 23, 2024 to eight (8) providers. Correction was verified according to Federal requirements. All eight (8) findings were verified as corrected on June 28, 2024. Of the eight (8) providers, all eight (8) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans.

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

For FFY 2022, North Dakota issued a Letter of Findings to eight (8) 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 29, 2024, that in 36 of the 48 individual instances, the child received their service, although late. In the remaining 12 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 29, 2024. Correction was verified according to Federal requirements. All eight (8) findings were verified as corrected on June 28, 2024.

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

**Findings of Noncompliance Identified in FFY 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

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

For Indicator 7, there were no additional findings related to other IDEA requirements in FFY 2022.

**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:**

FFY 2022, 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 2022 on January 23, 2024 to five (5) providers. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on June 30, 2024. Of the five (5) providers, four (3) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) provider stopped serving children prior to the correction and verification process. Their licensed 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.

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

FFY 2022, 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 29, 2024, that in 18 of the 18 individual instances, the initial IFSP meeting was held,

although late. Individual instances of noncompliance were verified as corrected for all programs on April 29, 2024. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on June 30, 2024.

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

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

**Findings of Noncompliance Identified in FFY 2022**

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

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

For Indicator 8A, there were no additional findings related to other IDEA requirements in FFY 2022.

**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 2022, North Dakota issued a Letter of Findings to one (1) 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.

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 2022 on January 23, 2024, to one (1) provider. Correction was verified according to Federal requirements. For the single provider, the finding was verified as corrected on May 21, 2024. The provider demonstrated 100% compliance after one (1) data review, which did not require them to review and revise their current policy and training plans to assure future compliance.

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

For FFY 2022, North Dakota issued a Letter of Findings to one (1) 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 29, 2024, that in one (1) of the one (1) 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 29, 2024. Correction was verified according to Federal requirements. The one (1) finding was verified as corrected on May 21, 2024.

4/2025: ND acknowledges that a mistake was made in the final line of the paragraph above. Originally, it was written, "The two (2) findings were verified as corrected on May 21, 2024." This was incorrectly written due to human error. It has been corrected above to note that for FFY 2022 there was only a single individual instance of noncompliance with Indicator 8a. For the individual, a records review on April 29, 2024 indicated that the IFSP had been corrected to include transition steps and services, although late.

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

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

**Findings of Noncompliance Identified in FFY 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

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

For Indicator 8B, there were no additional findings related to other IDEA requirements in FFY 2022.

**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:**

Updated April 2025: For FFY 2022, 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 2022, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2022, 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 2022 on January 23, 2024 to five (5) programs. Correction was verified according to Federal requirements. The findings were verified as corrected on June 27, 2024. Four (4) programs demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance.

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

Updated April 2025: For FFY 2022, 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 2022, the records reviewed for LEA Notification were also reviewed for SEA Notification. For FFY 2022, 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 29, 2024, that in six (6) of the six (6) individual cases, the LEA Notification was sent, although late. Individual instances of noncompliance were verified as corrected for the program on April 29, 2024. Correction was verified according to Federal requirements. The five (5) findings were verified as corrected on June 27, 2024.

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

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

**Findings of Noncompliance Identified in FFY 2022**

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

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

For Indicator 8C, there were no additional findings related to other IDEA requirements in FFY 2022.

**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:**

In FFY 2022, North Dakota did not have any findings for Indicator 8c.

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

In FFY 2022, North Dakota did not have any findings for Indicator 8c.

**Optional for FFY 2023, 2024, and 2025:**

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

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
1	1	0

**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 received a credible allegation that a provider was not completing annual IFSPs timely. The state monitoring team reviewed a selection of recent IFSPs and verified that the provider was not meeting 100% compliance with timely annual plan completion. There were a total of 35 individual instances of a child not receiving a timely annual IFSP. A letter of findings was issued to the provider on November 7, 2022.

**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:**

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 2022 on November 7, 2022 to one program. Correction was verified according to Federal requirements. The findings were verified as corrected on May 3, 2023. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance.

A letter of closure was sent to the program on August 3, 2023.

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

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 March 1, 2023, that in 35 of the 35 individual cases, the annual IFSP was conducted, although late. Individual instances of noncompliance were verified as corrected for the program on March 1, 2023. Correction was verified according to Federal requirements. The one finding was verified as corrected on May 3, 2023.

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
19	1	19	1	0

**FFY 2023 SPP/APR Data**

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
20	20		100%	100.00%	N/A	N/A

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 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	20
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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)	20
3. Number of findings <u>not</u> verified as corrected within one year	0

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

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	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 2022, all findings have been verified as corrected within the one-year timeline.

