

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2021

Minnesota



PART C DUE
February 1, 2023

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 12 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 Nations engagement in each part of systems' change and development. The FFY2021 Annual Performance Plan demonstrates that Minnesota is currently meeting Indicators 1, 2, 4, 6, and 8B. Additionally, indicators 5 and 6 were not met but did not have slippage. Indicators 7, 8A and 8C were not met and had slippage. Performance indicators 3A1 and 3B1 were not met but did not have slippage over the previous year. Performance indicators 3A2, 3B2, 3C1 and 3C2 did not meet indicators and had slippage over the previous year. While the outcomes of each of the indicators that are not meeting the targets are disappointing, these measures and their indications of quality services and programming continue as a top priority as we work in new ways to ensure we are meeting the needs of each and every child and caregiver as well as the workforce that support them.

Equitable access, process, and policy has remained a focus of Minnesota's early childhood programs for each and every child and their caregivers we serve. We recognize that partnerships and collaboration are key to supporting the whole child and caregiver system. We continue our partnerships with our parent information and training center, departments of health and human services, as well as our leadership and practitioners of our programs across the state. We also continue building partnerships with Native communities and individuals, community organizations, university programs, and national partners. Within the department of education, the Early Childhood Special Education (ECSE) Team has been extensively collaborating with Assistance and Compliance to develop a series of compliance and best practices trainings, as well as Charter Schools to more fully support provision of ECSE services in charter programming.

Federal Part C ARP funds have enabled us to create stronger interagency collaborations, contract services to develop a training series that support trauma healing and culturally supportive early intervention programs across the state, and administer Family Engagement Grants focused on creating ways to engage caregivers and diverse stakeholders in meaningful and ongoing ways. These funds have also supported beginning relationship-building through consultation and collaboration with Minnesota's 12 Tribal Nations for American Indian Caregivers living on and off Tribal Nation lands, as supported by Minnesota codified law signed November 8, 2021. Additionally, 22 Part C programs across our state have received grants to support disparities among caregivers in our early intervention programs as magnified by the COVID-19 pandemic, the foci all having been determined through program and community engagement.

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. Please note that "caregiver" continues to be used in place of "family" throughout Minnesota's submission for FFY2021 intentionally in order to honor the critical role that many care providers play in a young child's life, which may include and is not limited to parents, guardians, 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 and continues to demonstrate an impact in FFY2021 data. While our referral numbers through Help Me Grow Minnesota (HMG) demonstrated an almost 27% decrease overall during FFY2020, with the lowest months being April and May 2020 (60% and 53% decrease, respectively), FFY2021 saw a return to normal and then a significant increase in referrals. As a comparison, the difference in referrals in total from FFY2020 to FFY2021 was 4,221 more students referred into our Help Me Grow referral system. Minnesota has seen this significant increase of referrals continue into FFY2022. We also further analyzed information regarding age upon entry to services and the months in services for children exiting early intervention programs. Overall, children have been entering Part C early intervention services 1-2 months later than in years prior to the pandemic, and Black and Brown children (particularly those children identifying as Black) generally come into services 2 months later than their white peers.

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 generates a random statewide sample from the most recent reported enrollment data. Beginning in FFY2021, indicator data collection record reviews and correction of noncompliance were 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

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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 has also transitioned 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 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 SEAUs 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 SEAUs for inventory management. Corrective action by the SEAU 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 dis/abilities 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 dis/ability. 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 dis/ability 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, evidence-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, cultures, and self-identified priorities of each and every infant and toddler with dis/abilities 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 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. Minnesota has continued to offer hybrid and virtual methods of supporting development and technical assistance, ensuring great access to supports across our great state. Our leadership monthly virtual meetings have developed into interactive platforms that deliver timely technical assistance, resource and partnership highlights, as well as support regional collaborations for leaders to share with one another, problem solve, and operationalize learnings. Our fall leadership conference was held virtually in partnership with the Minnesota Division for Early Childhood of the Council for Exceptional Children and our MN Centers of Excellence. The topics covered in the fall leadership conference were identified based on themes of assistance that leaders and practitioners have been seeking and demonstrated to be needed across local education agencies. The overarching theme that wove through the sessions was inclusion, and the topics included were: inclusion, family engagement, home visiting policies/procedures, and webpages and communications with an equity lens. The second day of the conference included opportunities to dig deeper and develop plans of action for addressing horizontal and vertical alignment at the local level as well as how to utilize data to support the needs of programs. With these conference days, we created space for leaders to collaborate with one another regionally with our professional development specialists to develop plans and next steps for implementing the content provided in sessions. We also held another spring leadership forum virtually in collaboration with our Preschool Development Grant and Early Learning Services colleagues, hosting a two-day Early Childhood Summit. The theme for this series of learning was "Strengthening Partnerships, Strengthening Family Engagement, and Strengthening the Workforce". Additionally, to support new leaders and practitioners, and to be available as continued resources, additions to webinars previously published included Part B Foundational webinars. Sessions to debrief and ask questions related to the asynchronous webinar series were offered to support integration of the concepts learned. Resources available to our leaders and practitioners can be found at <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 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,

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the questions and answers from the mailbox are catalogued for reference and analyzed for themes to identify broader Technical Assistance (TA) and professional development (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 with American Indian Home/School Liaisons as part of efforts to increase collaboration between American Indian education and supports for caregivers and early childhood special education; this includes participation for the Part C Coordinator in weekly gathering space with the liaisons through the Dream Catcher program funded in part by Special Education (<https://education.mn.gov/MDE/dse/MDE086456>)
- 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)
- Supportive communications and outreach in coordination with our Center for Inclusive Child Care organization. (<https://www.inclusivechildcare.org/>)

