

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on

FFY 2020

Minnesota



**PART C DUE
February 1, 2022**

**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) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

Minnesota continues to be diligent in monitoring progress and determining opportunities for improved practices based on equity for each and every child and caregiver in Minnesota and 11 Tribal nations through Part C services as led by the Individuals with Disabilities Education Act (IDEA) of 2004, revised in 2011. This includes data collection and analysis systems; professional and leadership development; high-quality and equitable Individualized Family Service Plans (IFSPs) and programming; caregiver-centered service delivery and assessment practices; and increased caregiver, stakeholder, and Tribal Nation engagement in each part of systems' change and development. FFY2020 Annual Performance Plan demonstrates that Minnesota is currently meeting Compliance Targets for Indicators 1, 8B, and 8C. Compliance indicator 7 was not met but did not have slippage. Indicators 11A, and 11B were not met and had slippage. Compliance indicator 8A is determined with a new baseline. Performance Targets that are meeting targets are Indicators 2, 3A2, 3C1, and 3C2. Indicator 3C1 was not met but did not have slippage. Performance indicators 3B1, 3B2, 4A, 4B, 4C, 5, and 6 were not met and had slippage. All were affected by COVID-19 in addition to some other factors as clarified in each indicator narrative. Performance measures and their indications of quality services and programming continue as a top priority as we work to ensure we are meeting the needs of each and every child and caregiver.

As Minnesota continues to work toward equitable systems for each and every child and their caregivers we serve through Part C, we recognize that partnerships and collaboration are key. We have continued previous partnerships and also formed many new this past year. Our Early Childhood Special Education (ECSE) Team has been extensively collaborating with Assistance and Compliance with a new focus on partnered technical assistance to special education administrative units (SEAU), stronger interagency collaborations, building community partnerships, creating ways to engage caregivers and diverse stakeholders in meaningful and ongoing ways, and beginning relationship-building through consultation and collaboration with Minnesota's 11 Tribal Nations for American Indian Caregivers living on and off Tribal Nation lands, as supported by Minnesota codified law signed November 8, 2021. It is significant to note that Minnesota remains committed to ongoing monitoring and continuous improvement with a dedicated focus on ensuring equitable services and systems for each and every child and caregiver, knowing as a birth mandate state that Free and Appropriate Public Education (FAPE) means Part C is the entry into an educational system which too many communities experience through historical and current trauma and marginalization. The work continues.

Note that "caregiver" will be used in place of "family" throughout Minnesota's submission for FFY2020 to honor families' self-identifications of what this means for them, which may include and is not limited to parents, guardians, and childcare and education providers.

Additional information related to data collection and reporting

The COVID-19 pandemic had significant effect on all aspects of Minnesota's FFY2020 data. Our referral numbers through Help Me Grow Minnesota (HMG) demonstrated an almost 27% decrease overall for the year, with the lowest months being April and May 2020 (60% and 53% decrease, respectively). Additionally, child count (number of students enrolled on December 1 of each year) saw significant decreases during the 2020-2021 school year (12% in Part B/619 enrollment and 20% in Part C) and are showing some rebound in 2021-2022 for Part C (12% increase over previous year). Part B/619 saw another 2% decrease over 2020-2021 school year.

General Supervision System

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

ASSISTANCE AND COMPLIANCE

The Minnesota Department of Education (MDE) Division of Assistance and Compliance, previously known as Compliance and Assistance, underwent a name change that aligns with the shift in focus of the agency and around what the division has to offer. This change emphasizes the support and assistance the division provides to help minimize compliance concerns, while continuing to acknowledge the division's duties to ensure compliance with state and federal laws and regulations. The Division administers a comprehensive system of general supervision including multiple components to ensure compliance with the Individuals with Disabilities Education Act (IDEA) 2004 and support improved services and results. This system includes program and fiscal compliance monitoring, a comprehensive and effective dispute resolution system, and provision of technical assistance and professional development.

PROGRAM MONITORING

In FFY2020, MDE initiated revision of its monitoring process and development of the new "Stepwell MN" online system, including an annual statewide record review for indicator data collection. Development allows MDE to shift from a previous "end of life" web-based data system and cyclical monitoring which did not differentiate monitoring based on SEAU needs. The new system will generate a random statewide sample from the most recent reported enrollment data. Beginning in FFY2021, indicator data collection record reviews and correction of noncompliance will be completed and tracked via this new system. MDE is also moving towards a risk-based, cyclical monitoring process. SEAUs have been divided into five cohorts, and MDE will annually analyze risk data to identify programs with greater need for support and assistance. SEAUs identified as needing less support will complete a targeted record review, receive universal technical assistance, and may complete monitoring activities. The primary focus of monitoring activities will be on those SEAUs identified with greater needs. Once identified in need of additional program monitoring, the first phase of the process will be gathering additional data from the SEAUs to better understand their current policies, practices, and procedures. The second phase will include additional record reviews, site visits, facility reviews, and staff interviews based on activities from the first phase of the process. The third and final phase of the monitoring process will involve completion of corrective actions designed to address any identified noncompliance, as well as targeted technical assistance and support.

FISCAL MONITORING

MDE's fiscal monitors work to ensure that Part C funds are appropriately administered and used to serve eligible children. The fiscal team is also transitioning to the new online system. An annual risk assessment is completed to determine if an SEAU is considered low, medium, or high risk. Low-risk entities benefit from regular training opportunities, online resources, and open communication with the fiscal team. Medium-risk entities have

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targeted monitoring on one topic area that is considered higher risk across the state. High-risk entities receive a full, on-site review covering all seven major topic areas and online interviews with staff. Once the SEAs have been stratified into an appropriate risk category, the fiscal monitors utilize data from the Electronic Data Reporting System (EDRS) and the Minnesota Automated Reporting Student System (MARSS) to pick samples related to time and effort, procurement, and transportation. Information is also requested from SEAs for inventory management. Corrective action by the SEA takes place in the year following fiscal monitoring and may include documenting processes, changing documents to contain appropriate data, or making corrections within the EDRS or MARSS systems for accuracy. MDE reserves the right to reclaim funds if deemed used for ineligible purposes. The fiscal monitoring team receives fiscally based complaints and conducts targeted reviews. When complaints are received, the review is led by the fiscal supervisor and assisted by the fiscal monitor. A complaint can be filed about any entity that provides publicly funded intervention services directly to eligible children and caregivers. Before filing a complaint, MDE encourages the complainant to first contact the district's special education director to attempt resolution. Once a fiscal review is opened, documentation on the nature of the complaint is requested. Interviews with staff and an on-site visit may be conducted. If a violation is found and corrective action is necessary, a corrective action plan is developed and completed within a specified timeframe. MDE ensures that corrective action plans are implemented and completed within one year.

DISPUTE RESOLUTION

MDE's comprehensive dispute resolution system includes the alternative dispute resolution (ADR) program, special education complaint system, and impartial due process hearings to ensure that all infants and toddlers with disabilities are provided FAPE. MDE's ADR program provides conflict resolution assistance for parents, early intervention service (EIS) providers, and public agencies. Any organization or individual may file a special education complaint against any public agency or EIS provider on behalf of any eligible child with a disability. Before a complaint is filed, MDE encourages contact with the school district's special education director. Mediation or facilitated team meetings may address issues of conflict, and in both MDE provides a neutral third person to help reach resolution. A facilitated team meeting may be appropriate when the team is seeking to develop an Individualized Family Services Plan (IFSP). In contrast, a mediation may be appropriate when parents and lead agencies seek to build positive working relationships and resolve disagreements. Both MDE's ADR options have online forms for parties to submit for participation, and participation is voluntary for both parties. The special education complaint must allege a violation occurred not more than one year prior to the date that the complaint was received by MDE. Disputes may be resolved over identification, evaluation, education placement, or provision of a free appropriate public education to an infant or toddler with a disability using an impartial due process hearing. Parents and districts may, but are not required to, use mediation, conciliation, or another mutually agreed-upon alternative before proceeding to a hearing. Information is available on the MDE website including an optional due process complaint form, information on low-cost legal resources, and Minnesota's procedural safeguards notice. While most due process complaints are settled without a hearing, MDE continues to work with the Office of Administrative Hearings to educate parents and districts on their rights and responsibilities regarding due process hearing resolution sessions. Through these efforts, district documentation of the resolution sessions has increased substantially and MDE is obtaining more accurate data regarding when sessions are held and results. When MDE receives a complaint, the investigator assigned reviews the written complaint to determine the investigative issues. The complainant is contacted about the issues, claims, and facts. The investigator conducts an independent investigation, providing the complainant the opportunity to submit additional information and also providing the public agency or EIS provider with opportunity to respond. Based upon relevant information review, MDE makes an independent determination if a violation of IDEA has occurred. Unless exceptional circumstances exist, MDE is required to issue a written decision containing fact findings and reasons for MDE's final decision within 60 days after a complaint is filed. If a violation of IDEA is found, MDE may issue corrective action to complete within one calendar year.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

The Early Childhood Special Education (ECSE) Team at the Minnesota Department of Education (MDE) supports systems and local programs to implement high-quality, evidence-based services that center caregivers in ways that honor the strengths, culture, and self-identified priorities of each and every infant and toddler with disabilities, and their caregivers so that they experience positive self-identified outcomes.

MDE uses a variety of mechanisms to provide technical assistance to early childhood special education leaders, providers, and collaborating partners. Our website is a source of information for caregivers, administrators, service providers, regional child find partners, and other entities including our Governor's Children's Cabinet. The ECSE team typically hosts biannual forums to provide technical assistance and professional development to local program leaders and providers, an annual forum for new leaders, and a number of intra-and-interagency collaborative initiatives. With the change to fully-virtual TA supports during COVID-19, our three-day leadership conference was held virtually in partnership with the Minnesota Division for Early Childhood of the Council for Exceptional Children. We also held our one-day Spring leadership forum virtually in collaboration with our Preschool Development Grant and Early Learning Services colleagues through hosting a two-day Early Childhood Summit. Topics included supporting Part C and transition. A monthly virtual call is held for program leaders focused almost exclusively on technical assistance with an added section of learning for new leaders throughout the calendar year. Our annual New Leaders orientation was also held virtually over a two-day period in the fall with topics determined through engagement of a newly-formed Core Stakeholder group consisting of both ECSE leaders and providers from across all geographical regions.

The ECSE team provides targeted technical assistance and support in response to needs identified by the field. For example, in response to high Part C staff turnover, we created a three-part series of live, virtual Part C trainings. These live trainings were converted into a series of recorded webinars and PowerPoints which have been posted to our website (<https://education.mn.gov/MDE/dse/early/ecse/bc/>). Our Part C Data and Fiscal Manager also created district-specific Data Dashboards for child outcomes to support data-informed decision-making for ongoing program improvement, as well as providing direct consultation to districts for student reporting and maximization of funding. Our Part C Coordinator continues to provide monthly TA support to the Regional Interagency Early Intervention Committees (IEICs), the primary base of Minnesota's child find and public awareness and outreach work. Additionally, our team utilizes an Early Childhood Special Education (ECSE) team email box to allow local programs to receive timely, high-quality answers to their technical questions. To ensure consistency and alignment across agency and programs, the Q&As from the mailbox are catalogued for reference and analyzed for themes to identify broader TA and PD needs.

In efforts to better coordinate systems and programming for caregivers participating in Part C, the ECSE Team also focused on collaborating with other early childhood partners through:

- Monthly Open Office Hours focusing on topics inspired by the field supporting whole caregivers.
- Information giving and gathering sessions each Spring with American Indian Home/School Liaisons as part of efforts to increase collaboration with early childhood and early childhood special education.
- Continued membership in the Minnesota Learn the Signs Act Early Interagency committee.
- Various projects in partnership with Special Education and our Low Incidence groups supporting infants and toddlers with sensory loss (e.g., https://education.mn.gov/mdeprod/idcplg?IdcService=GET_FILE&dDocName=PROD034482&RevisionSelectionMethod=latestReleased&Rendition=primary).

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- Collaboration with Early/Head Start agency staff to create program collaboration grids (https://education.mn.gov/mdeprod/idcplg?IdcService=GET_FILE&dDocName=PROD034546&RevisionSelectionMethod=latestReleased&Rendition=primary).

Professional Development System:

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

Strengthening our professional development system for both the field and the ECSE team continues to be a priority. During FFY2020, the ECSE Team benefitted from the following TA to continue systems improvements for infants, toddlers, caregivers, and districts:

- Data systems support including intra-agency partners through The Center for IDEA Early Childhood Data Systems (DaSy) and Early Childhood Technical Assistance Center (ECTA) in a variety of opportunity levels, including the impacts of COVID-19 on Part C.
- Intensive level TA from Early Childhood Personnel Center (ECPC) supporting our Comprehensive System of Personnel Development (CSPD).
- Multiple levels of Family Outcomes Survey support through both a multi-state/entity Community of Practice (CoP) and individual intensive TA through ECTA and DaSy.
- Part C Racial Equity Community supporting systems-level change.
- Fiscal systems enhancement, data, and reporting support at varying levels through Center for IDEA Fiscal Reporting (CIFR) through a Community of Practice (CoP) and individual TA support.
- Intensive systems-level TA through ECTA supporting our ICC and Regional Interagency Early Intervention Committees (IEICs) in review of all statutes, policies, and implementation related to early childhood special education through an equity lens beginning with “child find.”
- System-level racial equity support and intra-and-interagency collaboration from the BUILD Initiative.

One component of our Comprehensive System of Personnel Development (CSPD) is the Minnesota Centers of Excellence for Young Children with Disabilities (MNCoe). The stated mission of the MNCoe is to partner with and support local early childhood special education leaders and programs to improve positive outcomes for children and caregivers. This year we began aligning the work of MNCoe to stakeholder and Tribal Nations’ identified needs from intensive in-reach and engagement opportunities. We have also begun incorporating ECSE Team learning through TA opportunities focusing on ensuring equitable access to high-quality services across the state and Tribal Nations, including exploration of scale-up as it pertains to our Part C state innovation for Part C: Evidence-Based Quality Intervention Practices (EQIP). The EQIP work also supports the application of foundational components leading to programs being ready to support infants, toddlers, and caregivers at the preschool level and beyond.

The MNCoe includes these structural components:

1. Professional Development Facilitators located within each region of the state. The 12.0 FTE of individuals in this role actively partner with local program leaders to identify opportunities to improve quality. This is achieved through service as the external coach to those programs implementing one of the three evidence-based interventions formally promoted through the MNCoe, foundational professional development activities, and as a cognitive coach for leaders to leverage as they design and implement professional development for their staff.
2. State Leadership Team of cross-sector personnel, higher education faculty, and other stakeholders in the system. Minnesota’s current Parent Training and Information Center sits on the Evidence-Based Quality Intervention Practices (EQIP) state leadership team (see #4).
3. Consistent use of the frameworks of active implementation
4. Three usable interventions that are evidence-informed, including the Pyramid Model (formerly TACSEI), Evidence Based Quality Intervention Practices (EQIP), and the Classroom Engagement Model (CEM)

During FFY2020 we continued to target discretionary federal funds to support local programs committing to the implementation of one of the three evidence-based interventions. We are shifting the allocation process for these funds in the coming year to be needs-based related to budget proposals and stakeholder feedback, ensuring more equitable access to districts across Greater Minnesota and school cooperatives who historically have had less capacity to apply for this funding. This will also include a proportionately higher number of districts serving American Indian Caregivers on and off Tribal Nation lands and many additional growing communities across Minnesota that have historically and are currently made to be most marginalized by the systems. These funds will continue being available to programs over a five-year period to eliminate identified barriers to scaling and sustaining use of these practices.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).