## 12 - OSEP Response

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

## 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

Designated by the Lead Agency Director to Certify

**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:

Jacqueline C Adusumilli

#### Title:

Part C Coordinator

#### Email:

jadusumilli@nd.gov

#### Phone:

701-328-8968

#### Submitted on:

04/22/25 3:57:07 PM



## Determination Enclosures

### RDA Matrix

# North Dakota

## 2025 Part C Results-Driven Accountability Matrix

### Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
81.25%	Meets Requirements

### Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	5	62.50%
Compliance	16	16	100.00%

### 2025 Part C Results Matrix

#### I. Data Quality

##### (a) Data Completeness: The percent of children included in your State's 2023 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	912
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	1,500
Percentage of Children Exiting who are Included in Outcome Data (%)	60.8
<b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation)	1

##### (b) Data Anomalies: Anomalies in your State's FFY 2023 Outcomes Data

<b>Data Anomalies Score</b> (please see Appendix B for a detailed description of this calculation)	1
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#### II. Child Performance

##### (a) Data Comparison: Comparing your State's 2023 Outcomes Data to other States' 2023 Outcomes Data

<b>Data Comparison Score</b> (please see Appendix C for a detailed description of this calculation)	2
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##### (b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

<b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation)	1
--	---

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	82.32%	69.19%	66.74%	60.86%	78.41%	76.43%
FFY 2022	84.63%	70.29%	69.54%	61.14%	79.71%	78.65%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2025: Part C."

**2025 Part C Compliance Matrix**

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	96.18%	YES	2
Indicator 7: 45-day timeline	98.74%	YES	2
Indicator 8A: Timely transition plan	98.68%	YES	2
Indicator 8B: Transition notification	95.76%	YES	2
Indicator 8C: Timely transition conference	98.68%	N/A	2
Indicator 12: General Supervision	100.00%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are  $\geq 90\%$  and  $< 95\%$  for an indicator.

## Appendix A

### I. (a) Data Completeness:

#### The Percent of Children Included in your State's 2023 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2023 Outcomes Data (C3) and the total number of children your State reported in its FFY 2023 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2023 in the State's FFY 2023 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

## Appendix B

### I. (b) Data Quality:

#### Anomalies in Your State's FFY 2023 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2023 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2019 – FFY 2022 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2023 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

<b>Category a</b>	<b>Percent of infants and toddlers who did not improve functioning</b>
<b>Category b</b>	<b>Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>
<b>Category c</b>	<b>Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</b>
<b>Category d</b>	<b>Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>
<b>Category e</b>	<b>Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>

**Expected Range of Responses for Each Outcome and Category, FFY 2023**

<b>Outcome\ Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
<b>Outcome A\ Category a</b>	1.52	3.25	-1.74	4.77
<b>Outcome B\ Category a</b>	1.34	2.98	-1.64	4.32
<b>Outcome C\ Category a</b>	1.25	2.62	-1.37	3.87

<b>Outcome\ Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
<b>Outcome A\ Category b</b>	24.44	8.87	6.69	42.19
<b>Outcome A\ Category c</b>	21.76	13.64	-5.52	49.04
<b>Outcome A\ Category d</b>	26.56	9.69	7.17	45.94
<b>Outcome A\ Category e</b>	25.72	15.93	-6.14	57.59
<b>Outcome B\ Category b</b>	26.16	9.47	7.23	45.1
<b>Outcome B\ Category c</b>	30.12	12.97	4.17	56.07
<b>Outcome B\ Category d</b>	30.25	8.17	13.92	46.59
<b>Outcome B\ Category e</b>	12.12	8.46	-4.79	29.04
<b>Outcome C\ Category b</b>	21.94	9.15	3.64	40.24
<b>Outcome C\ Category c</b>	23.99	13.89	-3.8	51.77
<b>Outcome C\ Category d</b>	32.49	8.51	15.48	49.51
<b>Outcome C\ Category e</b>	20.33	14.99	-9.66	50.31

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

# Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	912
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	14	132	135	545	86
Performance (%)	1.54%	14.47%	14.80%	59.76%	9.43%
Scores	1	1	1	0	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	10	275	72	500	55
Performance (%)	1.10%	30.15%	7.89%	54.82%	6.03%
Scores	1	1	1	0	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	5	142	68	466	231
Performance (%)	0.55%	15.57%	7.46%	51.10%	25.33%
Scores	1	1	1	0	1

	Total Score
Outcome A	4
Outcome B	4
Outcome C	4
Outcomes A-C	12

Data Anomalies Score	1
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## Appendix C

### II. (a) Data Comparison:

#### Comparing Your State's 2023 Outcomes Data to Other States' 2023 Outcome Data

This score represents how your State's FFY 2023 Outcomes data compares to other States' FFY 2023 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited 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.*