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 FFY2021, the ECSE Team benefited from the following Technical Assistance (TA) to continue systems improvements for infants, toddlers, caregivers, and Part C programs:

- Data systems support including intra-agency partners through The Center for IDEA Early Childhood Data Systems (DaSy) and Early Childhood Technical Assistance Center (ECTA) most specifically in transforming our Family Outcome Survey (FOS) and Procedures.
- Intensive level TA from Early Childhood Personnel Center (ECPC) supporting our Comprehensive System of Personnel Development (CSPD)
- Part C Racial Equity Community supporting systems-level change
- 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 foundation continuing with “child find”
- System-level racial equity support and intra-and-interagency collaboration from the BUILD Initiative

Additionally, our Comprehensive System of Personnel Development (CSPD) has provided a great deal of benefit to our work. Most notable has been data garnered by the recruitment and retention workgroup through a comprehensive and diligent survey process that helped to identify the reasons for educators leaving the profession and recommendations for systems implementation to improve the supports and cultures within the work that will help to retain workforce. Additionally, the CPSD workgroups supported the recommendation of the adoption of the national early childhood/early intervention personnel standards and worked closely with our licensing agency on this process.

Minnesota Department of Education continues to support the direction, organization and design of the Early Childhood Minnesota Centers of Excellence (MNCoe). MNCoe has been implemented to partner with and support local early childhood special education leaders and programs to improve positive outcomes for children and caregivers. This year we have continued to align 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: 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. Additionally, the MNCoe and the MDE ECSE team are working to build more foundational best practices resources, content, and implementation guides that will be readily available to leaders and practitioners across the state. MNCoe professional development facilitators (PDFs) will support local programs in the implementation of high quality practices.

The MNCoe includes the following structural components:

1. Professional Development Facilitators (PDFs) located within each region of the state. In alignment with the CSPD and work of the ECSE team, the 13.0 FTE of individuals in this role actively partner with local program leaders to identify opportunities to improve practitioner and program quality. This is achieved within the CSPD framework of working to improve the quantity, quality, and effectiveness of the early childhood workforce that provides services and interventions to facilitate the development and learning of infants, toddlers, and young children with dis/abilities and their caregivers. The PDFs efforts are focused primarily around the In-service component of CSPD, addressing the identified PD needs leaders and practitioners who are already in the field of early childhood special education. PDFs partner with local leaders in their regions to identify the foundational professional development needs of their practitioners and work together to find and create opportunities to address those needs. PDFs also serve as an external coach assisting in the implementation and facilitation of one of three evidence-based innovations available to programs throughout the state (see #4).
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 for Infants, Toddlers, and Preschoolers (formerly TACSEI), Evidence Based Quality Intervention Practices (EQIP), and the Classroom Engagement Model (CEM)

The collaborative work of MDE ECSE and MNCoe is focused on administering a comprehensive system of personnel development that ensures ECSE program leaders and practitioners have access to professional development focused on implementing best practices to provide high-quality special education programming to young children and their caregivers. Current collaboration work is being done between the MDE ECSE and MNCoe teams to more closely align the work of MNCoe with the CSPD framework. A priority of this collaboration is to work together to build on the existing PD supports in order to ensure access to a sustainable and equitable professional development system across the state of Minnesota. The shift toward this system of delivery for professional development will allow leaders and practitioners to more readily have access to PD opportunities that maintain and expand their knowledge and skills to ensure they have competence in evidence-based intervention practices to provide high-quality interventions to young children with dis/abilities and their caregivers.

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During FFY2021 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 children and caregivers living 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 our 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 continues our dedication to doing engagement differently and in ways that center caregivers, communities, and programs building the tables they want built with us instead of top-down decisions. In addition to continuation of the mechanisms set in place last year, we added four new ways for gathering input during our continuation of expanded processes: four Family Engagement grants made possible through the Part C American Rescue Plan (ARP) Act funds (<https://education.mn.gov/MDE/DSE/Grants/PROD058567>); 22 Part C programs grants also made possible through Part C ARP funds (<https://education.mn.gov/MDE/DSE/PROD058583>); systems-level in-reach with our 12 regional Interagency Early Intervention Committee (IEIC) teams and our Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC); and partnered in-reach through the Professional Educator Licensing and Standards Board (PELSB) for opportunities for early childhood providers, the public, and the CSPD workgroups around adoption of the personnel standards for Minnesota early childhood special education teacher licensing.

It is important to note that the foci of the ARP funds grants were chosen directly through engagement. Upon requests, the Office of Special Education Programs (OSEP) responsively provided as much time as possible for states, entities, territories, and the BIE to hold in-reach opportunities for determination of this special funding use. Given that this was still a brief time, we focused on engaging caregivers and communities within our ICC, our IEICs, the Dream Catcher Project program staff and liaisons, and the Part C programs providers and leaders. All gatherings for the ARP funds in-reach were held virtually due to continued COVID-19 mitigation efforts, and information was captured through large 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. Use of these information-gathering methods at all continued in-reach opportunities are also one way feedback is being shared back on an on-going basis to encourage reciprocity of communication: participants are always given access to the anonymous results of the polls through slides, reminder emails, and follow-up communication and are openly available to anyone else who asks. Regarding specifically the Part C ARP Funds in-reach, every idea shared was considered and categorized into themes. Five "buckets" emerged from the engagement, which led to a variety of activities and grant opportunities, including the Family Engagement and Part C programs grants. Other activities are discussed through the Indicators and specifically in Indicator 11.