Minnesota eagerly seized the opportunity this year to change up our stakeholder engagement considerably. We had six main mechanisms for gathering input this first expansion of our processes: Collaboration with MDE’s Assistance and Compliance/Program Monitoring staff, a newly formed Core Stakeholder advisory group (regional representation of leaders and practitioners, higher education partners, and caregiver advocates), regional SEAU listening sessions, Tribal Nation engagement through both our Preschool Development Grant Tribal Lead and the Dream Catcher Project, pre-and-post feedback sessions specifically with our ICC, and publicly open listening sessions. All gatherings were held virtually due to continued COVID-19 mitigation efforts, and information was captured through large- and small-group sharing and discussion, as well as web-based polls and virtual collaboration tools such as Mentimeter and IdeaBoardz. The web-based polls allowed for in-the-moment feedback, as well as extended time for participant engagement after live meetings concluded. These information-gathering methods are also one way feedback is being shared back: participants were given access to the results of the polls through slides, reminder emails, and follow-up communication and are available to anyone else who asks with anonymous formatting.

Methods for soliciting input was dependent on role, and ranged from direct invitation focused on diverse inclusion of voices historically and currently not included in meaningful engagement, to listservs and public presentations at director and leader forums. The ICC was also included in new ways, from once being the main stakeholder group to being a pre-and-post advisory council with each ICC member attending at least one public listening session to collaborate in more meaningful ways with the caregivers and communities we serve and the providers we support.

The indicators and aligning targets were divided up into five related sets. Each set had a morning and an evening session to better support caregivers’ and professionals’ schedules. Participants were made aware of all dates ahead of time, as well as which sessions would have closed captioning services with an avenue to request additional accommodations as needed. Participants signed up through Alchemy surveys and received the calendar invites for each desired session along with preparatory materials. Each session included an equity grounding aligned with the indicator themes, background information about Part C specific to Minnesota, and additional contextual information for further understanding of the topics, indicator

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language, historical and current data for each indicator, and small group breakout questions to facilitate discussions. Conversations and ideas were captured through IdeaBoardz. In addition to historical and current data analysis, discussion sessions focused on:

- Equitable access, information, supports, and services.
- Centering ALL caregivers and especially those who have historically been and currently are made to be most marginalized by the education systems, especially as a birth mandate state.
- What each indicator and targets meant to each participant and can mean to caregivers.
- What has changed in Minnesota since the baselines that need to be considered when setting new targets.
- Unintended barriers and challenges; what is working and what isn't.
- What contexts MDE needs to know.
- How recommended targets can help us do better for infants and toddlers with dis/abilities and their caregivers and communities of support.
- How we might think about and use data differently, including increasing the importance of qualitative data (eg., caregivers' stories).
- Current language used and what ways we might think about language differently (e.g., "child find").
- Indicators 9 and 10 do not have to have baselines and targets established because our counts are under the minimum; however, what could that mean? Does "no data" mean "no concerns"?

Upon completion of all 10 listening sessions, the feedback and results were synthesized and presented to the ICC for final recommendations on stakeholder determinations for each indicator target. Included was a newly proposed definition for "timely" for Indicator C1. An additional final sharing occurred with both the Core Stakeholder Group and Dream Catcher Project (<https://education.mn.gov/MDE/dse/MDE086456>).

Results from all listening sessions and final ICC recommendations are directly reflected in Minnesota's FFY2021 SPP/APR submission for FFY2020-2025 targets. For C1, the newly proposed definition was supported in full given the focus on centering caregivers in more empowered and engaged ways. For all results-based indicators, participants prodigiously voted to either keep targets the same or begin with 2019 and follow the same trajectory of incline as FFY2014-2019 targets. Reasons shared were consistent with previous, current, and continued COVID-19 affects and concerns; systems-level equity work in process at the ICC and ECSE Team levels, ensuring this is done thoughtfully and that targets allow for necessary changes that may be recommended over the next six years; and data analysis.

It is significant to note that participation amongst all six mechanisms for expanded stakeholder and Tribal Nation engagement, participants included actively engaged voices from caregivers, Cultural Liaisons, Parent Advocates, all ICC members, Regional IEC members, Tribal Members and Dream Catcher coordinators, Early/Head Start, Friends/Families/Neighbors (FFN); Family Home Visiting, Program Monitors, social workers, Birth-to-3 and related service providers, ECSE Leadership, Special Education Directors, Higher Education representatives, Professional Development Specialists, Regional Low Incidence Facilitators, and representation from all regional sections of the state including school cooperatives and independent districts. It is also significant to note increased membership and diversity active in Minnesota's ICC. The ICC has grown by race/ethnicity; geographical region; type of role as outlined in federal regulation and state statute; number of parents; continued participation of interagency partners including the Departments of Education, Health, Human Services; and a newly appointed member of the Department of Commerce.

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

NO

Number of Parent Members:

10

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.

As we work to build engagement of caregivers in Minnesota's stakeholder engagement process for target setting, analyzing data, developing improvement strategies, and evaluating progress, we expanded caregiver engagement this past year in the following ways, with additional intentional strategies being put in place for the coming year:

1. We increased our parent membership on the Governor's Interagency Council on Early Childhood Intervention (ICC) in number and through greater representation of race/ethnicity, gender, and geographical region and adjusted the timing of meetings to prioritize caregivers' needs.
2. Representation from our Parent Training and Information Center (PTIC) attended each listening session topic held for SPP/APR targets – this included both advocacy and Cultural Liaison staff.
3. We intentionally asked district leadership, providers, and community partners to share information with, and invite caregivers they support, statewide and on and off Tribal Nation lands to the listening sessions in order to honor and support relationships and trust already built with caregivers.
4. We reached out to the Cultural Liaisons of our PTIC to ensure voices are helping build new tables from the diverse communities we serve across Minnesota and Tribal Nations.
5. Parent members of our ICC are present and actively engaged at each monthly ICC meeting, and a parent currently sits as our ICC Co-Chair.
6. There were a number of Parent Advocates and professionals supporting caregivers through other early childhood programming and home visiting programs present at all listening sessions.

Listening sessions in spring, summer and fall of 2021 focused on sharing and analyzing data in both large and small groups; doing comparisons across the previous SPP/APR cycle years to inform setting targets for FY2020-2025; considering what each target means and why it is important, as well as feedback on how we can better center caregivers in each indicator and the strategies and programming implemented to meet the targets. Caregivers, Family Advocates, and Cultural Liaisons who participated in the listening sessions were actively engaged in each of these conversations, and we made sure there was caregiver representation in each small group during breakouts when possible. Since this intentional in-reach with caregivers specifically is a newer process for MDE in these in-depth ways, developing improvement strategies and evaluating progress will be ongoing over the coming year and will be reported in the SPP/APR submitted February 1, 2023.

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.

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Over the last 18 months, through our extensive stakeholder engagement that was inclusive of diverse caregiver perspectives and lived experiences, the targeted plan associated with our state systemic improvement plan demonstrated the need to modify and revise several key components of our Family and Child Outcomes as well as to build capacity of our practitioners and leaders in culturally responsive programs and trauma informed services. Opportunities for involvement in this work came through ICC and IEIC meetings and listening sessions, regional listening sessions inclusive of leaders, practitioners, community organizations, and parent advocates. Additionally, MDE met with our designated parent information and training center liaisons to better understand the identified gaps in our system as well as how we would work to further engage communities most marginalized in our systems and those who speak heritage languages. Additionally, our Comprehensive System of Personnel Development workgroups each have parent/caregiver participation. This level of intentional in-reach with caregivers is a newer process for MDE's ECSE team. We developed improvement strategies and activities for progress evaluation knowing that we will be engaging in even more robust stakeholder engagement over the coming year and will be reported in the SPP/APR submitted February 1, 2023. Through a multi-step stakeholder engagement process specific to the American Rescue Plan (ARP) Funds, MDE determined use of the ARP funds for intensive and longer-term caregiver in-reach over the course of the next year led in large part by community partners directly connected to caregivers. This work will inform MDE in a number of significant ways to increase capacity of diverse groups of caregivers from across Minnesota and Tribal Nations. This includes activities to increase inclusion of diverse caregivers at each table building for development of implementation activities that will improve outcomes for infants, toddlers, and caregivers in ways caregivers want and know work best for them. The opportunity to learn from those who are most impacted by our services and systems, will have significant impacts on our Family Outcomes processes, including a redesigned survey, administration and turn-around reporting to service providers. We are committed to not designing systems of impact without the inclusion of those most impacted as we move through our SSIP.

Soliciting Public Input:

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

Solicitation of public input was conducted a number of ways for FFY2020-2025 SPP/APR indicator and target setting. Our primary method in general for public information sharing continues to be posting federal reporting and Part C Grant Application public comment period information on our Governor's Interagency Coordinating Council (ICC) website (<https://education.mn.gov/MDE/about/adv/active/ICC/>). In addition for this six-year cycle setting, the public was notified and encouraged to participate through listservs, surveys with dates and times for all listening sessions, and through community partnerships. Public opportunity is also always encouraged during our monthly ICC meetings, which are posted in advance on the MDE public calendar along with the virtual meeting link. Each listening session for FFY2020-2025 target setting utilized an open Zoom link without restriction by code to ensure easy access for anyone who wished to attend. Our Core Stakeholder group also facilitates ongoing data analysis, needs and improvement of strategies and ongoing evaluation on all aspects of our programming on a quarterly basis. Public participation is encouraged from all geographical regions with an emphasis this past year on rural areas that traditionally have not been able to attend public engagement opportunities due to distance from our main MDE location in Central Minnesota.

In addition to support from our Governor's Office in expanding participation on our ICC, including direct connections with the public, we continue building relationships with Tribal partners in order to increase American Indian caregiver and community engagement in all aspects of targets, data analysis, improving strategies, and evaluating progress. We also intentionally reach out through listservs and other methods such as forums to our partners in early care and education, including Early Head Start and Head Start, general education and preschool programs, Regional Low Incidence providers across the state, and new regional community hubs through our Preschool Development Grant.

Making Results Available to the Public:

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

MDE uses a variety of methods to share information with the public, and plans to expand our engagement mechanisms and processes in the coming year. Ongoing efforts include the MDE website, our ECSE Team and ICC webpages, listservs and GovDelivery, as well as additional MDE department newsletters (e.g., Special Education, COVID-19 updates, partnering interagency newsletters). MDE capitalizes on regular live opportunities with our ICC, the IEIC regional "child find" teams, our Core Stakeholder group, and monthly ECSE Leadership calls. Use of online survey systems allowed MDE to schedule and track participant lists for the target and indicator listening sessions, share slides and additional important information on all components of the work with participants, and contact these partners for the purpose of data analysis, development of improvement strategies, and evaluation. Timelines for most of these mechanisms is ongoing. In addition, the ICC, IEIC regional teams, Core Stakeholder group, and ECSE Leadership calls occur monthly. Through the stakeholder engagement process, we hope to learn and incorporate additional strategies and mechanisms for public access to information and active engagement opportunities.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 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 2019 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 revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

MDE makes an annual determination on the performance of each Special Education Administrative Unit (SEAU) against specific criteria. MDE reviews all SEAU performance against targets in the Annual Performance Report (APR) and determines whether each SEAU meets the requirements of Part C of the Individuals with Disabilities Education Act (IDEA).

MDE publicly reports the performance of each SEAU by member district in its Data Center website under the Special Education District Profiles section. Performance on Part C indicators 1-8 is displayed on a data sheet that includes the program performance, the state rate, and the state target. These district data profiles can be found at the Data Reports and Analytics webpage. The URL is <https://public.education.mn.gov/MDEAnalytics/Data.jsp>. In addition, regular updates are shared with ECSE Leadership regarding data and implementation of the SPP/APR and State Systemic Implementation plan, as well as interactive engagement as driven by the field or the ECSE Team.

A complete copy of Minnesota's SPP and APR are located on MDE's website on the landing page from the Governor's Interagency Coordinating Council. The URL is <https://education.mn.gov/MDE/about/adv/active/ICC/>. The ICC also voted the SPP and APR stand as our state's annual legislative report on Part C, which can be found each year at <https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>.

Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State's FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2019 SPP/APR

Indicator 11 was made available upon request immediately while we worked with our Communications Team at MDE to ensure new MDE accessibility posting requirements were also met. FFY2021 Indicator 11 is posted on the ICC Webpage: (<https://education.mn.gov/MDE/about/adv/active/ICC/>).

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.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
85	91	100.00%	100%	100.00%	N/A	N/A

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.

6

Provide reasons for delay, if applicable.

Of the 91 records reviewed, six records were found to have delays in early intervention service provision due to the caregiver being unavailable. In four of the cases, services were cancelled or delayed due to illness, hospitalization or medical appointments. In one situation, the delay was due to difficulty contacting and scheduling with the caregiver. For one child, the parent cancelled the scheduled appointment with no explanation given.

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).

As determined through extensive stakeholder engagement, Minnesota has updated the definition of "timely" to mean services beginning not more than 30 calendar days following the date of informed written consent, unless otherwise agreed upon by the caregiver and district.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

In FFY2020, MDE initiated revision of its monitoring process and contracted development of an online system for conducting an annual statewide record review for indicator data collection, moving away from MDE's Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system, which was determined to be at "end of life" for reliability, and the cyclical monitoring process used in the past, which did not differentiate monitoring based on SEAU needs. Due to delays in development, the system was not ready for launch in time to complete the record review for FFY2020. As a result, MDE completed the record review outside of the online system. The process for FFY2020 included generating a random statewide sample for each of the indicators. For indicator C1, the sample pulled records from the Minnesota Automated Reporting Student System (MARSS). Records were selected from the most recent statewide enrollment data for children identified as receiving Part C services. Once the sample was finalized, districts were notified and asked to complete a paper review of the record and submit the documentation to MDE. MDE reviewed the documentation submitted and verified a random sample of the reviews. If an SEAU were to identify any noncompliance, MDE would send a formal notification of the noncompliance. The SEAU would need to correct any noncompliance consistent with OSEP Memo 09-02.

Data for this indicator are gathered from examining records of children receiving Part C services and determining whether the services were provided in a timely manner. The FFY2020 data are based on reviews of records from 58 SEAUs, comprised of 66 individual districts. MDE continues to demonstrate 100% compliance with this indicator, meeting the target and maintaining the baseline of 100%. MDE has updated the baseline to reflect the new SPP cycle. The revised baseline, although still 100%, was determined by averaging the results for this indicator over the last cycle of the SPP. As MDE has consistently been at 100% for this indicator, the baseline has remained the same.

Provide additional information about this indicator (optional)

Please see Introduction for additional stakeholder engagement information. For Indicator 1, stakeholder engagement began with collaboration between the ECSE and Assistance and Compliance teams at MDE. A proposed new definition for "timely" was collaboratively determined, which was subsequently shared with the ICC for discussion and vote for approval, and finally, listening sessions with the public and all early childhood participants and caregivers attending listening sessions related to Indicator 1. Assistance and Compliance team members attended listening sessions where Indicator 1 was discussed to demonstrate support and collaboration to participants regarding the newly proposed definition. This served to ensure providers felt comfortable that the new definition would not be burdensome for them, and that this shift would not affect their abilities to meet compliance while also increasing caregiver-centered, high-quality services. In addition, the reasons for the proposed new definition for "timely" were shared with listening session participants and the ICC in transparency of the shift from provider-and-program-led to caregiver-centered and caregiver-empowered commensurate with full compliance of this indicator. Discussions during the listening sessions supported the new definition, reflecting enhanced flexibility within compliance better supporting caregivers' needs as is the intent of the law, and also that the new definition will increase communication and collaboration with caregivers around their rights from the beginning of the process. Participants also felt this new definition supports caregivers being in control of when they want services to begin while also supporting districts with continuing to meet all required timelines. The new definition was unanimously approved by all stakeholders and our ICC.