*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.*

#### Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2023

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	46.08%	34.56%	54.67%	27.46%	53.10%	33.55%
90	80.98%	70.42%	82.41%	58.27%	84.63%	73.68%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

#### Your State's Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	82.32%	69.19%	66.74%	60.86%	78.41%	76.43%
Points	2	1	1	2	1	2

Total Points Across SS1 and SS2	9
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Your State's Data Comparison Score	2
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## Appendix D

### II. (b) Performance Change Over Time:

#### Comparing your State's FFY 2023 data to your State's FFY 2022 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2022) is compared to the current year (FFY 2023) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

#### Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of  $p \leq .05$ . The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2023 and FFY 2022 summary statements.

e.g.,  $C3A \text{ FFY}2023\% - C3A \text{ FFY}2022\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

$\text{Sqrt}[(\text{FFY}2022\% * (1 - \text{FFY}2022\%)) / \text{FFY}2022N] + ((\text{FFY}2023\% * (1 - \text{FFY}2023\%)) / \text{FFY}2023N)] = \text{Standard Error of Difference in Proportions}$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

Step 4: The statistical significance of the z score is located within a table and the  $p$  value is determined.

Step 5: The difference in proportions is coded as statistically significant if the  $p$  value is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest



Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	657	84.63%	826	82.32%	-2.30	0.0193	-1.1904	0.2339	NO	1
SS1/Outcome B: Knowledge and Skills	696	69.54%	857	66.74%	-2.80	0.0237	-1.1779	0.2388	NO	1
SS1/Outcome C: Actions to meet needs	547	79.71%	681	78.41%	-1.29	0.0233	-0.5544	0.5793	NO	1
SS2/Outcome A: Positive Social Relationships	754	70.29%	912	69.19%	-1.10	0.0226	-0.4882	0.6254	NO	1
SS2/Outcome B: Knowledge and Skills	754	61.14%	912	60.86%	-0.29	0.0240	-0.1189	0.9054	NO	1
SS2/Outcome C: Actions to meet needs	754	78.65%	912	76.43%	-2.22	0.0205	-1.0838	0.2785	NO	1

Total Points Across SS1 and SS2	6
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Your State's Performance Change Score	1
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**Data Rubric**  
**North Dakota**

FFY 2023 APR (1)

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

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	1	1

**APR Score Calculation**

<b>Subtotal</b>	13
<b>Timely Submission Points</b> - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	18

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

**618 Data (2)**

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

**618 Score Calculation**

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

**Indicator Calculation**

A. APR Grand Total	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	37.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

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

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

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

### SPP/APR Data

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

### Part C 618 Data

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

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	3/5/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

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

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

## Dispute Resolution

### IDEA Part C

North Dakota

Year 2023-24

#### Section A: Written, Signed Complaints

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

#### Section B: Mediation Requests

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

#### Section C: Due Process Complaints

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

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

North Dakota

These data were extracted on the close date:

11/13/2024

## **How the Department Made Determinations**

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



## United States Department of Education Office of Special Education and Rehabilitative Services

### Final Determination Letter

June 18, 2025

Honorable Patrick Traynor  
Interim Commissioner of Health and Human Services  
North Dakota Department of Health and Human Services  
600 East Boulevard Avenue, Department 325  
Bismarck, ND 58505

Dear Interim Commissioner Traynor:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that North Dakota meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of North Dakota's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

North Dakota's 2025 determination is based on the data reflected in North Dakota's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for North Dakota and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) North Dakota's Determination.

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2025: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2025, as it did for Part C determinations in 2016-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for North Dakota.) For the 2025 IDEA Part C determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 12. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part C Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations. For 2025, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of North Dakota's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access North Dakota's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that North Dakota is required to take. The actions that North Dakota is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) North Dakota's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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*The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.*

- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, North Dakota's 2025 determination is Meets Requirements. A State's 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. States will not be able to resubmit their IDEA Section 618 data after the due date. The 2024-25 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, North Dakota must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in North Dakota on the targets in the SPP/APR as soon as practicable, but no later than 120 days after North Dakota's submission of its FFY 2023 SPP/APR. In addition, North Dakota must:

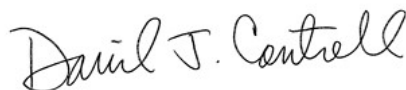
- (1) review EIS program performance against targets in North Dakota's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, North Dakota must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes North Dakota's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates North Dakota's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with North Dakota over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



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David J. Cantrell  
Deputy Director  
Office of Special Education Programs

cc: State Part C Coordinator