Caregivers engaged through each of the Part C ARP Funds grants, as well as the mechanisms will be included in next year's SPP/APR. This work is currently in action, and the grants' engagement and in-reach is set to continue through June 30, 2023. At that time, all grantees will share findings and recommendations with both MDE and the local programs serving children and caregivers, as well as additional early childhood partners as noted by caregivers during the engagement. It is being encouraged that all grantees share back the information with MDE and the local programs in formatting that aligns with the communities of their foci (e.g. oral storytelling for caregivers that share knowledge through oral communication). It is also being encouraged that all grantees share back with the caregivers and communities who participated in the engagement and in-reach to honor what happens with their knowledge sharing and creates continuation of cyclical communication. Each and every caregiver's feedback will inform a multitude of changes and intentional buildings of our Part C system, policies, and processes in the coming years.

While all caregivers with infants and toddlers who may or are receiving Part C services in Minnesota have been included in the focus of engagement and in-reach and will benefit from our engagement, intentional focus has been the intersectionality of dis/ability and American Indian caregivers, Caregivers of Color, caregivers who speak Heritage languages, caregivers who experience homelessness and/or near homelessness, caregivers experiencing wealth inequities, families with caregiver(s) who have dis/abilities or mental health needs, and caregivers with child protection involvement. This is reflected throughout Minnesota's Part C SPP/APR, including Indicator 11.

Also important to note, the work of the CSPD includes ongoing engagement with caregivers, institutes of higher education (IHE's), the Department of Human Services (DHS), the Minnesota Department of Health (MDH), Professional Educator Licensing and Standards Board (PELSB), the Center for Early Education and Development (CEED), Professional Development Facilitators (PDFs), Regional Low Incidence Providers (RLIFs), the Minnesota Center of Education (MNCoe), and PACER Center through participation in the workgroups. The CSPD is committed to bringing early learning general education to the conversation.

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

NO

Number of Parent Members:

100

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 continue building in-reach of caregivers in Minnesota's 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 continued honoring 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 continued adjusting the timing of meetings to prioritize caregivers' needs; caregivers may also receive payment and reimbursement for child care following state policies per our ICC bylaws once they are state vendors
2. Representation from our Parent Training and Information Center (PTIC), including advocacy and Cultural Liaison staff, continues active engagement in every in-reach and engagement opportunity we provide through MDE, including receiving one of our Part C ARP funds grants specifically for Family Engagement – our PTIC is focusing on Greater Minnesota in their in-reach efforts to ensure in-reach intersectionality includes geographically diverse communities
3. Parent members of our ICC are present and actively engaged at each monthly ICC meeting, and a parent currently sits as our ICC Chair
4. We are supporting four specific Family Engagement Part C ARP funds grants through June 30, 2023 that are directly engaging well over 100+ caregivers in ways we have never done before in Part C – the foci all came from caregiver and community engagement and are focusing on caregivers' experiences with Part C in a variety of ways to help inform continued building of new tables and continuous improvement of the Part C systems currently

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in place supporting children and caregivers

Since this intentional in-reach with caregivers specifically continues to be a newer process for MDE in these in-depth ways, and given that the bulk of our in-reach with caregivers is still in-process through the Part C ARP funds grants, developing improvement strategies and evaluating progress will continue over the coming year and will again be reported in the SPP/APR submitted February 1, 2024.

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.

We remain dedicated to supporting caregivers from each and every community in Minnesota and 12 Tribal Nations building the Part C tables with us moving ahead through continuous improvement. We also know this will take more time, in part as we continue building trust in the communities farthest from opportunities and most impacted by historical and current educational trauma, including Communities of Color across Minnesota and for American Indian citizens living on and off Tribal Nation lands. This past year, we have focused on four main cycles of action intended to increase the capacity of diverse groups of caregivers in supporting the development and implementation of systems, policies, and procedures intended to improve outcomes for each and every infant and toddler with a dis/ability and their caregivers. These four cycles of action are closely intertwined.

First, we stayed in the cycle of action for our Family Outcomes Survey (FOS). We continued our intensive TA with ECTA and DaSy. We processed continued in-reach information through avenues such as regular Family Engagement grantees update gatherings. And we continued in-reach and virtual polls with providers and leaders around current FOS processes, ways individual programs envision a better process, and sharing-out from MDE with local programs and additional early childhood partners (e.g. ICC, superintendents and directors of local programs) the racially disparate data we have been analyzing around surveys past and present. We continue sharing the message that the FOS data we receive from caregivers is our most critical data, because not only is every survey a caregiver's story we need to hear, but we also need to be hearing the stories of the caregivers who choose not to fill out the FOS.

The second and third cycles of action are intertwined at an intimate level: the continued work of our ICC and our regional Interagency Early Intervention Committees (IEICs) diving together into Minnesota's "child find" and public awareness and outreach through both systems and work-in-action level equity. This past year, these two groups unified even deeper through continued monthly meetings supported through intensive TA from ECTA, intentional equity-focused work plans and group discussion around barriers to reaching the caregivers we know are missing, and growing in our data literacy knowledge as we work towards building a platform the IEICs can use for both state and local level awareness and outreach data.