Correction of Findings of Noncompliance Identified in FFY 2019

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 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

None

1 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, but OSEP cannot accept that baseline revision because State's FFY 2020 baseline data reported in the Historical Data table and the FFY 2020 SPP/APR Data table is not consistent with the State's narrative. Specifically, in its narrative, the State reported, "The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP."

1 - Required Actions

If the State chooses to revise its baseline in the FFY 2021 SPP/APR, the State must ensure that the baseline data is consistent across each relevant Data table and within the State's narrative describing the baseline change.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	90.30%

FFY	2015	2016	2017	2018	2019
Target>=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	96.92%	97.70%	97.84%	98.06%	98.17%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

Please see Introduction for additional stakeholder engagement information. For Indicator 2, Stakeholder feedback was consistent across all engagement opportunities to keep Indicator 2 targets for FFY2020-2025 the same as FFY2014-2019. The main reasons shared by participants were the COVID-19 pandemic, increased use of virtual service delivery methodology, increased immigration in Minnesota, increased referrals, and the necessitous systems changes sparked for Minnesota and the world by George Floyd's murder. For many caregivers and providers, natural environments expanded to additional places caregivers spend their time made possible through virtual service delivery methods and to meet COVID-19 mitigation efforts (e.g., holding Part C services at the caregiver's neighborhood park when caregivers felt unsafe having non-caregiver members in their homes). There was also considerable discussion around expansion of "family" to include people supporting caregivers in new ways during COVID-19 (e.g., grandparents providing childcare when child cares had to be closed for COVID-19), and also centering what natural environments means for caregivers in new ways during this time in our collective history.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,867
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	4,890

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
4,867	4,890	98.17%	95.00%	99.53%	Met target	No Slippage

Provide additional information about this indicator (optional).

During FFY2020, telepractice methodology was utilized to ensure COVID-19 mitigation efforts where needed across the state (each district made individual decisions for programming as supported by up-to-date information and teaming support from the Minnesota Departments of Education and Health). The ECSE Team provided support for Part C service provision through a series of virtual and recorded webinars, including guidance that instructional settings were to continue being determined by the location of the child/caregiver during visits. Guidance also emphasized that virtual methods reflected methodology not a different instructional setting – the setting continued being based on the physical location of the child and caregivers, not the location of the providers. Feedback from the field included providers feeling more skilled in providing services virtually with increased coaching skills that demonstrated in improved engagement with caregivers.

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

This report is posted publicly on The Office of Special Education Programs (OSEP) website in accessible format, "[State Performance Plans \(SPP\) Letters and Annual Performance Report \(APR\) Letters](#)" (<https://sites.ed.gov/idea/spp-apr-letters>)

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

Please see Introduction for additional stakeholder engagement information. For Indicator 3, stakeholder engagement and feedback indicated keeping targets the same trajectory as FFY2014-2019 beginning with the 2019 target. The reasons included continued uncertainty with COVID-19, our state's enhancement in early intervention across all programs supporting Part C caregivers within caregiver-identified whole systems programming and supports, refining of the COS collection and practices in order to better support the unique needs of home and school environments for young children, and recognition that the current COS system used by many states including Minnesota is based on white Euro-centric indicators and development that we are working to change in Minnesota in the coming years through a number of strategies, including continued intensive caregiver and provider engagement and statewide supports in culturally responsive and trauma-informed services, to enhance our COS processes and data collection in ways that will better support each and every infant and toddler with disabilities in Minnesota and Tribal Nations for better long-term outcomes, so that "race and place" are no longer marginalizing determinants for child outcomes.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2018	Target>=	54.30%	54.40%	54.50%	54.60%	50.50%
A1	50.35%	Data	50.87%	49.15%	50.85%	50.35%	50.12%
A2	2018	Target>=	51.00%	52.00%	53.00%	54.00%	48.50%
A2	48.37%	Data	48.84%	50.18%	48.23%	48.37%	48.38%
B1	2018	Target>=	60.40%	60.50%	60.60%	60.70%	55.90%
B1	55.80%	Data	57.32%	58.78%	55.83%	55.80%	57.61%
B2	2018	Target>=	45.00%	45.50%	46.50%	47.50%	41.80%
B2	41.67%	Data	43.28%	44.41%	41.95%	41.67%	43.43%
C1	2018	Target>=	62.10%	62.20%	62.30%	62.40%	57.80%
C1	57.74%	Data	58.28%	58.02%	59.36%	57.74%	57.83%
C2	2018	Target>=	52.00%	53.00%	54.00%	55.00%	50.10%
C2	49.99%	Data	50.14%	50.83%	49.62%	49.99%	50.69%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	50.50%	50.60%	50.70%	50.80%	50.90%	51.00%
Target A2>=	48.50%	49.50%	50.50%	51.50%	52.50%	53.50%
Target B1>=	55.90%	60.00%	60.10%	60.20%	60.30%	60.40%
Target B2>=	41.80%	42.30%	43.30%	44.30%	45.30%	46.30%
Target C1>=	57.80%	57.90%	58.00%	58.10%	58.20%	58.30%
Target C2>=	50.10%	51.10%	52.10%	53.10%	54.10%	55.10%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

2,944

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	0.51%

Outcome A Progress Category	Number of children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	979	35.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	417	15.14%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	572	20.76%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	773	28.06%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	989	1,982	50.12%	50.50%	49.90%	Did not meet 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	1,345	2,755	48.38%	48.50%	48.82%	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	11	0.40%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	990	36.22%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	590	21.59%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	662	24.22%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	480	17.56%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	1,252	2,253	57.61%	55.90%	55.57%	Did not meet target	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	1,142	2,733	43.43%	41.80%	41.79%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Upon review of the data, it is observed that for this outcome, there are not as many children in categories c, d, and e as compared to outcomes A and C which likely created the slippage. As for reasons for fewer children meeting this outcome Target, we conclude that the associated skills that are cross walked to knowledge and skills are more difficult to support and observe as well as for caregivers to report on when utilizing virtual methods of service delivery which was a primary service method utilized by SEAUs during the 2020-2021 school year due to the COVID-19 pandemic and guidance from This report is posted publicly on The Office of Special Education Programs (OSEP) website in accessible format, "[State Performance Plans \(SPP\) Letters and Annual Performance Report \(ARP\) Letters](https://sites.ed.gov/idea/spp-apr-letters)" (<https://sites.ed.gov/idea/spp-apr-letters>)

the Minnesota Departments of Health and Education. Additionally, it is important to note and further explore why we have a greater rate of incomplete data reported for our children identified as Black, Indigenous, and People of Color (BIPOC). Furthermore, there is indication that 5-10% less of our children identifying as BIPOC in Part C services substantially increased their rate of growth prior to exiting. Finally, when looking at negative absolute change from entrance to exit, children identified as white are less representative of negative absolute change than their BIPOC peers.

Provide reasons for B2 slippage, if applicable

Upon review of the data, it is observed that for this outcome, there are not as many children in categories c, d, and e as compared to outcomes A and C which likely created the slippage. As for reasons for fewer children meeting this outcome Target, we conclude that the associated skills that are cross walked to knowledge and skills are more difficult to support and observe as well as for caregivers to report on when utilizing virtual methods of service delivery which was a primary service method utilized by SEAU's during the 2020-2021 school year due to the COVID-19 pandemic and guidance from the Minnesota Departments of Health and Education. Additionally, it is important to note and further explore why we have a greater rate of incomplete data reported for our children identified as Black, Indigenous, and People of Color (BIPOC). Furthermore, there is indication that 5-20% less of our children identifying as BIPOC in Part C services substantially increased their rate of growth prior to exiting. Finally, when looking at negative absolute change from entrance to exit, children identified as white are less representative of negative absolute change than their BIPOC peers.

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	8	0.29%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	886	32.17%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	480	17.43%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	813	29.52%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	567	20.59%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	1,293	2,187	57.83%	57.80%	59.12%	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	1,380	2,754	50.69%	50.10%	50.11%	Met target	No Slippage

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	6,149
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.	1,322

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Minnesota's process allows local programs to use a variety of sources to inform the ratings on each Child Outcome Summary form. Teams may use information from norm-referenced tools administered as part of a child's initial evaluation. They may also use caregiver report and professional observation to complete an age anchored criterion-referenced assessment tool. Minnesota's process requires careful use of the crosswalk documents developed by the Early Childhood Outcome Center. Minnesota requires ratings be made within a month of the actual date of entry or exit. For children exiting Part C and transitioning into early childhood special education services under Part B, the Part C exit rating automatically becomes the Part B

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entrance rating. In the event that two different local teams serve the child under each part, the teams must reach consensus on an accurate C exit/B entrance rating.

Provide additional information about this indicator (optional).

The criteria for defining “comparable to same-aged peers” when using Early Childhood Outcomes Center’s (ECO’s) Child Outcomes Summary Form (COS) process has been defined as a child who has been assigned a score of 6 or 7 on the COS Form.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

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.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, 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 and 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	2015	2016	2017	2018	2019
A	2013	Target>=	90.30%	90.60%	91.00%	91.50%	92.00%
A	89.22 %	Data	88.98%	89.91%	89.24%	92.58%	91.09%
B	2013	Target>=	93.40%	93.60%	93.80%	94.00%	94.20%
B	92.58 %	Data	91.31%	92.72%	91.96%	95.35%	93.87%
C	2013	Target>=	90.60%	90.90%	91.20%	91.50%	91.80%

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C	89.80 %	Data	89.56%	89.91%	89.51%	94.21%	92.00%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	90.30%	90.60%	91.00%	91.50%	92.00%	92.50%
Target B>=	93.40%	93.60%	93.80%	94.00%	94.20%	94.40%
Target C>=	90.60%	90.90%	91.20%	91.50%	91.80%	92.10%

Targets: Description of Stakeholder Input

Please see Introduction for additional stakeholder engagement information. For Indicator 4, stakeholder engagement and feedback indicated keeping targets the same as FFY2014-2019. The main reasons included a significantly low return rate and recognition that one caregiver's story needs to be honored as one caregiver's story; and Minnesota is currently redesigning the Family Outcome Survey and collection. Some considerations for the redesign shared that also affected target setting and continued engagement throughout the redesign include: Consideration of additional ways caregivers may share knowledge and feedback such as oral storytelling; current return rate not being able to support broad or local programmatic assumptions and applications; necessary considerations for caregiver self-identification of race/ethnicity as this demographic data becomes a required part of federal reporting; considerations that for many caregivers and communities we serve, terminology used in outcomes and questions as currently asked in the form used in Minnesota do not take into account communities who have been historically and are currently made to be most marginalized by the systems (e.g., "rights" means something different for caregivers who are currently undocumented; how some questions are asked may not be culturally responsive; some communities believe it is important to please and be grateful and may only give positive feedback; questions are focused on individual skills instead of relationships when many communities are community-based); and there is need to ensure that caregiver feedback includes persons outside immediate family who support care for the infant or toddler. All of these considerations led to continuing targets forward and will affect Minnesota's FOS redesign.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	3,778
Number of respondent families participating in Part C	658
Survey Response Rate	17.42%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	526
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	634
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	562
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	636
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	551
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	633

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 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)	91.09%	90.30%	82.97%	Did not meet target	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)	93.87%	93.40%	88.36%	Did not meet target	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)	92.00%	90.60%	87.05%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

Initial data clarification and interpretation for slippage in meeting this target indicates a decrease in child count significantly due to COVID-19 for a percentage of the total data included. In addition, the data set affected by COVID-19 includes guidance from the Minnesota Departments of Health and Education that in-person home visits by educational staff were not recommended for safety of caregivers and providers, which may have had an effect

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on: 1) relationships between providers and caregivers; 2) efficacy of service provision by providers who were unfamiliar with telepractice; and 3) planned sessions that were not held due to either caregiver choice or complicating COVID-19 factors. Also, the number of overall surveys was lower than last year, and a number of completed surveys could not be matched within the student data system. As a local control state, each district currently has an individual process for how caregiver outcomes surveys are completed, and we have identified multiple places in the current system that allow for human error. It is also important to note that when surveys were analyzed by race/ethnicity information, some demographic categories have small returns and therefore cannot be considered an accurate representation of the total served population. Given the low return rates overall, we recognize this data is indicative only of the caregivers who responded, and making programmatic assumptions would be inaccurate and could perpetuate ongoing systemic racism and marginalization of communities living in Minnesota and Tribal Nations.

Provide reasons for part B slippage, if applicable

Initial data clarification and interpretation for slippage in meeting this target indicates a decrease in child count significantly due to COVID-19 for a percentage of the total data included. In addition, the data set affected by COVID-19 includes guidance from the Minnesota Departments of Health and Education that in-person home visits by educational staff were not recommended for safety of caregivers and providers, which may have had an effect on: 1) relationships between providers and caregivers; 2) efficacy of service provision by providers who were unfamiliar with telepractice; and 3) planned sessions that were not held due to either caregiver choice or complicating COVID-19 factors. Also, the number of overall surveys was lower than last year, and a number of completed surveys could not be matched within the student data system. As a local control state, each district currently has an individual process for how caregiver outcomes surveys are completed, and we have identified multiple places in the current system that allow for human error. It is also important to note that when surveys were analyzed by race/ethnicity information some demographic categories have small returns and therefore cannot be considered an accurate representation of the total served population. Given the low return rates overall, we recognize this data is indicative only of the caregivers who responded, and making programmatic assumptions would be inaccurate and could perpetuate ongoing systemic racism and marginalization of communities living in Minnesota and Tribal Nations.

Provide reasons for part C slippage, if applicable

Initial data clarification and interpretation for slippage in meeting this target indicates a decrease in child count significantly due to COVID-19 for a percentage of the total data included. In addition, the data set affected by COVID-19 includes guidance from the Minnesota Departments of Health and Education that in-person home visits by educational staff were not recommended for safety of caregivers and providers, which may have had an effect on: 1) relationships between providers and caregivers; 2) efficacy of service provision by providers who were unfamiliar with telepractice; and 3) planned sessions that were not held due to either caregiver choice or complicating COVID-19 factors. Also, the number of overall surveys was lower than last year, and a number of completed surveys could not be matched within the student data system. As a local control state, each district currently has an individual process for how caregiver outcomes surveys are completed, and we have identified multiple places in the current system that allow for human error. It is also important to note that when surveys were analyzed by race/ethnicity information some demographic categories have small returns and therefore cannot be considered an accurate representation of the total served population. Given the low return rates overall, we recognize this data is indicative only of the caregivers who responded, and making programmatic assumptions would be inaccurate and could perpetuate ongoing systemic racism and marginalization of communities living in Minnesota and Tribal Nations.

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
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.	NO

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Minnesota is currently involved in intensive technical assistance activities to address our overall Family Outcomes Survey process, actual survey and the further development of caregivers supports to ensure that common language is understood, rights and expectations are universally known, and that turn-around reporting to school districts is available. This will be a two-year process, require new baselines to be established and new Target setting to occur once review, development, and implementation has occurred.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	24.55%	17.42%

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

We have conducted initial engagement with districts about their Family Outcomes Survey (FOS) process and ways they would like to see the FOS and process redesigned; including the role of MDE in training, distribution, and collection. We will also be engaging caregivers directly in this process over the coming year as we work with national intensive TA through both ECTA and DaSy and engage community partners for caregiver in-reach. We have also honored stakeholder feedback for American Rescue Plan (ARP) funds by dedicating a significant portion of our ARP allocation to Minnesota's redesign.

Our immediate steps for correcting our slippage and building a stronger caregiver outcomes data process include: 1) continued intensive TA support with our complete FOS redesign; 2) active continued participation in a Community of Practice through national TA centers specific to Family Outcomes Surveys; 2) continued translation and dissemination of our current FOS as posted on our website (<https://education.mn.gov/MDE/dse/ecse/fam/>) and

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ongoing TA support simultaneous to the redesign to ensure ongoing feedback from caregivers and providers. Our redesign focuses on all aspects of the FOS process, including but not limited to a new form, questions determined through stakeholder and Tribal Nation engagement that meet federal reporting requirements in more equitable and culturally supportive ways including possible audible surveys for caregivers who are not able to access the surveys in written formatting and whose knowledge sharing is traditionally through oral storytelling. All aspects of the FOS redesign are and will continue to be driven by caregiver, district, stakeholder, and Tribal Nations direction.

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.

Minnesota's Part C Family Outcome Survey process is broad in that the survey is distributed through local districts to every caregiver that is exiting from Early Intervention services with at least 6 months of services. Currently this system is administered anonymously. SEAU's are instructed to include their district number and the student state identification number (SSID) on each survey and then leave the survey and a return envelop addressed to the Minnesota Department of Education with each caregiver. It is recommended that this be done at the last visit with each early intervention caregiver. Once surveys are received, the paper copy is maintained as a record but the data are duplicated into an online spreadsheet. At this point, the state student identification numbers are cross referenced to a data base and linked to demographic data for each student. Each year, approximately 10-15% of total returned surveys are not able to be linked to demographic data due to data entry error (SSID cannot be matched).

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.

Of the records that we are able to disaggregate, the demographic analysis of race indicate that in all racial classifications, our return rate is within .75% of the racial breakdown of all students served in our early intervention program with the exception of white which is 2% less than the population served.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

Percentage metric was used and the comparison data utilized was child count data for children ages 0, 1, and 2 years of age within a school year.

Provide additional information about this indicator (optional).

Minnesota has made determinations that the FOS administration and content must be improved upon as racial distribution is not the only indicator of meeting the needs of our caregivers and ensuring that we have a greater return rate and are asking the "right" questions of caregivers to determine if we are meeting this outcomes is necessary to be culturally responsive. It is also critical that this data become data that districts have returned to them for program improvement purposes, and that communication between the state, districts, and caregivers is enhanced.

4 - Prior FFY Required Actions

None

4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 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.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.46%

FFY	2015	2016	2017	2018	2019
Target >=	1.05%	1.10%	1.15%	1.20%	1.21%
Data	0.95%	1.03%	1.05%	0.93%	0.94%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.00%	1.02%	1.04%	1.06%	1.08%	1.10%

Targets: Description of Stakeholder Input

Please see Introduction for additional stakeholder engagement information. For Indicator 5, stakeholder engagement and feedback indicated beginning the FFY2020-2025 targets at 1.00% and increasing to 1.10%. This is a decrease in target setting from FFY2014-2019. The participants shared their recommendation is not because we haven't met our previous cycle targets, but rather because we need to explore the why behind this. They also vocalized that we need to explore the why specifically and intentionally through an equity lens to disrupt what hasn't been working, to disrupt the dominant structure that "more is better" instead of focusing on if we are doing well for each and every child and caregiver in Minnesota and Tribal Nations at the beginning. "Child find" is the beginning of the educational system for children and caregivers in Minnesota and Tribal Nations. As also suggested by stakeholders, through intentional listening and believing caregiver and provider stories along with digging into the data, we hope to figure out the whys behind continued difficulty with Birth-to-1 connections to early childhood special education. One area of intense discussion during the engagement with participants around Indicators 5 and 6 provided a clear connection to needing to do better for each and every child and caregiver through more supportive terminology than "child find." One Tribal Nations' member shared that this has a complicated and burdensome historical context for Native Caregivers who experienced genocide through the American Indian boarding schools and continued intergenerational trauma from this today. Another member of the Latino/a/e/x Community shared that when someone talks about "child find" with a caregiver who is living undocumented, there is fear their child will be taken away. And another Participant of Color shared "my child is not lost". There was also sharing about the terms "referral" and "screening/evaluation." These are unnecessarily burdensome for many Caregivers of Color and for those from communities who speak heritage languages because referrals do not always lead to positive outcomes at disproportionate rates (e.g., child protection), and "screening/evaluation" can feel like a test from a system that was not created for People of Color and those who speak heritage languages. Asking caregivers who have negative experiences and historical trauma from the education system to trust that system with their babies in order to receive supports is a burden on caregivers that must change. We will keep working to do our part, including the intensive work our ICC is doing around statutes and policies beginning with "child find."

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	471
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More	07/08/2021	Population of infants and toddlers birth to 1	66,390

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Source	Date	Description	Data
Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020			

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
471	66,390	0.94%	1.00%	0.71%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The state of Minnesota saw significant decreases in referral rates due to COVID-19. During the initial implication of COVID-19 identification, we saw 50-60% declines in referral rates and rates that remained some of our lowest rates in 3-4 years of our Help Me Grow (HMG) system. Our HMG referral system has demonstrated over its lifespan that around 75% of referrals are those made by professionals (medical staff and county services staff predominantly) and that two-thirds of our referrals are for children between the ages of birth and 3 years old. Throughout the 2020 calendar year and well into the 2021 calendar year we saw significant decreases in referrals from professionals. Important to note is that many of our county services and medical services moved to virtual visit methods for engagement with caregivers. While virtual delivery of these services and engagement with caregivers ensure that health and social service needs were met, there was reduced opportunity for professionals to be able to observe young children directly and therefore observational concerns could not be identified. The reduction in referral rates through HMG are consistent with anecdotal reports from school districts that also saw significant decreases in direct referrals to SEAs. The referral rates are also directly correlated to the impact of our child count enrollment.

Provide additional information about this indicator (optional)

N/A

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

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.

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.56%

FFY	2015	2016	2017	2018	2019
Target >=	2.60%	2.68%	2.75%	2.82%	3.00%
Data	2.62%	2.71%	2.84%	2.94%	2.96%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.53%	2.60%	2.68%	2.75%	2.82%	3.00%

Targets: Description of Stakeholder Input

Please see Introduction for additional stakeholder engagement information. For Indicator 6, stakeholder engagement and feedback indicated keeping the same targets as FFY2014-2019 for many of the same reasons as for Indicator 5. In addition, the participants shared about ensuring the definition of "family" is expanded to include additional caregivers such as Early Head Start and Head Start, child care providers, community and ceremonial partners, extended caregivers for communities that center multi-generational care for infants and young children. There was also discussion and engagement around both considerations for at-risk factors in the future and ensuring trust-building and relationships that align with communities' ways of trust-building and relationships in order to better support families and caregivers through this initial process into the educational system in Minnesota and Tribal Nations.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	4,890
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, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	202,513

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
4,890	202,513	2.96%	2.53%	2.41%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The state of Minnesota saw significant decreases in referral rates due to COVID-19. During the initial implication of COVID-19 identification, we saw 50-60% declines in referral rates and rates that remained some of our lowest rates in 3-4 years of our Help Me Grow (HMG) system. Our HMG referral system has demonstrated over its lifespan that around 75% of referrals are those made by professionals (medical staff and county services staff predominantly) and that two-thirds of our referrals are for children between the ages of birth and 3 years old. Throughout the 2020 calendar year and well into the 2021 calendar year, we saw significant decreases in referrals from professionals. Important to note is that many of our county services and

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medical services moved to virtual visit methods for engagement with caregivers. While virtual delivery of these services and engagement with caregivers ensure that health and social service needs were met, there was reduced opportunity for professionals to be able to observe young children directly and therefore observational concerns could not be identified. The reduction in referral rates through HMG are consistent with anecdotal reports from school districts that also saw significant decreases in direct referrals to SEAUs. The referral rates are also directly correlated to the impact of our child count enrollment.

Provide additional information about this indicator (optional).

N/A

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

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 noncompliance as noted in OSEP's response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	92.94%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	97.70%	95.83%	96.28%	96.22%	87.84%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
54	85	87.84%	100%	92.94%	N/A	N/A

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.

Provide reasons for delay, if applicable.

Thirty-one of the 85 initial evaluations, assessments and IFSP meetings were not completed within the required 45-day timeline. Twenty-five of those 31 were identified as late due to exceptional caregiver circumstances. Some respondents indicated delays due to caregiver availability, caregiver illness or parent wishing to pause the evaluation process due to the COVID-19 pandemic. Six evaluations, assessments and initial IFSP meetings were determined to be late due to district causes. Comments indicate the lateness of these evaluations, assessments and initial IFSP meetings were primarily due to scheduling issues.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

In FFY2020, MDE initiated revision of its monitoring process and contracted development of an online system for conducting an annual statewide record review for indicator data collection, moving away from MDE’s Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system, which was determined to be at “end of life” for reliability, and the cyclical monitoring process used in the past, which did not differentiate monitoring based on SEAU needs. Due to delays in development, the system was not ready for launch in time to complete the record review for FFY2020. As a result, MDE completed the record review outside of the online system. The process for FFY2020 included generating a random statewide sample for each of the indicators. For indicator C7, the sample pulled records from the Minnesota Automated Reporting Student System (MARSS) for children newly identified as receiving Part C services. Once the sample was finalized, SEAUs were notified and asked to complete a paper review of the record and submit the documentation to MDE. MDE reviewed the documentation submitted and verified a random sample of the reviews. SEAUs with identified noncompliance were then formally notified of the noncompliance.

Data for this indicator are gathered from examining records of children determined eligible for Part C services and determining whether the evaluation, assessment and initial IFSP meeting was completed within 45 calendar days. The FFY2020 data are based on reviews of records from 57 SEAUs, comprised of 64 individual districts.

Provide additional information about this indicator (optional).

MDE has updated the baseline to reflect the new SPP cycle. The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP.

Please see Introduction for additional stakeholder engagement information. Despite not having to set targets for Indicator 7, we included discussions of the 45-day timeline in the stakeholder and Tribal Nation engagement sessions. For Indicator 7, discussion focused around possible “whys” for not meeting 100% for this indicator historically. This included suggestions that qualitative and anecdotal data about the whys from caregivers and providers’ perspectives may help address inequities that are leading to current percentages. There were additional suggestions such as making sure cultural liaisons and not just interpreters are involved from the beginning for caregivers who speak heritage languages, finding ways to meet the 45-day timeline while also building in as much time as possible for beginning relationship-and-trust building with caregivers finding ways to enhance supportive accountability for districts, and benefits of virtual meetings to help with timeliness and full team and caregiver participation.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	10	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

In response to the actions required by OSEP in the FFY2019 SPP/APR, MDE has revised its approach to demonstrating correction of noncompliance to include a subsequent review of additional data for all SEAUs with identified noncompliance and not just those with noncompliance deemed to be systemic or chronic. As part of this revised approach, MDE examined each of the findings of noncompliance from FFY2019 and reviewed updated data from the SEAU to verify correct implementation of the regulatory requirements. One SEAU with noncompliance identified in FFY2019 was determined to have systemic noncompliance in this area and was ordered a corrective action plan (CAP) as a result. The SEAU completed the CAP, including a subsequent review of student records, and submitted documentation to MDE. MDE accepted the SEAU’s evidence of completion validating the SEAU’s correct implementation of the regulatory requirements. The remaining nine SEAUs with identified noncompliance in FFY2019 were asked to review subsequent records to demonstrate correction. Those records were chosen randomly from MARSS data. SEAUs submitted to MDE paper reviews for regulatory compliance. Submitted documentation confirmed that all nine of the remaining SEAUs were correctly implementing the regulatory requirements. Altogether, MDE has reviewed updated data from all 10 SEAUs with identified noncompliance in FFY2019 and verified that each SEAU is correctly implementing 34 CFR § 303.310.

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

All record review data from FFY2019 was collected through MDE’s MNCIMP web-based data system. Once noncompliance was identified, it was tracked through the same web-based data system. For post-referral timelines, when record reviews were completed and data entered into the MNCIMP system, the SEAU provided the date of the referral and the date the evaluation, assessments and initial IFSP meeting were completed. This allowed MDE to verify that the actions had been completed, although they may have been late. If the date of the evaluation, assessments and the initial IFSP meeting was missing, MDE required the SEAU to submit the completed IFSP to demonstrate the evaluation and assessments and IFSP meeting had subsequently been completed, although late. If the student was no longer within the jurisdiction of the SEAU, the SEAU would submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, MDE verified all of the evaluations, assessments and initial IFSP meetings had been completed and that each SEAU with noncompliance reflected in the data the State reported for this indicator had completed the evaluations, assessments and IFSP meetings, although late, for any child whose initial evaluation and assessment and IFSP meeting was not timely unless the child was no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. All correction of individual student record noncompliance was completed within the one-year timeframe.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	10	10	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

FFY 2018

Findings of Noncompliance Verified as Corrected

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

In years prior, MDE considered a variety of factors in determining the steps the SEAUs must take to demonstrate correction of noncompliance including whether the noncompliance was extensive or found in only a small percentage of files and whether the noncompliance represented an isolated incident in the SEAU or reflected a long-standing failure to meet the IDEA requirements. For SEAUs with systemic or chronic noncompliance, a corrective action plan (CAP) was ordered and the SEAU was required to complete a subsequent review of student records in order to demonstrate the SEAU is now correctly implementing 34 CFR § 303.310. For SEAUs with only isolated incidents of noncompliance, the SEAU was required to correct only the individual cases of noncompliance. MDE did not review updated data to verify the SEAU was now correctly implementing the regulatory requirements.

In its review of the FFY2019 SPP/APR, OSEP found MDE did not sufficiently demonstrate that the SEAUs corrected the findings of noncompliance identified in FFY2018 because MDE did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02, based on a review of updated data. In response to this, MDE examined each of the findings of noncompliance from FFY2018 and reviewed updated data from each SEAU to verify correct implementation of the regulatory requirements. The 10 SEAUs with identified noncompliance in FFY2018 were asked to review subsequent records to demonstrate compliance. Those records were chosen randomly from MARSS data. SEAUs submitted to MDE paper reviews for regulatory compliance. Submitted documentation confirmed that all of the SEAUs were correctly implementing the regulatory requirements. MDE has reviewed updated data from all 10 SEAUs with identified noncompliance in FFY2018 and verified that each SEAU is correctly implementing 34 CFR § 303.310.

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

All record review data from FFY2018 was collected through MDE's MNCIMP web-based data system. Once noncompliance was identified, it was tracked through the same web-based data system. For post-referral timelines, when record reviews were completed and data entered into the MNCIMP system, the SEAU provided the date of the referral and the date the evaluation, assessments and initial IFSP meeting were completed. This allowed MDE to verify that the actions had been completed, although they may have been late. If the date of the evaluation, assessments and the initial IFSP meeting was missing, MDE required the SEAU to submit the completed IFSP to demonstrate the evaluation and assessments and IFSP meeting had subsequently been completed, although late. If the student was no longer within the jurisdiction of the SEAU, the SEAU would submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, MDE verified all of the evaluations, assessments and initial IFSP meetings had been completed and that each SEAU with noncompliance reflected in the data the State reported for this indicator had completed the evaluations, assessments and IFSP meetings, although late, for any child whose initial evaluation and assessment and IFSP meeting was not timely unless the child was no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. All correction of individual student record noncompliance was completed within the one-year timeframe.

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining 10 uncorrected findings of noncompliance identified in FFY 2018 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

In response to the actions required by OSEP in the FFY2019 SPP/APR, MDE has revised its approach to demonstrating correction of noncompliance to include a subsequent review of additional data for all SEAUs with identified noncompliance and not just those with noncompliance deemed to be systemic or chronic. As described above, MDE reviewed additional documentation submitted by all SEAUs with noncompliance identified in FFY2018 and FFY2019. Additional documentation was submitted either as part of a corrective action plan or a targeted review based on a random selection of student records specific to the SEAUs needing to demonstrate correction.

7 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, but OSEP cannot accept that baseline revision because State's FFY 2020 baseline data reported in the Historical Data table and the FFY 2020 SPP/APR Data table is not consistent with the State's narrative. Specifically, in its narrative, the State reported, "The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP."