The fourth cycle of action we focused on this year to continue increasing diversity of caregivers supporting and leading new table building with us are our Family Engagement grants (<https://education.mn.gov/MDE/DSE/Grants/PROD058567>). These grants were intentionally set up in both process and foci to ensure American Indian caregivers, Caregivers of Color, and caregivers who use Heritage languages are directly and intentionally engaged in in-depth in-reach opportunities around our Part C systems, programs, processes, and collaborations. The grants were written to remove dominant culture point acquisition processes during the application and review process; encouragement for activities and evaluation of grant outcomes to be reported to MDE and local programs in ways that uniquely match the communities of their foci instead of requiring SMART goals; and using priority points to move applicants into a space of honoring our First Nations, focusing on communities made to be most marginalized, and creating space for community partners to apply for and lead these grants instead of government or large entities who usually apply. We recognize that the impact of the in-reach with the wonderfully diverse caregivers through these grants in ways we have never engaged caregivers before in Minnesota and Tribal Nations has the ability to inform every part of our programming, policies, statutes, and systems. This is our hope. We are committed to honoring all that is shared, in part by continuing these new ways of caregiver in-reach efforts through cyclical processes moving ahead. More about direct impact of diverse voices will be included in our SPP/APR submission for 2024, as these grants are currently ongoing through June 30, 2023. We remain committed to no longer designing systems of impact without the inclusion of those most impacted by our Part C systems and processes as we move through our SSIP implementation.

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 continues in a number of ways. 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/>). Public opportunity is also always encouraged during our monthly ICC meetings, which are posted in advance on the MDE public calendar along with an open Zoom link without restriction by code to ensure easy access for anyone who wishes to attend. The ICC voted again this past year to have all meetings held virtually in order to encourage participation from the public and membership where distance and time may previously have been a factor. 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 again this past year through virtual methods 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 as we learn better the needs of the public and the communities we serve through the Part C ARP funds grants in-reach happening now. 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, and 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 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:

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>)

How and where the State reported to the public on the FFY 2020 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 2020 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 2020 APR in 2022, 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.

Additionally, SEAU's are provided with integrated dashboards of their child outcomes data. Within these data dashboards, leaders can look at performance outcomes for their programs but can also disaggregate their data by race, dis/ability, time in service, etc. Leaders can rely on this data to look at program trends, monitor data quality issues, and support practitioners in program improvements.

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>.

CLARIFICATION:

Minnesota understands that there are discrepancies in the publicly posted data specific to SEAUs. Minnesota has verified that there are issues in the dates related to compliance indicators and what year the districts were monitored (monitoring cycles are employed in our differentiated monitoring system) as it relates to the data being reported. Minnesota is working to address the issue. Additionally, it was found that our SEAU reports are rounding the decimal to the tenths rather than hundredths and this too will be addressed to ensure accuracy with statewide reporting.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

While the State has publicly reported on the FFY 2020 (July 1, 2020-June 30, 2021) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of the IDEA, those reports do not contain the required information. Specifically, the publicly posted information does not match the data reported in the State's FFY 20 SPP/APR.

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

While the State has publicly reported on the FFY 2020 (July 1, 2020-June 30, 2021) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. With its FFY 2022 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2020. In addition, the State must report with its FFY 2022 SPP/APR, how and where the State reported to the public on the FFY 2021 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
191	191	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

Of the 191 records reviewed, there were no reported delays in the provision of early intervention services.

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. MDE completed the record review for FFY2021 using this new online system. The process for FFY2021 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 the review of the record(s) 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 FFY2021 data are based on reviews of records from 104 SEAUs, comprised of 121 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%, uses the FFY2020 data. As MDE has consistently been at 100% for this indicator, the baseline has remained the same.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

MDE has clarified the revision of it’s baseline. The baseline was changed to reflect the new APR cycle and uses the FFY2020 data as the baseline. The baseline remains 100% as MDE continues to demonstrate 100% compliance for this indicator.

1 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

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)

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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	2016	2017	2018	2019	2020
Target >=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	97.70%	97.84%	98.06%	98.17%	99.53%

Targets

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

Targets: Description of Stakeholder Input

Please see Introduction for additional stakeholder engagement information. We are hopeful that the current in-reach happening through the Part C ARP funds grants will shed additional light on Indicator 2 and natural environment for caregivers and communities. We expect continued sharings from caregivers around shifts in the COVID-19 pandemic, virtual service delivery methodology, immigration needs across Minnesota, dramatically increased referrals this past year, and the necessitous systems changes in motion and to come as we work to stay in the cycle of action for children and caregivers after George Floyd's murder in Minnesota in May 2020. For many caregivers and providers, natural environments have expanded to additional places caregivers spend their time made possible through virtual service delivery methods, increased community and cultural supports, and continued 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). Engagement and in-reach also continue to show that expansion of "family" includes people supporting caregivers (e.g. grandparents, in-home child care) and the places they spend time with children served through Part C.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,425
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	5,596

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,425	5,596	99.53%	95.00%	96.94%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

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

Targets remain as set during the FFY20 APR/SPP process. Minnesota continues its work on redesigning the procedures associated with this collection as well as the content of the survey itself. Minnesota intends to develop a new survey to meet this indicator's requirements but more importantly, to better inform early intervention providers of the necessary adjustments and supports that best meet the needs of children and their caregivers.

Development of new surveys and processes will happen in direct partnership with providers, leaders, caregivers, communities, and additional early childhood partners as outlined in the listening session process utilized last year for target setting. In addition, the engagement work currently happening with our ICC informs continuous improvement for Indicator 3.

Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2018	Target>=	54.40%	54.50%	54.60%	50.50%	50.50%
A1	50.35%	Data	49.15%	50.85%	50.35%	50.12%	49.90%
A2	2018	Target>=	52.00%	53.00%	54.00%	48.50%	48.50%
A2	48.37%	Data	50.18%	48.23%	48.37%	48.38%	48.82%
B1	2018	Target>=	60.50%	60.60%	60.70%	55.90%	55.90%
B1	55.80%	Data	58.78%	55.83%	55.80%	57.61%	55.57%
B2	2018	Target>=	45.50%	46.50%	47.50%	41.80%	41.80%
B2	41.67%	Data	44.41%	41.95%	41.67%	43.43%	41.79%
C1	2018	Target>=	62.20%	62.30%	62.40%	57.80%	57.80%
C1	57.74%	Data	58.02%	59.36%	57.74%	57.83%	59.12%
C2	2018	Target>=	53.00%	54.00%	55.00%	50.10%	50.10%
C2	49.99%	Data	50.83%	49.62%	49.99%	50.69%	50.11%

Targets

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

FFY 2021 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	10	0.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,074	36.88%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	445	15.28%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	634	21.77%

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>)

Outcome A Progress Category	Number of children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	749	25.72%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	1,079	2,163	49.90%	50.60%	49.88%	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	1,383	2,912	48.82%	49.50%	47.49%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

It appears in this data that more so than the other indicators, children exiting from early intervention saw a higher percentage of demonstrating a negative change in COS ratings as it relates to positive social relationships. During the pandemic, during which many of these children were engaged in early intervention services, there were significant reductions in opportunities for children to engage in interactions with peers and adults. Caregivers of children in care environments were also initially required to wear masks during care of these children, which decreased opportunities to engage, observe, and offer opportunities for imitations and learning from modeling.

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	9	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,090	37.43%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	633	21.74%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	754	25.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	426	14.63%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	1,387	2,486	55.57%	60.00%	55.79%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,180	2,912	41.79%	42.30%	40.52%	Did not meet target	Slippage

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 d and e as compared to outcomes A and C which likely created the slippage. We do believe that this group of exiting children are also experiencing residual impacts of the COVID-19 pandemic in which services provision remain. Across all regions of the state, we see a considerably higher percentage of children making progress but not closing the gap to same age peers, therefore, we are not seeing as many children exiting from the program with typically developing skills. This may also be representative of the reality that Minnesota is not classified as an "at-risk" state. This would have impacts on the number of children demonstrating age appropriate skills on entrance and exit from services. The large majority of children in early intervention services, are qualified based on demonstrating

delays versus clinical opinion or having a condition known to hinder development, therefore it is less likely that children with identified delays are able to reach typical development before exiting from services.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	11	0.38%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	990	34.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	487	16.72%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	801	27.51%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	623	21.39%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	1,288	2,289	59.12%	57.90%	56.27%	Did not meet target	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	1,424	2,912	50.11%	51.10%	48.90%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

We do believe that this group of exiting children are also experiencing residual impacts of the COVID-19 pandemic in which services provision remain. Across all regions of the state, we see significant progress gains but there continue to be concerns about those identified, how long they were able to be in services and what the provision of services looked like during the pandemic as all having an impact on the outcomes of children and families. Children are making progress but not closing the gap to same age peers.

Provide reasons for C2 slippage, if applicable

We do believe that this group of exiting children are also experiencing residual impacts of the COVID-19 pandemic in which services provision remain. Across all regions of the state, we see a considerably higher percentage of children making progress but not closing the gap to same age peers, therefore, we are not seeing as many children exiting from the program with typically developing skills. This may also be representative of the reality that Minnesota is not classified as an “at-risk” state. This would have impacts on the number of children demonstrating age appropriate skills on entrance and exit from services. The large majority of children in early intervention services are qualified based on demonstrating delays versus clinical opinion or having a condition known to hinder development, therefore it is less likely that children with identified delays are able to reach typical development before exiting from services.

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	5,519
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.	1,850

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.

SLIPPAGE

Further analysis that applies across all indicator questions considers race, disability category, age at entrance to program and number of months in services. Over the last 5 years, children in program with disability category of developmental delay has remained stable. What has changed rather significantly over the last 3 years in the percentage of children in program with the disability category of Autism as well as a significant decrease in the number of children that are identified as having a Speech Language Impairment as their primary disability. We have hypothesized that it is quite possible that the increase in the number of children identified with Autism have had an impact on the number of children making significant progress to meet functioning of same age peers as well as to make significant progress as had the decrease of children identified with speech and language disabilities.

Also observed in analysis were the number of children who had been served less than 6 months has increased by 7% over the last 2 years. This further demonstrates the impact that COVID-19 has had on identification of children prior to their 3rd birthday. We have seen, across all racial categories, an increase in age at the time of services beginning moving the average age at the time of services beginning moving from 14-16 to 17-19 months of age. On average, children racially identified as white are identified 1-2 months earlier than their Black and Brown peers. This data is supportive of our child find data for age range birth to 1 and birth to 3 years of age.

Finally, we have seen rather significant discrepancies in our outcome data between our students registering as white as we compare to those registering as Black specifically, while also seeing an increase in the number of Black students exiting from our early intervention programs. On average, our Black students are exiting Part C programs with an outcome rate of 39.75% for question 1 of positive social relationships while white children rating is 53.04%. Similar discrepancies hold true across all 3 outcome measures. The discrepancy is even more significant (25-28% difference) for question 2 of each outcome that addresses children performing similarly to same age peers.

CLARIFICATION:

The discrepancies were caused by transposing outcome progress category d and e counts from Outcome B to Outcome C. When added up, Outcome C had an incorrect total resulting in incorrect outcome summary for C. The denominator for all three should be 2912. We have corrected it above.

The 2944 count of assessed infants and toddlers is the total amount of students with submitted Exit Outcomes Ratings. However, 32 were missing an entrance rating. This resulted in the total of 2912 that could be assigned a progress category, We have changed the total counts of assessed to reflect the measurable count of 2912.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State reported 2912 as the denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program. However, the State reported 2944 infants and toddlers with IFSPs were assessed. The State explained the discrepancy.