7 - Required Actions

If the State chooses to revise its baseline in the FFY 2021 SPP/APR, the State must ensure that the baseline data is consistent across each relevant Data table and within the State's narrative describing the baseline change.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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

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or provider, consistent with OSEP Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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:

- 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;
- 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
- 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

- Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.
- Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.
- 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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP's response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	92.42%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

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Data	100.00%	100.00%	92.55%	98.00%	94.74%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has 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. (yes/no)

NO

If no, please explain.

A total of 66 student records were reviewed for this indicator. All records were for children that had received Part C services and are currently receiving Part B services. Four of the records were identified as having a transition conference late due to exceptional caregiver circumstances. There were three records in which the district held a timely transition conference where transition steps and services were discussed, but the steps and services were not sufficiently documented within the IFSP. In addition, there were two children that had IFSPs appropriately documenting the transition steps and services, but the transition conference did not take place at least 90 days before the child's third birthday. The reasons for delay were identified as "District: Unknown" suggesting the records did not have sufficient detail to determine why the district failed to meet the timeline. All nine children have successfully transitioned to Part B services.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
57	66	94.74%	100%	92.42%	N/A	N/A

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.

4

Provide reasons for delay, if applicable.

The results of the record reviews indicated four children had a late transition conference due to exceptional caregiver circumstances or the unavailability of the caregiver. There were three records in which a timely transition conference was held, but while documentation indicated the transition steps and services were discussed at the conference, the steps and services were not sufficiently documented within the IFSP. There also were two children that had IFSPs appropriately documenting transition steps and services, but the transition conference did not take place at least 90 days before the child's third birthday. The reasons for delay were identified as "District: Unknown" suggesting the records did not have sufficient detail to determine why the district failed to meet the timeline.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

In FFY2020, MDE initiated revision of its monitoring process and contracted for development of an online system to conduct an annual statewide record review for indicator data collection, moving away from MDE's Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system, which was determined to be at "end of life" for reliability, and the cyclical monitoring process used in the past, which did not differentiate monitoring based on SEAU needs. Due to delays in development, the system was not ready for launch in time to complete the record review for FFY2020. As a result, MDE completed the record review outside of the online system. The process for FFY2020 included generating a random statewide sample for each of the indicators. For indicator C8a, the sample pulled records, based on the most recent statewide enrollment data, from the Minnesota Automated Reporting Student System (MARSS) for children identified as exiting Part C services. Once the sample was finalized, SEAUs were notified and required to complete a paper review of the record and submit the documentation to MDE. MDE reviewed the documentation submitted and verified a random sample of the reviews. If an SEAU identified noncompliance, MDE sent a formal notification of the noncompliance; the SEAU would need to correct any noncompliance consistent with OSEP Memo 09-02.

Data for this indicator are gathered from examining records of children exiting Part C services and reviewing the IFSP to ensure the inclusion of transition steps and services and the timely completion of the transition conference. The FFY2020 data are based on reviews of records from 18 individual districts representing 17 SEAUs.

Provide additional information about this indicator (optional)

MDE has updated the baseline to reflect the new SPP cycle. The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP.

Please see Introduction for additional stakeholder engagement information. Despite not having to set targets for Indicator 8A, 8B, and 8C, we included discussions of all three Indicators in the stakeholder and Tribal Nation engagement sessions. Please note that the information included here includes feedback for all three of the Indicator 8 outcomes – they were discussed all together.

Feedback from participants included many discussions about the change from caregiver-centered Part C to classroom setting in Part 619 and other preschool opportunities, and that this is a difficult change for caregivers. Some of the considerations shared were ensuring caregivers understand differences in expectations for both children and caregivers; supporting systems to honor cultures and beliefs in a classroom environment when these are historically honored more fully in a home environment; and maintaining close relationships with caregivers and collaborating with community

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partners, cultural liaisons, Head Start, and other trusted partners. Participants also shared continued concerns around COVID-19 and the pressing emergencies of workforce. All themes connected to the burden needing to be on the systems, not the caregivers, as we work for change and better supports for each and every child and caregiver in Minnesota and Tribal Nations moving forward.

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

In response to the actions required by OSEP in the FFY2019 SPP/APR, MDE has revised its approach to demonstrating correction of noncompliance to include a subsequent review of additional data for all SEAU with identified noncompliance and not just those with noncompliance deemed to be systemic or chronic. As part of this revised approach, MDE examined each of the findings of noncompliance from FFY2019 and reviewed updated data from the SEAU to verify correct implementation of the regulatory requirements. Both SEAU with identified noncompliance in FFY2019 were asked to review subsequent records in FFY2020. Those records were chosen randomly from the MARSS system and submitted to MDE via a paper review for regulatory compliance. Submitted documentation confirmed that both SEAU were correctly implementing the regulatory requirements. MDE has thus reviewed updated data from each of the SEAU with identified noncompliance in FFY2019 and verified that each SEAU is correctly implementing the regulatory requirements.

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

All record review data from FFY2019 was collected through MDE’s MNCIMP web-based data system. Once noncompliance was identified, it was tracked through the same web-based data system. For correction of noncompliance, the SEAU submitted documentation to MDE as demonstration of correction. Resubmission was required until the SEAU was able to demonstrate correction. If the student was no longer within the jurisdiction of the SEAU, the SEAU was required to submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, all findings of noncompliance identified in FFY2019 were corrected in FFY2020. MDE has verified that all records with identified noncompliance in FFY2019 were corrected, and the SEAU are now in compliance, or the student is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. All correction of individual student record noncompliance was completed within the one-year timeframe.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	3	3	0

FFY 2018

Findings of Noncompliance Verified as Corrected

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

In years prior, MDE considered a variety of factors in determining the steps the SEAU must take to demonstrate correction of noncompliance including whether the noncompliance was extensive or found in only a small percentage of files and whether the noncompliance represented an isolated incident in the SEAU or reflected a long-standing failure to meet the IDEA requirements. For SEAU with systemic or chronic noncompliance, a corrective action plan (CAP) was ordered and the SEAU was required to complete a subsequent review of student records in order to demonstrate the SEAU is now correctly implementing the regulatory requirements. For SEAU with only isolated incidents of noncompliance, the SEAU was required to correct only the individual cases of noncompliance. MDE did not review updated data to verify the SEAU was now correctly implementing the regulatory requirements.

In its review of the FFY2019 SPP/APR, OSEP found MDE did not sufficiently demonstrate that the SEAU corrected the findings of noncompliance identified in FFY2018 because MDE did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02, based on a review of updated data. In response to this, MDE examined each of the findings of noncompliance from FFY2018 and reviewed updated data from the SEAU to verify correct implementation of the regulatory requirements. All three of the SEAU with identified noncompliance in FFY2018 were asked to review subsequent records in FFY2020. Those records were chosen randomly from the MARSS system and submitted to MDE via a paper review for regulatory compliance. MDE reviewed the documentation and verified a random sample of the reviews. Submitted documentation confirmed that all of the SEAU were correctly implementing the regulatory requirements.

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

All record review data from FFY2018 was collected through MDE’s MNCIMP web-based data system. Once noncompliance was identified, it was tracked through the same web-based data system. For correction of noncompliance, the SEAU submitted documentation to MDE as demonstration of correction. Resubmission was required until the SEAU was able to demonstrate correction. If the student was no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, all findings of noncompliance identified in FFY2018 were corrected in FFY2019. MDE has verified that all records with identified noncompliance in FFY2018 were corrected, and the SEAU are now in compliance, or the student is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. All correction of individual student record noncompliance was completed within the one-year timeframe.

8A - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in

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FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2018 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

In completion of the the record review, the SEAU is asked to identify the reason for noncompliance. MDE has reported the reasons identified by the SEAUs.

In response to the actions required by OSEP in the FFY2019 SPP/APR, MDE has revised its approach to demonstrating correction of noncompliance to include a subsequent review of additional data for all SEAUs with identified noncompliance and not just those with noncompliance deemed to be systemic or chronic. As described above, MDE reviewed additional documentation submitted by all SEAUs with noncompliance identified in FFY2018 and FFY2019. Additional documentation was submitted based on a random selection of student records specific to the SEAUs needing to demonstrate correction.

8A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, but OSEP cannot accept that baseline revision because State's FFY 2020 baseline data reported in the Historical Data table and the FFY 2020 SPP/APR Data table is not consistent with the State's narrative. Specifically, in its narrative, the State reported, "The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP."

8A - Required Actions

If the State chooses to revise it's baseline in the FFY 2021 SPP/APR, the State must ensure that the baseline data is consistent across each relevant Data table and within the State's narrative describing the baseline change.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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 = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.
- 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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP's response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

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Data	100.00%	100.00%	100.00%	100.00%	100.00%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
66	66	100.00%	100%	100.00%	N/A	N/A

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

N/A

Describe the method used to collect these data.

The method used to collect data for this indicator for FFY2020 began with generating a random statewide sample of children exiting Part C services. For indicator C8b, the sample pulled records from the most recent statewide enrollment data reported in the Minnesota Automated Reporting Student System (MARSS) for children identified as exiting Part C services. Once the sample was finalized, SEAs were notified and required to complete a paper review of the record and submit the documentation to MDE. MDE reviewed the documentation submitted and verified a random sample of the reviews. SEAs with identified noncompliance were then formally notified of the noncompliance. No review questions were asked specific to this indicator as Education is the lead agency for both Part C and Part B services in Minnesota; the notification of the LEA is a seamless process. The FFY2020 data are comprised of reviews from 18 individual districts representing 17 SEAs.

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

NO

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

State monitoring

Describe the method used to select EIS programs for monitoring.

In FFY2020, MDE initiated revision of its monitoring process and contracted for development of an online system to conduct an annual statewide record review for indicator data collection, moving away from MDE's Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system, which was determined to be at "end of life" for reliability, and the cyclical monitoring process used in the past, which did not differentiate monitoring based on SEA needs. Due to delays in development, the system was not ready for launch in time to complete the record review for FFY2020. As a result, MDE completed the record review outside of the online system. The process for FFY2020 included generating a random statewide sample for each of the indicators. For indicator C8a, the sample pulled records, based on the most recent statewide enrollment data, from the Minnesota Automated Reporting Student System (MARSS) for children identified as exiting Part C services. Once the sample was finalized, SEAs were notified and required to complete a paper review of the record and submit the documentation to MDE. MDE reviewed the documentation submitted and verified a random sample of the reviews. If an SEA identified noncompliance, MDE sent a formal notification of the noncompliance; the SEA would need to correct any noncompliance consistent with OSEP Memo 09-02.

No review questions were asked specific to this indicator as Education is the lead agency for both Part C and Part B services in Minnesota; the notification of the LEA is a seamless process.

Data for this indicator are gathered from examining records of children exiting Part C services and potentially eligible for Part B. The FFY2020 data are based on reviews of records from 18 individual districts representing 17 SEAs.

Provide additional information about this indicator (optional).

MDE has updated the baseline to reflect the new SPP cycle. The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP.

Correction of Findings of Noncompliance Identified in FFY 2019

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 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, but OSEP cannot accept that baseline revision because State's FFY 2020 baseline data reported in the Historical Data table and the FFY 2020 SPP/APR Data table is not consistent with the State's narrative. Specifically, in its narrative, the State reported, "The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP."

8B - Required Actions

If the State chooses to revise its baseline in the FFY 2021 SPP/APR, the State must ensure that the baseline data is consistent across each relevant Data table and within the State's narrative describing the baseline change.

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:

- 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;
- 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
- 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

- Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.
- Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.
- 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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP's response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	96.97%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

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Data	100.00%	100.00%	96.30%	96.97%	94.12%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has 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. (yes/no)

NO

If no, please explain.

A total of 66 student records were reviewed for this indicator. All records were for children that had received Part C services and are currently receiving Part B services. Four of the records were identified as having a transition conference late due to exceptional caregiver circumstances. Two records were reviewed and indicated that although the transition conference was held, it did not take place at least 90 days before the child's third birthday. The reasons for delay were identified as "District: Unknown" suggesting the records did not have sufficient detail to determine why the district failed to meet the timeline. All six children have successfully transitioned to Part B services.

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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
60	66	94.12%	100%	96.97%	N/A	N/A

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.

4

Provide reasons for delay, if applicable.

The results of the record reviews indicated four children had a late transition conference due to exceptional caregiver circumstances or the unavailability of the caregiver. Two SEAUs reported the transition conference for a toddler with a dis/ability exiting Part C, and potentially eligible for Part B, did not occur at least 90 days prior to the toddler's third birthday. In one case, the conference was held approximately a week late and in the other case, almost a month late. The SEAUs indicated the conferences were late due to unknown reasons suggesting the records did not provide any clarification or additional information as to why the meetings were held late.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

In FFY2020, MDE initiated revision of its monitoring process and contracted for development of an online system to conduct an annual statewide record review for indicator data collection, moving away from MDE's Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system, which was determined to be at "end of life" for reliability, and the cyclical monitoring process used in the past, which did not differentiate monitoring based on SEAU needs. Due to delays in development, the system was not ready for launch in time to complete the record review for FFY2020. As a result, MDE completed the record review outside of the online system. The process for FFY2020 included generating a random statewide sample for each of the indicators. For indicator C8a, the sample pulled records, based on the most recent statewide enrollment data, from the Minnesota Automated Reporting Student System (MARSS) for children identified as exiting Part C services. Once the sample was finalized, SEAUs were notified and required to complete a paper review of the record and submit the documentation to MDE. MDE reviewed the documentation submitted and verified a random sample of the reviews. If an SEAU identified noncompliance, MDE sent a formal notification of the noncompliance; the SEAU would need to correct any noncompliance consistent with OSEP Memo 09-02.

Data for this indicator are gathered from examining records of children exiting Part C services and determining whether a transition conference was held during the required timeframe for toddlers potentially eligible for Part B. The FFY2020 data are based on reviews of records from 18 individual districts representing 17 SEAUs.

Provide additional information about this indicator (optional).

MDE has updated the baseline to reflect the new SPP cycle. The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP.

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

In response to the actions required by OSEP in the FFY2019 SPP/APR, MDE has revised its approach to demonstrating correction of noncompliance to include a subsequent review of additional data for all SEAUs with identified noncompliance and not just those with noncompliance deemed to be systemic or chronic. As part of this revised approach, MDE examined each of the findings of noncompliance from FFY2019 and reviewed updated data from the SEAU to verify correct implementation of the regulatory requirements. Both of the SEAUs with identified noncompliance in FFY2019 were asked to review subsequent records in FFY2020. Those records were chosen randomly from the MARSS system and submitted to MDE via a paper review for regulatory compliance. Submitted documentation confirmed that the SEAUs were correctly implementing the regulatory requirements. MDE has thus reviewed updated data from each of the SEAUs with identified noncompliance in FFY2019 and verified that each SEAU is correctly implementing the regulatory requirements.

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

All record review data from FFY2019 was collected through MDE’s MNCIMP web-based data system. Once noncompliance was identified, it was tracked through the same web-based data system. For the transition conference timeline, when record reviews were completed and data entered into the MNCIMP system, the SEAU provided the date the transition conference was held. This allowed MDE to verify that the actions had been completed, although they may have been late. If the date of the transition conference was missing, MDE required the SEAU to submit documentation of the completed transition conference to demonstrate it had subsequently been completed, although late. If the student was no longer within the jurisdiction of the SEAU, the SEAU would submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, MDE verified all of the transition conferences had been completed and that each SEAU with noncompliance reflected in the data the State reported for this indicator had completed the transition conference, although late, for any child whose transition conference was identified as not timely unless the child was no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. All correction of individual student record noncompliance was completed within the one-year timeframe.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	2	2	0

FFY 2018

Findings of Noncompliance Verified as Corrected

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

In years prior, MDE considered a variety of factors in determining the steps the SEAUs must take to demonstrate correction of noncompliance including whether the noncompliance was extensive or found in only a small percentage of files and whether the noncompliance represented an isolated incident in the SEAU or reflected a long-standing failure to meet the IDEA requirements. For SEAUs with systemic or chronic noncompliance, a corrective action plan (CAP) was ordered and the SEAU was required to complete a subsequent review of student records in order to demonstrate the SEAU is now correctly implementing the regulatory requirements. For SEAUs with only isolated incidents of noncompliance, the SEAU was required to correct only the individual cases of noncompliance. MDE did not review updated data to verify the SEAU was now correctly implementing the regulatory requirements.

In its review of the FFY2019 SPP/APR, OSEP found MDE did not sufficiently demonstrate that the SEAUs corrected the findings of noncompliance identified in FFY2018 because MDE did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02, based on a review of updated data. In response to this, MDE examined each of the findings of noncompliance from FFY2018 and reviewed updated data from each SEAU to verify correct implementation of the regulatory requirements. The two SEAUs with identified noncompliance in FFY2018 were asked to review subsequent records in FFY2020. Those records were chosen randomly from the MARSS system and submitted to MDE via a paper review for regulatory compliance. MDE reviewed the documentation and verified a random sample of the reviews. Submitted documentation confirmed that both of the SEAUs were correctly implementing the regulatory requirements. Thus MDE has reviewed updated data from all SEAUs with identified noncompliance in FFY2018 and verified that each SEAU is correctly implementing the regulatory requirements.

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

All record review data from FFY2018 was collected through MDE’s MNCIMP web-based data system. Once noncompliance was identified, it was tracked through the same web-based data system. For the transition conference timeline, when record reviews were completed and data entered into the MNCIMP system, the SEAU provided the date the transition conference was held. This allowed MDE to verify that the actions had been completed, although they may have been late. If the date of the transition conference was missing, MDE required the SEAU to submit documentation of the completed transition conference to demonstrate it had subsequently been completed, although late. If the student was no longer within the jurisdiction of the SEAU, the SEAU would submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, MDE verified all of the transition conferences had been completed and that each SEAU with noncompliance reflected in the data the State reported for this indicator had completed the transition conference, although late, for any child whose transition conference was identified as not timely unless the child was no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. All correction of individual student record noncompliance was completed within the one-year timeframe.

8C - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2018 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

In completion of the the record review, the SEAU is asked to identify the reason for noncompliance. MDE has reported the reasons identified by the SEAU's.

In response to the actions required by OSEP in the FFY2019 SPP/APR, MDE has revised its approach to demonstrating correction of noncompliance to include a subsequent review of additional data for all SEAU's with identified noncompliance and not just those with noncompliance deemed to be systemic or chronic. As described above, MDE reviewed additional documentation submitted by all SEAU's with noncompliance identified in FFY2018 and FFY2019. Additional documentation was submitted based on a random selection of student records specific to the SEAU's needing to demonstrate correction.

8C - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, but OSEP cannot accept that baseline revision because State's FFY 2020 baseline data reported in the Historical Data table and the FFY 2020 SPP/APR Data table is not consistent with the State's narrative. Specifically, in its narrative, the State reported, "The revised baseline was determined by averaging the results for this indicator over the last cycle of the SPP."

8C - Required Actions

If the State chooses to revise it's baseline in the FFY 2021 SPP/APR, the State must ensure that the baseline data is consistent across each relevant Data table and within the State's narrative describing the baseline change.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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 baseline 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 baseline 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.

Minnesota does NOT meet criteria to report for Indicator 9: Resolution Sessions because we do not meet the requirements for number of resolution sessions during the reporting year.

While this indicator is NOT APPLICABLE to Minnesota, we would like to share that we did intentionally include discussion about Indicator 9 along with Indicator 10: Mediation in our stakeholder engagement listening session discussions. The conversations produced rich information from caregivers, cultural liaisons, Tribal Nations representatives, community partners, and early childhood partners and providers present that we feel is critical in informing our work to better support caregivers equitably moving forward. The main theme that emerged from these specific indicator discussions are that while it may seem like not meeting criteria to report Indicator 9 data means Minnesota is meeting the needs of all caregivers, we must continue listening, learning, and going deeper into caregivers' experiences to see if this truly translates into equitable supports about rights and services for each and every caregiver in Minnesota and 11 Tribal Nations. Based on our state's graduation rates demographic data for the last five years, we have much work to do across the systems to do better for Black, Indigenous, and Students and Caregivers of Color, as well as caregivers who use heritage languages as their home languages. Part C is the beginning into education for children and caregivers in Minnesota at the intersection of race, language, and dis/ability. How are we really doing with supporting caregivers in their rights when many caregivers may not even believe they have rights, such as caregivers who are undocumented? In addition, are we educating caregivers about advocacy in ways that supports their cultures, traditions, ways of information-sharing, or are we expecting them to fit into the dominant culture mold? Once again, we do not meet criteria to report Indicator 9, but we now see this indicator's intent with new understanding and are committed to continue learning from caregivers how we can best support their needs.

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than 10 resolution sessions held in FFY 2020. The State is not required to provide targets until any fiscal year in which 10 or more resolution sessions were held.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

States are not required to establish baseline 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 targets 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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

Minnesota does NOT meet criteria to report for Indicator 10: Mediation. While this indicator is NOT APPLICABLE to Minnesota, we would like to share that we did intentionally include discussion about Indicator 10 in our stakeholder engagement listening session discussions along with Indicator 9: Resolution Sessions. The conversations produced rich information from caregivers, cultural liaisons, Tribal Nations representatives, community partners, and early childhood partners and providers present that we feel is critical in informing our work to more equitably support caregivers moving forward. The main theme that emerged from these specific indicator discussions is that while it may seem like not meeting criteria to report Indicator 10 data means Minnesota is meeting the needs of all caregivers; we must continue listening, learning, and going deeper into caregivers' experiences to see if this truly translates into equitable supports about rights and services for each and every caregiver in Minnesota and 11 Tribal Nations. Based on our state's graduation rates demographic data for the last five years, we have much work to do across the systems to do better for Black, Indigenous, and Students and Caregivers of Color, as well as caregivers who use heritage languages as their home languages. Part C is the beginning into education for children and caregivers in Minnesota at the intersection of race, language, and dis/ability. How are we really doing with supporting caregivers in their rights when many caregivers may not even believe they have rights, such as caregivers who are undocumented? In addition, are we educating caregivers about advocacy in ways that supports their cultures, traditions, ways of information-sharing, or are we expecting them to fit into the dominant culture mold? Once again, we do not meet criteria to report Indicator 10, but we now see this indicator's intent with new understanding and are committed to continue learning from caregivers how we can best support their needs.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

N/A

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than 10 mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which 10 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 that must be 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., April 1, 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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 (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., 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 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)?

Infants, toddlers, and preschool children with dis/abilities will substantially increase their rate of growth in the acquisition and use of knowledge and skills by the time they exit Part C or transition to kindergarten.

All local programs will contribute data to Minnesota's performance toward achieving the established targets.

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)

YES

Provide a description of the subset of the population from the indicator.

The subpopulation of children is limited to:

- a) infants and toddlers who enter or exit Part C below age expectations in acquisition and use of knowledge and skills, including early language and communication, and;
- b) preschool-aged children who enter or exit 619 below age expectations in acquisition and use of knowledge and skills including early language, literacy and communication

In both situations, students must have been in service for at least six months to report an exit score.

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

YES

Please provide a description of the changes and updates to the theory of action.

The Minnesota Department of Education ECSE team has spent the last year committed to listening to our stakeholders and Tribal Nations and working with leaders and practitioners across the state to develop a strategic plan that addresses the identified priorities and needs as heard through our considerable engagement. In light of this work, we have remained committed to action activities that are aligned to improving outcomes for infants, toddlers and preschoolers and their caregivers and are meeting the identified needs of the field.

Our new theory of action is organized into two major categories: Activities that support the Comprehensive System of Personnel Development and those activities that are supportive of operation and implementation of ECSE systems. In order to honor that this plan was a collaborative creation, our theory of action speaks to the partnering that MDE ECSE will need to do with leaders, practitioners, caregivers, other state agencies and higher education programs in order to achieve rigorous and sustainable systems and supports.

Activities to meet the priority targets include: 1) A sustainable and equitable professional development and technical assistance supports inclusive of practitioners, early childhood leaders, and district level leaders will be responsibly developed and supported. 2) An established and supportive system for ongoing mentorship at practitioner and leadership levels. 3) Ensure that district-level administrators, school boards, and early childhood leaders have the capacity and understanding of programs and services necessary to support early learning programs in the implementation of best practices and high-quality interventions. 4) A system that prioritizes caregiver and community partnerships and ongoing feedback loops at the state and local levels focused on meeting caregiver and community-identified needs. 5) Data collected and data used are reliable, valid and actionable at the state and local levels to information program improvement and ongoing needs assessment as well as data literacy for program leaders. 6) An improvement of resources and services available to early intervention/early child special education children and caregivers through implementation of high-quality, trauma-informed and culturally responsive best practices.

Some of the most notable activities that will go into supporting the new theory of action will include: further review and revisions of Help Me Grow system and resources through culturally responsive lenses that will be implemented after considerable community stakeholder engagement; a revision of our family outcomes survey procedures and survey content; review and revision to child outcomes survey process; caregiver and community engagement plans at state and local levels; identifying and providing interventions to address the pre-service and in-service gaps including activities identified through extensive retention survey data; and building leadership capacity to better support the implementation of high-quality programs.

Please provide a link to the current theory of action.

https://education.mn.gov/mdeprod/ldcplg?IdcService=GET_FILE&dDocName=PROD058346&RevisionSelectionMethod=latestReleased&Rendition=primary

Progress toward the SiMR

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

This report is posted publicly on The Office of Special Education Programs (OSEP) website in accessible format, "[State Performance Plans \(SPP\) Letters and Annual Performance Report \(APR\) Letters](https://sites.ed.gov/idea/spp-apr-letters)" (<https://sites.ed.gov/idea/spp-apr-letters>)

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

YES

Historical Data

Part	Baseline Year	Baseline Data
A	2018	55.80%
B	2018	67.84%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A >=	55.90%	60.00%	60.10%	60.20%	60.30%	60.40%
Target B >=	65.50%	66.30%	67.10%	67.90%	68.70%	69.50%

FFY 2020 SPP/APR Data

Part	# of infants and toddlers/preschoolers reported in progress category (c) plus # of infants and toddlers reported in category (d)	# of infants and toddlers/preschoolers 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)	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	1,252	2,253	57.61%	55.90%	55.57%	Did not meet target	Slippage
B	3,154	4,972	65.42%	65.50%	63.44%	Did not meet target	Slippage

Provide reasons for A slippage, if applicable

Upon review of the data, it is observed that for this outcome, there are not as many children in categories c, d, and e as compared to outcomes A and C which likely created the slippage. As for reasons for fewer children meeting this outcome target, we conclude that the associated skills that are cross-walked to knowledge and skills are more difficult to support and observe as well as for caregivers to report on when utilizing virtual methods of service delivery which was a primary service method utilized by SEAU's during the 2020-2021 school year due to the COVID-19 pandemic and guidance from the Minnesota Departments of Health and Education. Additionally, it is important to note and further explore why we have a greater rate of incomplete data reported for our children identified as Black, Indigenous, and People of Color (BIPOC). Furthermore, there is indication that 5-10% less of our children identifying as BIPOC in Part C services substantially increased their rate of growth prior to exiting. Finally, when looking at negative absolute change from entrance to exit, children identified as white are less representative of negative absolute change than their BIPOC peers.

Provide reasons for B slippage, if applicable

It is important to note that the COVID-19 pandemic likely had some impact on overall data quality as well as child outcomes. COVID-19 landscape as it relates to services and supports for students receiving services under Part C were at times significantly impacted. There was a significant period of time over the course of the 2020-2021 school year in which infants and toddlers were provided instruction through a virtual method of service delivery. There was also significant impact to district general education preschool program availability, the ability for districts to provide services within community child care as well as head start program locations due to COVID-19 mitigation requirements that often restricted access to these locations. In reviewing data quality checkers, we also have a significant number of districts with concerns in data quality. At this time, MDE is reviewing the entirety of state submissions and looking at local-level "turn-around" reports to determine the level of support required to support improvements in data quality statewide. This review will continue over the next few months, significant support will be provided at a local level for those identified with significant issues, and statewide technical assistance will continue and be improved upon. The MDE will also be reviewing the themes from stakeholder engagement and determine which action steps to initiate for potential systems impact going forward.

Provide the data source for the FFY 2020 data.

Minnesota's process allows local programs to use a variety of sources to inform the ratings on each Child Outcome Summary form. Teams may use information from norm-referenced tools administered as part of a child's initial evaluation. They may also use caregiver report and professional observation to complete an age-anchored criterion-referenced assessment tool. Minnesota's process requires careful use of the cross-walk documents developed by the Early Childhood Outcome Center. Minnesota requires ratings be made within a month of the actual date of entry or exit. For children exiting Part C and transitioning into early childhood special education services under Part B, the Part C exit rating automatically becomes the Part B entrance rating. In the event that two different local teams serve the child under each part, the teams must reach consensus on an accurate C exit/B entrance rating.

This report is posted publicly on The Office of Special Education Programs (OSEP) website in accessible format, "[State Performance Plans \(SPP\) Letters and Annual Performance Report \(APR\) Letters](https://sites.ed.gov/idea/spp-apr-letters)" (<https://sites.ed.gov/idea/spp-apr-letters>)

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

Exit reporting occurs each November for the previous school year collection of students entering and exiting both Part B and Part C programs during that year. SEAUs are provided a list of students that the MDE has generated based on student enrollment information that has been reported. These lists are broken into each entrance and exit collection. Districts are able to load their data via spreadsheet uploads, manual input, or through the submission of item level assessment data in the case of Part B/619. During the course of reporting, MDE staff monitor closely for incomplete submissions and "spot" check for validity for those scores generated through item-level assessment procedures. Data are then pulled into Tableau® server and coded to create dashboards for analysis. Once the data are within the Tableau® dashboards created by our early learning services data manager/analyst, we can disaggregate data in a variety of means (race, region, type of district, dis/ability category and setting), and through secure reporting are able to "turn around" reports to local SEAUs for their use at the local level.

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, that affected progress toward the SiMR during the reporting period? (yes/no)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

High-quality data collection, reporting and use is a critical component of our Theory of Action. Limitations of the accuracy and utility of the data tools formerly used to document fidelity of implementation and fidelity of practice of Family Guided Routines Based Intervention (FGRBI), Classroom Engagement Model (CEM) and the Pyramid Model were replaced in the fall of 2017. During the 2019-2020 school year, MDE transitioned from the fidelity tool associated with FGRBI and adopted the Fidelity-in-Practice – Early Intervention (FIP-EI) developed and aligned with the model developed by Shelden and Rush. EQIP implementation sites will work toward reliability on the new tool. Ongoing support is provided to program data managers and to the Professional Development Facilitators (PDFs) who serve as external coaches.

Two data limitations currently being addressed involve Minnesota Common Course Catalog (MCCC) and child outcome reporting. MCCC is a relatively new data tool for early childhood programs and continues to present challenges in the submission of high-quality data in spite of intensive support provided by MDE. It is the goal that integrating MCCC with Ed-Fi will support improved submission rates and overall data quality improvements.