3 - Required Actions

In the FFY 2022 SPP/APR submission, the State must explain any discrepancies between the FFY 2022 total number assessed and the FFY 2022 denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program.

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	2016	2017	2018	2019	2020
A	2013	Target>=	90.60%	91.00%	91.50%	92.00%	90.30%
A	89.22 %	Data	89.91%	89.24%	92.58%	91.09%	82.97%
B	2013	Target>=	93.60%	93.80%	94.00%	94.20%	93.40%
B	###C04BBA SEDA TA###	Data	92.72%	91.96%	95.35%	93.87%	88.36%

C	2013	Target>= =	90.90%	91.20%	91.50%	91.80%	90.60%
C	89.80 %	Data	89.91%	89.51%	94.21%	92.00%	87.05%

Targets

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

Targets: Description of Stakeholder Input

Targets remain as set during the FFY20 APR/SPP process. Minnesota continues its work on redesigning the procedures associated with this collection as well as the content of the survey itself. Minnesota intends to develop a new survey to meet this indicator's requirements but more importantly, to better inform early intervention providers of the necessary adjustments and supports that best meet the needs of children and their caregivers. Development of a new survey and processes is currently underway through technical assistance from DaSy and ECTA, Part C ARP funds grants and contracts; along with direct engagement with caregivers through Family Engagement grants set to end June 30, 2023, providers, leaders, caregivers, communities, and additional early childhood partners in processes similar to those outlined in the listening session processes utilized last year for target setting.

FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	3,669
Number of respondent families participating in Part C	598
Survey Response Rate	16.30%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	514
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	588
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	532
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	588
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	532
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	588

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 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)	82.97%	90.60%	87.41%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	88.36%	93.60%	90.48%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	87.05%	90.90%	90.48%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
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. Minnesota intends to include opportunity for caregivers completing the survey to self-identify at the time of survey for Tribal Nation and race/ethnicity information based on Minnesota state definitions as well as Heritage language for the children being served. This will ensure that we have accurate information, as it will not leave room for district data entry errors or student information systems that default those categories to dominant culture if not verified at the local level.

Survey Response Rate

FFY	2020	2021
Survey Response Rate	17.42%	16.30%

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

Minnesota has continued to work on the redesign of the Family Outcomes Survey (FOS) Process. One method of in-reach to communities has been through the awarding of Family Engagement grants designed to engage communities most marginalized in our state - specifically those that have elected to not receive early intervention services including evaluation, services, or choosing to stop services for their children for a variety of reasons. Hearing the voices of those unheard remains a critical understanding to be gained in order to improve programs and services for each and every child experiencing Part C and their caregivers. It is also important to Minnesota to ensure that the information and feedback we ask of caregivers honors what they value and feel are important for their early intervention providers to know and find actionable. All aspects of the FOS redesign are and will continue to be driven by caregiver, district, stakeholder, and Tribal Nations direction. Minnesota is preparing a request for proposals that will be focused on the development and validation of a new survey, which will also include culturally supportive methods of processes and feedback sharing and program improvement.

Additionally, Minnesota has continued our work with ECTA and DaSy TA centers through exploration of processes and procedures that would be conducive to improving the engagement of caregivers with our survey. This has included analyzing the practices and systems of implementation in states and entities with considerably higher return rates. As a result of this technical assistance, Minnesota has developed an online survey process that will begin with a pilot in Spring 2023. The pilot of a new electronic survey process and set of procedures will be conducted with local education units from around the state who volunteer to support the implementation of electronic survey, digital communications, and more extensive sampling. An addition to the survey will be self-identification of demographic information related to child race/ethnicity and Tribal Nation and Heritage language. Results of the pilot as it relates to return rates as well as comparative analysis of self-reported demographic data will be analyzed to inform modifications or adjustments necessary to the collection process/procedures.

Finally, also engaged in this work, have been leaders and practitioners. It has been critical to determine what feedback from caregivers would be informative and actionable for our local education units as they strive to improve program practices, ensure accessibility and meet the needs of each and every child and their caregiver regardless of status and/or demographic identifications.

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 after receiving at least 6 months of services. Currently this process is administered in a way that information shared back is anonymous to Part C programs. 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 envelope addressed to the Minnesota Department of Education with each caregiver. Translated surveys are made available to families needing written print in their Heritage language, and in the event that a translated document is not available, or if written text is not a preferred option, oral interpretation is provided. It is recommended that dissemination of the surveys be done at the last visit with each early intervention caregiver. Once surveys are received at the state department, the paper copy is maintained as a record, and the data is duplicated into an online spreadsheet. At this point, the state student identification numbers are cross-referenced to a database of reported student enrollment information and it is at this time that it is linked to demographic data for each student (currently not self-identified by the caregiver). 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).

CLARIFICATION:

Analysis of return rates of surveys by race as compared to race of exiting students from Part C services demonstrates discrepancies in several categories. There is a 9% overrepresentation of children that are identified as White in returned surveys while also showing an underrepresentation in Hispanic (3%) and Black (5%). For this reason and our low return rates of surveys overall, Minnesota has committed to revising our survey process as well as the survey itself in order to improve the completion of the survey and to ensure that the survey questions are responsive to what ALL families need programs and state to know about their experiences, to ensure that the language used within the survey is universally understood, and provide opportunity for electronic survey administration that will allow for follow up and more timely tracking of returns. Additionally, in order to ensure accurate demographic data in each collection, caregivers will be able to select race/ethnicity and home language at the time of survey completion. Finally, ensuring that written surveys are available in heritage language of choice in addition to providing districts and cooperatives technical assistance and best practice guidance in supporting caregivers speaking heritage languages.