Previously identified, the shift to item-level assessment data submission for calculating Child Outcomes has definitely impacted overall performance for all three outcomes of indicator 3, questions 1 and 2 i for Part B/619. The most impacted of the three areas has been in acquisition of knowledge and skills. In further analysis, the MDE ECSE team along with the coordinator of our early learning services assessment program had discovered some potential impacts to data that were unintentional in effect. Over the last year, our team has been looking closely at the cross-walk between Kindergarten Entry Profile (KEP) tools and Early Childhood Indicators of Progress (ECIPs) and how those components intersect with child outcome ratings to determine if there are any pieces of this system that need to be edited. We have made some minor adjustments to alignment and those changes will go into effect for Spring 2022 submission of item-level assessment data following support measures employed to the field. We will not be moving forward with item-level submission of data for children participating in Part C services until we have confidence in the validity and reliability of our Part B/619 process as it has been discovered this year that coding and procedures associated with the programming involved with our item level data submission process has some fatal flaws that required us to do extensive quality and accuracy reviews. Additionally, we have noted a considerable shift of our COS data in terms of the data quality checker that makes it evident that we need to provide extensive training, an improved utility for local use to inform program improvement, as well as assessment of our current procedures: timelines for collection, exit and entrance collection points, and data literacy supports for program leaders.

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

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

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

In order to fully honor the feedback and strategic planning work done over the last year, a significant revision of our coherent improvement strategies has occurred which required substantial revision of our current evaluation plan. However, our process for evaluating our impact is not changing. We have developed new logic models for each of the six coherent improvement strategies.

The logic models document the inputs and activities to be conducted over the next five years. Each activity identifies the responsible entity and the date by which the activity should be completed. The measurable outputs, outcomes and impacts of each activity are clearly identified within the logic models. Outputs are short-term outcomes and are most immediately evident following successful completion of an activity. Outcomes are intermediate in nature. Impact measures are the long-term, enduring measures of our success.

For each output, outcome and impact included within a logic model, we have identified the existing data source or provided information on how the item will be measured. We have provided baseline data, if available and applicable, and described any comparative analyses to be conducted. These components will answer the evaluation questions documented for each strategy. Questions will be developed using Mark Friedman's Results-Based Accountability evaluation framework:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Logic Model CSPD:

https://education.mn.gov/mdprod/idcplg?IdcService=GET_FILE&dDocName=PROD058347&RevisionSelectionMethod=latestReleased&Rendition=pr

This report is posted publicly on The Office of Special Education Programs (OSEP) website in accessible format, "[State Performance Plans \(SPP\) Letters and Annual Performance Report \(ARP\) Letters](https://sites.ed.gov/idea/spp-apr-letters)" (<https://sites.ed.gov/idea/spp-apr-letters>)

mary
Logic Model Operations:
https://education.mn.gov/mdeprod/idcplg?IdcService=GET_FILE&dDocName=PROD058348&RevisionSelectionMethod=latestReleased&Rendition=primary
mary

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

Implement Help Me Connect which is strategically aligned with our existing HMG system. Help Me Connect is designed to provide resource connections that are local and relevant to the individual needs of children and their caregivers and remove systems burdens for all in this process.

Strengthen our system of public awareness and outreach in order to ensure adequacy of resources and culturally-responsive processes by providing strategic direction and equity actions with our Interagency Early Intervention Committee (IEIC) structure and through our Governor's Interagency Coordinating Council's (ICC) collaboration and consultation.

Strengthen Minnesota's Comprehensive System of Personnel Development (CSPD) through participation in intensive technical assistance, engaging work groups in the review and recommendation of personnel standards, developing action plans for recruitment and retention efforts that are based on significant stakeholder engagement and in coordination with higher education programs.

Enhance and increase use of important components of the Minnesota Department of Education's (MDE) data infrastructure by continuing to align and intersect systems to ensure that data are of high quality and that the reporting functions are actionable by the field to inform program improvement.

Increase the capacity of local leaders to overcome technical and adaptive challenges to program quality in partnership with professional development facilitator and through high quality, timely and responsive technical assistance and professional development for practitioners and leaders.

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.

Help Me Connect – With funding and goal alignment to our state's Preschool Development Grant (PDG) from 2020-2023, Help Me Connect finalized initial development during FFY2020, hired a 1.0 FTE Coordinator, transitioned development of the navigator component to the Minnesota IT Services (MNIT) to ensure sustainability, and began development of the Resource Connector ("referral" system). Culturally responsive and community-based resources were enhanced, and resources for American Indian Caregivers living on and off Tribal Nation lands were developed more fully through engagement from Dream Catcher members and the PDG Tribal Nations lead. Launch of the navigator was delayed due to COVID-19 until May 2021. Regional hubs through the PDG and interagency collaboration with the Department of Human Resources have begun work within the local communities and are supporting feedback loops with caregivers and communities served through Help Me Connect as we continue improving and expanding this effort. Regular training and demonstrations have begun maximizing use of Help Me Connect across ECSE and all early childhood partners; thus enhancing infant, toddler, and caregiver outcomes through more efficient connections to caregiver-identified resources. Continued steps for funding and scale-up sustainability are underway.

"Child Find" and Public Awareness and Outreach Efforts – This work on behalf of infants, toddlers, caregivers, and communities has been exciting and critical during this reporting period. Through initial extensive stakeholder and Tribal Nation engagement as well as monthly collaborations and equity-specific work plans for the regional Interagency Early Intervention Committee (IEIC) teams, we have begun areas of necessary change actions that better support efficacy of resources; funding structures; in-reach with caregivers and communities; building relationships for long-term success for infants, toddlers, and caregivers; increased culturally and linguistically responsive communications; and responsive honoring of stakeholder and Tribal Nation engagement for updates to the Help Me Grow system better supporting each and every infant, toddler, and caregiver across Minnesota and Tribal Nations through American Rescue Plan (ARP) funds. Regional IEICs each have at least one equity goal for FFY2020 tied to data, funding, quality of public awareness and outreach efforts from culturally responsive avenues, and relationship building in new ways. They also have been beginning all meetings with equity groundings and centering equity in workshops and trainings provided to referral sources.

Comprehensive System of Personnel Development (CSPD) – Recognizing the inequity of the current system of support provided primarily through innovations and with the intended outcome of providing broader, more equitable support to all programs across the state, the ECSE team has aligned the work of our CSPD with the work of our centers of excellence (CoE). Much of this alignment is focused around professional licensure standards. Based on the recommendations of the Personnel Standards CSPD workgroup, Minnesota's licensing board (PELSB) is moving forward with the rulemaking process to adopt the National EI/ECSE standards as Minnesota's ECSE licensing standards. As we move towards adopting the National Standards for our ECSE professionals, workgroups within the CSPD are identifying gaps in higher education programs and professional development needs in the field aligned with the National Standards. Professional Development Facilitators have aligned the innovations and foundational trainings with the National Standards and this crosswalk will be part of the broader professional development work of the CSPD. The CSPD and CoE are working together to ensure the data collection process for the PD "gap analysis" is repeatable and provides us with the data needed to adapt our PD system to the current needs of the field.

Data Infrastructure – We have launched another year of data through Tableau® dashboards and district leaders have been provided technical assistance surrounding the data reports within the dashboards as well as questions to ask as they move through their SEAU data analysis. Moving into this next year of reporting, the MDE ECSE team will be providing additional professional development sessions to improve data literacy for program improvement that will incorporate analyzing data in these turn-around reports and use of reports to support identification of program needs in order to advocate within district level leadership.

Technical Assistance and Professional Development – The ECSE team provides targeted technical assistance and support in response to needs identified by the field. For example, due to high Part C staff turnover, we created a three-part series of asynchronous, virtual Part C trainings. These trainings are a series of recorded webinars and PowerPoints and guides which have been posted to our website (<https://education.mn.gov/MDE/dse/early/ecse/bc/>). Our Part C Data and Fiscal Manager also created district-specific Data Dashboards for child outcomes to support data-informed decision-making for ongoing program improvement, as well as providing direct consultation to districts for student reporting and maximization of funding. Our Part C Coordinator continues to provide monthly TA support to the Regional Interagency Early Intervention Committees (IEICs), the primary base of Minnesota's child find and public awareness and outreach work. Additionally, our team utilizes an Early Childhood Special Education team email box to allow local programs serving children birth to kindergarten to receive timely, high-quality answers to their

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technical questions. To ensure consistency and alignment across agency and programs, the Q&As from the mailbox are catalogued for reference and analyzed for themes to identify broader TA and PD needs.

In efforts to better coordinate systems and programming for caregivers participating in Part C and Part B, the ECSE Team also focused on collaborating with other early childhood partners through:

- Monthly Open Office Hours focusing on topics inspired by the field supporting whole caregivers
- Information giving and gathering sessions each Spring with American Indian Home/School Liaisons as part of efforts to increase collaboration with early childhood and early childhood special education
- Continued membership in the Minnesota Learn the Signs Act Early Interagency committee
- Various projects in partnership with Special Education and our Low Incidence groups supporting infants and toddlers with sensory loss (e.g., https://education.mn.gov/mdeprod/idcplg?IdcService=GET_FILE&dDocName=PROD034482&RevisionSelectionMethod=latestReleased&Rendition=primary)
- Collaboration with Early/Head Start agency staff to create program collaboration grids (https://education.mn.gov/mdeprod/idcplg?IdcService=GET_FILE&dDocName=PROD034546&RevisionSelectionMethod=latestReleased&Rendition=primary)

During FFY2020 we continued to target discretionary federal funds to support local programs committing to the implementation of one of the three evidence-based interventions. We are shifting the allocation process for these funds in the coming year to be needs-based related to budget proposals and stakeholder feedback, ensuring more equitable access to districts across Greater Minnesota and school cooperatives who historically have had less capacity to apply for this funding. This will also include a proportionately higher number of districts serving American Indian Caregivers on and off Tribal Nation lands and many additional growing communities across Minnesota that have historically been, and are currently, made to be most marginalized by the systems. These funds will continue being available to programs over a five-year period to eliminate identified fiscal barriers to scaling and sustaining the use of these practices.

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

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

Minnesota Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC) began a long-term and intentional review of all statutes, policies, and implementation strategies tied to early childhood special education through a racial, wealth, and geographical equity lens in FFY2020. The ICC is receiving technical assistance from the Early Childhood Technical Assistance Center (ECTA) and the BUILD Initiative in this work. They are also receiving support from inter- and intra-agency partners to move the work forward, and a new Department of Commerce representative was added to the membership. Initial focus has been "child find" and public awareness and outreach, and collaboration with the regional IEICs has been imperative, as the IEICs also began intensive work to enhance and adjust public awareness and outreach strategies and materials to better support each and every child, caregiver and community across Minnesota and Tribal Nations in ways that can be most impactful for everyone. New work plan goals that are centered on equity were developed for FFY2020 and FFY2021 and are underway, including data analysis and enhanced partnerships with local SEAUs and referring providers, relationship building, monthly statewide IEIC leadership meetings, and a statute change ensuring Tribal Nation representation on each of the 12 regional IEICs.

Professional Development and Technical Assistance: In light of COVID-19 and mitigation requirements/strategies, the MDE and MNCoe had to move to an entirely virtual method of delivering professional development and technical assistance. Virtual methods of engagement with leaders and practitioners around the state afforded us the opportunity to reach more voices and it offered practitioners, ECSE leaders, and district leaders to participate in webinars, meetings and listening sessions that previously would have been difficult just based on travel and time requirements. The MDE and MNCoe gained tremendous insight when being able to reach leaders and practitioners across all regions of our state to better understand the pre-service to in-service gaps. This has led to the creation of online webinar series (Part C Services) and we are currently developing the companion series for Part B/619, both of which are/will be available on our website for ease of use and asynchronous access.

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

Help Me Connect – Help Me Connect will continue advancing access to self-identified resources for caregivers as we work to ensure each and every caregiver in Part C and beyond has what they want and need to be healthy, safe, and strong. Build-out of the connections between Help Me Connect and Help Me Grow will continue, as well as adding new "resource" topical sections containing local community partners and groups supporting caregivers where they are. The American Indian resources will be enhanced through collaboration and communication with Tribal leaders, caregivers, and partners to include Native artwork and important cultural, ceremonial, and linguistic resources for Native and non-Native caregivers. We will also continue efficacious build-out of the navigator and hope to complete the Resource Connector component of the system. "Resource connector" terminology is being used for the "referral" mechanism as suggested by American Indian partners and supported widely by all stakeholders and community partners to overcome the stigma often associated with "referral" for many of our communities. These next steps in the coming reporting period will help identify areas where there are gaps in services, needs within various geographical areas, and services caregivers identify needing most often including during the continued COVID-19 pandemic.

Public Awareness and Outreach – The strategic work of the IEIC and the ICC begun in FFY2020 will continue at an intensive level as the ICC and IEICs continue engaging caregivers, community partners, districts, and referring providers in development of stakeholder- and Tribal Nation-driven equitable enhancements and changes to the ECSE system for increased infant, toddler, preschool and caregiver outcomes. Equity goals for all regional work plans will be enhanced in the coming reporting period through more sustainable inclusion across each plan instead of separate equity goals. Continued build up of culturally responsive resources, materials, and Help Me Grow website enhancements will engage caregivers and providers in more meaningful and culturally relevant ways. MDE will continue supporting more effective and consistent communication between the ICC, the IEICs, fiscal hosts for the IEICs, and SEAUs for better data analysis and shared leading from an equity lens through continued virtual monthly meetings, retreats, and data support. All work will be determined through ongoing stakeholder and Tribal Nation engagement, with an intentional focus on caregivers in the coming reporting period.

Sustain and Scale Minnesota's Comprehensive System of Personnel Development (CSPD) – Workgroups within the CSPD are identifying gaps in higher education programs and professional development needs in the field aligned with the National Standards as Minnesota's professional licensing board has voted to proceed with the "opening" of this rule in support of adopting the National ECSE Personnel Standards. Professional Development Facilitators have aligned the innovations and foundational trainings with the National Standards and this crosswalk will be part of the broader professional development work of the CSPD. The CSPD and CoE are working together to ensure the data collection process for the professional development (PD) "gap analysis" is repeatable and provides us with the data needed to adapt our PD system to the current needs of our programs across the state. CSPD work groups are now meeting jointly to explore next steps to further the progress in identifying solutions for recruitment and

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retention.

Data Infrastructure – MDE ECSE team continue to review all reporting functions and ensure that language, descriptions, and analysis are easily understood and reflective of the work being done to improve child and caregiver outcomes in Minnesota. We will continue to enhance, refine and therefore increase use of important components of the Minnesota Department of Education's (MDE) data infrastructure. Continuing to align and intersect systems to ensure that data are of high quality and that the reporting functions are usable by the field will help to improve program performance and child and caregiver outcomes. A critical component will include providing an online option for Family Outcome Survey data collection and analysis as well as the ability for a child's caregiver outcome survey to be communicated back to the local program that provided services.

Increase the capacity of local leaders to overcome technical and adaptive challenges to program quality in partnership with professional development facilitators and through high-quality, timely and responsive technical assistance and professional development for practitioners and leaders. We will be designing ongoing training for new leaders that will deepen the understanding of new leaders in the development and maintenance of high-quality early learning programs, including caregiver and community engagement, data to inform practice, and the building of district leadership capacity.

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

Our robust improvement plan continues to promote three distinct sets of evidence-based or evidence-informed practices that were chosen to support practitioners in our 0-5 system who work in homes, classrooms, or who support eligible young children itinerantly:

- Evidence-based Quality Intervention Practices (EQIP)
- The Pyramid Model
- The Classroom Engagement Model (CEM)

Detailed information about the implementation of these three bundles of practices will be provided during our discussion of progress made on the activities. Information on the innovations can also be accessed on the Minnesota Centers of Excellence website (www.mncoe.org). Additionally, the evidence-based practices of Practice-Based Coaching are incorporated throughout implementation of innovation practices.

Provide a summary of each evidence-based practice.

Evidence-based Quality Intervention Practices (EQIP) – EQIP is a MNCoe innovation that supports early interventionists to learn and implement Family-Centered Practices within Natural Learning Environments, using a Coaching Interaction Style. The essential elements include, Coaching Interaction Practices, characteristics of coaching, building caregiver capacity; Natural Learning Environment Practices, using everyday settings as sources of learning, child interest in learning; Caregiver-Centered Practices, culturally responsive practices; Relationship-Based Practices, teaming and collaboration strategies for implementing the primary coach approach, joint visits.

Pyramid Model – Pyramid Model is a framework for supporting social competence and preventing challenging behavior in young children, particularly those with or at risk for delays or dis/abilities. The model emphasizes building positive relationships with children and caregivers, creating supportive environments, intentionally teaching social skills and individualizing interventions when needed. The goal of the Pyramid Model Partnership is to plan, implement and sustain a cross-sector professional development system in order to enhance the knowledge and skills of practitioners in meeting the social-emotional needs of young children in inclusive and natural environments. Data-driven decision-making is used to evaluate the effectiveness of instructional approaches and implementation of the model to fidelity.

The Classroom Engagement Model (CEM) – The Classroom Engagement Model (CEM) is a set of research-based teaching practices that increase engagement and full participation of each and every child. Increased engagement leads to more learning, increased skill acquisition, and better outcomes for children. The overarching principles are focused on engagement, independence and social relationships through strong partnerships between general and special education partnerships. These outcomes align to the Child Outcome Summary (COS) used in Early Childhood Special Education to summarize a child's functioning in everyday living across developmental domains to support local, state and federal organizations to make data-based decisions on continuous improvement.

Practice-Based Coaching – Practice-Based Coaching is a model of coaching that includes three components which are associated with change in mentee's practices and associated changes in child outcomes. Each of the components occurs within the context of collaborative partnerships. Component 1: shared goals and action planning involves identifying priorities and then activities and resources to meet those goals. It is essentially a roadmap for support and feedback and ongoing monitoring of outcomes. Component 2: Engaging in Focused Observations with observation referring to the process of gathering and recording information about the desired effective practices during ongoing activities, routines and transitions. Component 3: Reflecting on and Sharing Feedback involves taking time to think about what was effective and what was a barrier to improving or refining implementation of practices.

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.

EQIP is a package of evidence-based practices that are known to have specific impacts to child outcomes. When caregivers are well supported to practice and support the needs of their child throughout daily routines improved outcomes in all domains will occur.

The Pyramid Model has been tested in multiple research projects and has shown evidence for promoting young children's social and emotional skills and decreasing child challenging behavior. These evidence-based practices were focused on identifying those practices that would: 1) Promote the social and emotional outcomes of all children, 2) promote the skill development of children with social, emotional, and behavioral delays to prevent the need for more intensive supports, and 3) intervene effectively when children have persistent challenging behavior.

The Classroom Engagement Model (CEM) is a set of research-based teaching practices that increase engagement and full participation of every child. Increased engagement leads to more learning, increased skill acquisition, and better outcomes for children. CEM focuses on teaching children within daily routines, alongside their peers, and with materials or activities that children are interested in. Additionally, children with dis/abilities are at-risk for lower levels of engagement and often need additional opportunities to practice new skills. Focusing on strategies to increase engagement and active participation leads to better outcomes for all children.

Practice-Based Coaching: Studies have shown that practice-based coaching activities have a positive impact on desired teaching practices including curricular implementation, behavior support practices, improved child-teacher interactions and overall changes to a teacher's attitude about teaching

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practices. Components of practice-based coaching are also associated with positive child outcomes including: increased participation and engagement, increased social skills, and increased knowledge and skills.

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

In August 2020, MNCoe launched Minnesota Innovation Implementation Data (MIID), a web-based data system for local programs to enter data and generate meaningful reports in real time, to all participating sites statewide. MNCoe and MDE in partnership with MNIT (Minnesota's state technology center) Services, created the MIID system to replace the more cumbersome data collection efforts through paper logs and excel spreadsheets. The newly created online system provides local teams instant access to data summaries that can be used to make decisions and improve practices in the implementation of their selected innovation. MNCoe and MDE can also summarize statewide data to better understand the type of supports programs need.

Within the online data collection and reporting system, programs that are participating in innovations record their coaching log data, fidelity tool data for each specific innovation, and benchmarks of quality have been established for each.

At this time, we are further refining the reporting functions of this system to ensure the data are representative of the work being completed at the program and district levels. The MIID system has been appreciated by innovation sites for fidelity of implementation monitoring. Currently, statewide data reports are being generated and overall growth in implementation with fidelity is evident across all of the innovations. It is clear that implementation across all evidence-based innovations have been impacted by the pandemic, most likely due to the changes to learning models over the course of the last 20 months. Of significance however is that EQIP demonstrated the least amount of impact likely due to the ability to translate these tools in a virtual platform. Our state implementation teams and local leaders have demonstrated commitment to ensure that progress continues to be made and that district teams have the support and resources necessary to meet their program implementation goals.

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.

With each of the evidence-based practice innovations (EQIP, Pyramid, and CEM), considerable effort has been made to ensure that fidelity of implementation is paramount. With data collection requirements that are part of the joint powers agreement process (state contract with district to support the initial installation of evidence-based practices) we have been able to determine that the frameworks of active implementation components have been successful in building internal capacity within districts and long-term sustainability. Through stakeholder engagement, the consensus became that the only way to ensure scalability of these practices was to allow for engagement that has a tiered progression of training, an opportunity to address staff turn-over through readily accessible trainings offered virtually and asynchronously, and that location and size of SEAU were not prohibitive. MDE along with MNCoe will continue to explore the scale-up of innovations in a way that is efficient in the training/content knowledge and well supported in implementation and sustainability.

When implementing high-quality, evidence-based practices in programs, it would be expected that student outcomes improve over time. We have not yet been able to see broad impact on actual child outcomes. The caution in this is that we have had many changes to the COS reporting process, significant data quality concerns, and too many variables within the system to afford us to make conclusion on the effectiveness of an innovation on directly impacting the outcome of an individual student. Instead, we have seen a direct correlation of staff capacity and efficacy on a district's retention of staff. We can also say that without sizeable scaling and therefore a greater number of children in the evaluation sample, we cannot make conclusions at this time. Due to the favorable outcomes at the local level on staff efficacy and culture, as well as the potential for significant systems improvement, stakeholders indicated a strong desire to continue innovations AND ensure more equitable access for broader implementation.

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

For EQIP, CEM and Pyramid Innovations, the MNCoe in collaboration with the MDE have committed to the following:

- A) The use of ARP funds to build a scalable and sustainable professional development and implementation guide for EQIP foundational practices
- B) Offering engagement opportunities with the practices of each of the three Innovations (EQIP, CEM and Pyramid) that will afford more districts to engage outside of joint powers agreements with the MDE for financial support. The support of the implementation specialists and state implementation teams will be able to support more teams without financial restrictions.
- C) Through the development of foundation content to be made available in sustainable platforms and asynchronous, we will be able to better support organizations within the child care and community preschool settings.
- D) Through the use of evidence-based practices, we will equip the work force with the tools, materials, and strategies necessary to provide high-quality care and education opportunities for children with dis/abilities as well as improve job satisfaction (as indicated through retention surveys as a key in supporting the work force).

Describe any changes to the activities, strategies, or timelines described in the previous submission 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 MDE committed to a year of intensive engagement with leaders, practitioners, partners in higher education, parent advocacy, caregivers, inter- and intra-agency colleagues and community partners in the care and education of children and caregivers. The MDE ECSE team not only committed to listening but also committed to taking action on themes that developed, were aligned with state strategic plans, and could be readily correlated to improving outcomes for children and caregivers. Over the course of this past year, we were able to identify priority themes with the help of our external Core Leadership team and these themes became our new theory of action and logic models. While some of the previous SSIP-identified improvement strategies remain relevant to our work, we refined and updated our plans significantly.

Our new theory of action demonstrates a renewed commitment to equity and access as well as an intentional focus on ensuring improved caregiver outcomes in addition to our child outcomes SiMR. What we have come to better understand through all of our engagement is that improved outcomes for children and their caregivers is reliant on the whole of our improvement strategies and are inclusive of collaborative partnerships and not any one individual strategic activity.

We have organized our improvement strategies into the categories of personnel development and operations and implementation strategies.

Our comprehensive system of personnel development (CSPD) strategies will highlight knowledge, skills and competencies for the individual roles of

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practitioners, program leaders as well as district/SEAU leadership in collaboration with higher education, formal organizations that support these stakeholder groups and are reflective of the needs identified through ongoing stakeholder engagement. Not only will we work to scale-up our current best practice innovations that support implementation of best practices in birth to 3 and preschool programs, but will also work on developing cultural competency and trauma-informed practices as foundational professional development. Personnel development also includes building a more robust new leader webinar series and “just in time” offerings to support key topics around operational components of program administration as well as personnel support and management for ongoing recruitment and retention planning. We have also identified an improvement strategy to specifically support the development of leader and practitioner mentorship programs available statewide. The MDE ECSE team will continue to support leaders and practitioners through monthly meetings, fall and spring leadership forums, our technical assistance mailbox and through the development and updating of resources that have been identified as a need. Our MN CoE professional development facilitators will continue their engagement with programs utilizing Practice-Based Coaching strategies.

Our operations and implementation strategies are grounded in our belief that we must ensure that each and every child and their caregivers have the resources and skills needed to support their child’s growth and development. The MDE ECSE team believes that it is critical that all caregivers understand their rights and are supported in understanding and meeting the needs of their children. We have committed to reviewing our Help Me Grow (HMG) referral system and resources from a culturally informed and trauma-sensitive lens and ensure that the materials and language utilized within this system speak to each and every parent, caregiver, and community partner. Much of this revision will occur after intentional, ongoing, extensive engagement with communities we serve. Additionally, it will be critical that our technical assistance to local programs will include a framework for caregiver and community partner engagement. MDE will continue to support the improved collaboration and data literacy of our IECs and local programs to identify resources and needs that serve the populations in their regions and communities. Minnesota’s Family Outcome Survey process will also undergo significant transformation as a critical component of our implementation strategies. We have committed to revising the way that the survey is distributed and how the information will be collected (allowing for multiple modalities and more standardization in administration) as well as the language utilized to ask questions and seek feedback. Additionally, data collection process will ensure our ability to return data to local programs to support program improvement in a timely and actionable means. Data has remained a focus as well. In order for data to become more valid and reliable, we must be able to ensure that it is meaningful and can be used not only at the state level but also within local program improvement and development. We will continue to refine our child outcome survey system, improve data literacy of our leaders and their practitioners, and support data to action plan support. Finally, the MDE ECSE team will continue to identify opportunities for increasing partners in our work (state agency, legislators, advocates, caregivers, care and education programs as well as our school districts across the state) to ensure that each and every child has the services and supports necessary to address the whole child and support their caregivers in improving their outcomes.

The MDE ECSE team has also committed to ongoing engagement with our Core Stakeholder team that is representative of leaders, practitioners, higher education partners, and parent advocates. This team helped us to synthesize and integrate all of the information that we have received into our focused implementation activities. This team prioritized and identified the levers to support and the barriers to overcome, and they will be critical in our accountability to the process and the engagement as we move forward.

Please find our Comprehensive System of Personnel Development Logic Model at:

https://education.mn.gov/mdprod/idcplg?IdcService=GET_FILE&dDocName=PROD058347&RevisionSelectionMethod=latestReleased&Rendition=primary

Please find our EI/ECSE Operations and Implementation Logic Model at:

https://education.mn.gov/mdprod/idcplg?IdcService=GET_FILE&dDocName=PROD058348&RevisionSelectionMethod=latestReleased&Rendition=primary

Section C: Stakeholder Engagement

Description of Stakeholder Input

It is significant to note that participation amongst all six mechanisms for expanded stakeholder and Tribal Nation engagement, participants included actively engaged voices from caregivers, Cultural Liaisons, Parent Advocates, all ICC members, Regional IEC members, Tribal Members and Dream Catcher coordinators, Early/Head Start, Friends/Families/Neighbors (FFN); Family Home Visiting, Program Monitors, social workers, Birth-to-3 and related service providers, ECSE Leadership, Special Education Directors, Higher Education representatives, Professional Development Specialists, Regional Low Incidence Facilitators, and representation from all regional sections of the state including school cooperatives and independent districts.

We have maintained a Core Stakeholder group that has membership of leaders, practitioners, higher education representatives, low-incidence providers, caregiver advocates, and professional development facilitators. This group was significant in the development of our theory of action and logic models for meeting the identified coherent improvement strategies and will be critical partners in moving this work from plan to action.

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

Minnesota’s SSIP and development of the updated Theory of Action and subsequent logic models are completely driven and determined by stakeholder engagement. Most significantly tied to the Theory of Action and the logic models, the Core Stakeholder Group met every 4-6 weeks to determine priorities, review additional stakeholders’ progress, create new synthesization of data and themes, brainstorm action plans and strategies, and develop the SSIP outline together with the ECSE Team. In addition, the ICC has been meeting monthly since FFY2019 and supported the work of the Core Stakeholder Group and the IECs through consistent advisement and assistance and also participating in all listening sessions for FFY2020-2025 target setting with additional pre- and post-voting on target setting. The IECs continued meeting monthly during FFY2020, sharing feedback through various polls, through relationship building and communication, by attending the listening sessions for FFY2020-2025, and through representation on the Core Stakeholder Group. ECSE Leadership monthly engagement through regularly scheduled statewide calls with the ECSE Team kept information flow consistent to and from all districts. Various ECSE Team members attended Special Education director forums, Regional Low Incidence Facilitator meetings, weekly Dream Catcher groups, and other stakeholder opportunities to maximize information gathering and giving. The CSPD workgroups met monthly to engage in their work on a consistent and efficacious level, therefore advancing this work in critical ways that support Minnesota’s SSIP, Theory of Action, and logic models in action including recommendations for adopting national standards. All levels of engagement included surveys, polls, and work groups to capture information shared, discussed, and leading the way with Minnesota’s next six years for infants, toddlers, young children, caregivers, and communities. Please see the Introduction for additional information about FFY2020-2025 target setting engagement.

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

YES

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Describe how the State addressed the concerns expressed by stakeholders.

A predominant theme throughout engagement and across the representative participants is related to workforce (lack of programs available, lack of awareness of the profession, as well as retention of employees). Additional themes include the rapidly changing demographic of students and increased complexity of needs in the areas of mental health and resource scarcity. Another theme that emerged centered the concerns around a leadership force responsible for supporting early learning programs having minimal capacity in program implementation, best practices, and professional needs. A final and critical theme that emerged was a focus on equity for infants, toddlers, and caregivers in Minnesota who have been historically and are currently made to be most marginalized by the systems and/or speak heritage languages, and the tie between early childhood and graduation rates for each and every caregiver in Minnesota and Tribal Nations.

Concerns addressed by stakeholders were honored through the identification of common themes and analysis and identification of levers to support the efforts in the field. Upon the completion of robust stakeholder engagement, we were able to identify significant targeted needs that were generated throughout and became our comprehensive improvement strategies. Essentially, we honored the voices of those we engaged, ensured we had broad and inclusive engagement, and then committed to addressing the concerns and needs identified through our SSIP. We have our improvement strategies and developed new logic models for each. There are some interactions with previous SSIP improvement strategies, but in order to provide an update that was clearly linked to our robust stakeholder engagement, the new theory of action and corresponding logic models were developed. We are also continuing engagement with participants on a regular basis, including our Core Stakeholder group each 4-6 weeks and our ICC and IEICs monthly, and will be engaging caregivers in-depth to continue our learning over the next year.

Additional Implementation Activities

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

N/A

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

N/A

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

N/A

Provide additional information about this indicator (optional).

N/A

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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

Name:

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Submitted on:

04/18/22 3:47:37 PM