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.

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Of the records that we are able to disaggregate, the demographic analysis of race indicates the following: 65% of Part C children exiting services were indicated to be white, while this group made up 74% of returned surveys. Families having indicated 2 or more races were 7% of returned surveys but make up just 5% of the population exiting from early intervention services. Another rather large discrepancy in return rate is for children identified as Black or African American for which they represented 11% of children exiting early intervention services but only 6% of returned surveys. A similar discrepancy is found with the return rate of children identifying as Hispanic/Latine compared to those that exit the program, 8% and 11% respectively.

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.

CLARIFICATION:

A percentage of +/- 2% of used as the discrepancy metric as it relates to racial representativeness of surveys returned.

Provide additional information about this indicator (optional).

Minnesota has made determinations that the FOS administration and content must be improved for a number of reasons, one of which is that racial, ethnic, and American Indian distribution is not the only indicator of meeting the needs of our caregivers and ensuring that we have a greater return rate. We also want to ensure that we are asking questions meaningful for caregivers to determine if we are meeting these outcomes in culturally responsive ways. 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, Part C programs, and caregivers is enhanced.

4 - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

Family Outcome Surveys for the FFY 2020 SPP/APR submission had similar concerns with regards to low return rates and data that should be interpreted with caution. In terms of representativeness of returned surveys, the following observations were made: In Minnesota, our child count demographic data indicated the following race percentages; White 67.57%, Asian 5.51%, Black 9.94%, Native American, less than 1%, Hispanic 9.7%, and Two or More races were 5.53%. As it relates to the return of surveys, the following discrepancies occurred: Asian with -.78%, Black -1.53%, and Two or More Races at -.67%. Families identifying as white were over-represented by .88%. Also notable is that for families returning surveys and identifying as Black, Native American and Two or More races, they indicated disproportionately higher outcome ratings than White, Asian and Hispanic Families.

Address in the main section of this report, we are currently working to significantly change the family outcome survey. Changes will include not only the questions that are being asked but also the administration of the form being available electronically. Families will not have the opportunity to self-identify race and language as part of the survey in addition to having the option of the survey being written in their native language.

4 - OSEP Response

4 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 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	2016	2017	2018	2019	2020
Target >=	1.10%	1.15%	1.20%	1.21%	1.00%
Data	1.03%	1.05%	0.93%	0.94%	0.71%

Targets

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

Targets: Description of Stakeholder Input

Targets remain as set during the FFY20 APR/SPP process. Minnesota continues its work on engaging caregivers, community members, providers, leaders, early childhood partners, cultural liaisons, and regional teams in ensuring we are continuing to do better for each and every child and caregiver in Minnesota around "child find" and public awareness and outreach. In addition, the engagement work currently happening with our ICC around "child find" and public awareness and outreach statutes and policies through an equity focus, as well direct and consistent supports from the ICC and the Part C Coordinator to the regional IECs for grounding equity within their work as the people directly impacting how well we are doing Indicator 5 for children, caregivers, and referring providers informs continuous improvement for Indicator 5.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	516
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	62,897

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
516	62,897	0.71%	1.02%	0.82%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.56%

FFY	2016	2017	2018	2019	2020
Target >=	2.68%	2.75%	2.82%	3.00%	2.53%
Data	2.71%	2.84%	2.94%	2.96%	2.41%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	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 last year indicated keeping the same targets as FFY2014-2019 for many of the same reasons as for Indicator 5. In addition, the participants at that time 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. Our in-reach through the Part C APR funds Family Engagement grants is digging further into these issues affecting how we are reaching caregivers from diverse communities in support of services for their children when wanted.

Targets remain as set during the FFY20 APR/SPP process. Minnesota continues its work on engaging caregivers, community members, providers, leaders, early childhood partners, cultural liaisons, and regional teams in ensuring we are continuing to do better for each and every child and caregiver in Minnesota around "child find" and public awareness and outreach. In addition, the engagement work currently happening with our ICC around "child find" and public awareness and outreach statutes and policies through an equity focus, as well direct and consistent supports from the ICC and the Part C Coordinator to the regional IECs for grounding equity within their work as the people directly impacting how well we are doing for children, caregivers, and referring providers informs continuous improvement for Indicator 6.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	5,596
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	197,077

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,596	197,077	2.41%	2.60%	2.84%	Met target	No Slippage

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Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

Provide detailed information about the timely correction of 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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	95.83%	96.28%	96.22%	87.84%	92.94%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
85	126	92.94%	100%	90.48%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Minnesota found slippage on Indicator 7 from the FFY2020 rate of 92.94% to the FFY2021 rate of 90.48%. This is a decrease of 2.46%. Of the 126 records that were reviewed in FFY2021, 85 were found in compliance with this indicator and 29 were found not in compliance due to family reasons. Twelve records were identified with noncompliance due to district causes in FFY2021. As noted, this represents overall slippage from FFY2020 when 54

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of the 85 records were found in compliance and 25 were not in compliance due to family reasons. In FFY2020, six records were identified with noncompliance due to district causes.

MDE attributes the C1 slippage, in part, to the changes in the sampling and data collection methodologies made in FFY2020. With the revision of its monitoring process, MDE reframed the sampling process and is now specifically sampling children recently identified as receiving Part C services as opposed to a random district sample. Along with revising the sampling process, MDE revised the record review questions being asked of districts in order to better gather the information needed to accurately report on this indicator. MDE believes the revised questions more accurately reflect the intended measurement of this indicator and will allow MDE to better identify specific components of the noncompliance in order to provide more targeted technical assistance.

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.

29

Provide reasons for delay, if applicable.

Forty-one of the 126 initial evaluations, assessments and IFSP meetings were not completed within the required 45 day timeline. Twenty-nine of those 41 were identified as late due to exceptional caregiver circumstances. Some respondents indicated delays due to caregiver availability, caregiver illness or simply parental delay in consent. Twelve 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. MDE completed the record review for FFY2021 using this new online system. The process for FFY2021 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 the review of the record(s) 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. 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 determined eligible for Part C services and determining whether the evaluation, assessment and initial IFSP meeting was completed within 45 calendar days. The FFY2021 data are based on reviews of records from 85 SEAUs, comprised of 97 individual districts.

Provide additional information about this indicator (optional).

MDE updated the baseline in FFY2020 to reflect the new SPP cycle. The revised baseline was not accepted by OSEP because it was determined by averaging the results for this indicator over the last cycle of the SPP. Therefore, MDE wishes to clarify the revision of its baseline. MDE will use the data from FFY2020 as its new baseline. This data was selected as the new baseline as it is representative of the new indicator data collection process now being used by MDE. Stakeholders were included in the discussion of revising the baseline to reflect this new process.

Please see Introduction for additional stakeholder engagement information. Despite not having to set targets for Indicator 7, MDE included discussions of the 45-day timeline in the stakeholder and Tribal Nation engagement sessions. For Indicator 7, discussion focused around possible reasons Minnesota historically has not met 100% for this indicator. Suggestions included providing cultural liaisons, not just interpreters for caregivers who speak heritage languages; finding ways to be timely while emphasizing relationships with caregivers; finding ways to enhance supportive accountability for districts; and continuing to use virtual meetings to help with timeliness and full team and caregiver participation.

Provide additional information about this indicator (optional).

MDE updated the baseline in FFY2020 to reflect the new SPP cycle. The revised baseline was not accepted by OSEP because it was determined by averaging the results for this indicator over the last cycle of the SPP. Therefore, MDE wishes to clarify the revision of its baseline. MDE will use the data from FFY2020 as its new baseline. This data was selected as the new baseline as it is representative of the new indicator data collection process now being used by MDE. Stakeholders were included in the discussion of revising the baseline to reflect this new process.

Please see Introduction for additional stakeholder engagement information. Despite not having to set targets for Indicator 7, MDE included discussions of the 45-day timeline in the stakeholder and Tribal Nation engagement sessions. For Indicator 7, discussion focused around possible reasons Minnesota historically has not met 100% for this indicator. Suggestions included providing cultural liaisons, not just interpreters for caregivers who speak heritage languages; finding ways to be timely while emphasizing relationships with caregivers; finding ways to enhance supportive accountability for districts; and continuing to use virtual meetings to help with timeliness and full team and caregiver participation.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

FFY 2020 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 FFY2020 and reviewed updated data

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from the SEAU to verify correct implementation of the regulatory requirements. The six noncompliant records from FFY2020 resulted in findings of noncompliance for four SEAU. Each SEAU was asked to review randomly selected records to demonstrate correction and submit paper reviews to MDE for regulatory compliance. Submitted documentation confirmed that all four of the SEAU were correctly implementing the regulatory requirements. MDE has reviewed updated data from SEAU with identified noncompliance in FFY2020 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.

The data collection for the FFY 2020 record review took place prior to the completion of the new web-based monitoring system, Stepwell MN. As a result, MDE used spreadsheets to track all identified noncompliance and verify correction. For post-referral timelines, when record reviews were completed, 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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

MDE has clarified the revision of its baseline. The baseline was changed to reflect the new APR cycle and uses the FFY 2020 data as the baseline. This is described in the section above titled "Provide additional information about this indicator (optional)."

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. MDE verified that all SEAU with identified noncompliance are correctly implementing the specific regulatory requirements as described in the section "Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements" above. MDE also ensured each individual case of noncompliance has been corrected consistent with OSEP Memo 09-02 as described in the section "Describe how the State verified that each individual case of noncompliance was corrected" above.

7 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.
- 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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%

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Data	100.00%	92.55%	98.00%	94.74%	92.42%
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Targets

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

FFY 2021 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 175 student records were reviewed for this indicator. All records were for children that had received Part C services and were referred for a Part B evaluation. One of the records was identified as having a transition conference late due to exceptional caregiver circumstances. Twenty-eight records were identified as not in compliance for this indicator.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
145	174	92.42%	100%	83.91%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Minnesota found slippage on Indicator C8a from the FFY2020 rate of 92.42% to the FFY2021 rate of 83.91%. This is a decrease of 8.51%. Of the 174 records that were reviewed in FFY2021, 145 were found in compliance with this indicator and one was found not in compliance due to family reasons. Twenty-eight records were identified with noncompliance due to district causes in FFY2021. As noted, this represents overall slippage from FFY2020 when 57 of the 66 records were found in compliance and four were not in compliance due to family reasons. In FFY2020, five records were identified with noncompliance due to district causes.

MDE attributes the C8a slippage, in part, to the changes in the sampling and data collection methodologies made in FFY2020. With the revision of its monitoring process, MDE reframed the sampling process and is now specifically sampling children identified as recently exiting Part C services as opposed to a random district sample. Along with revising the sampling process, MDE revised the record review questions being asked of districts in order to better gather the information needed to accurately report on this indicator. MDE believes the revised questions more accurately reflect the intended measurement of this indicator and will allow MDE to better identify specific components of the noncompliance in order to provide more targeted technical assistance. Based on district responses, however, MDE believes further revision is needed to ensure noncompliance is being accurately identified.

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.

1

Provide reasons for delay, if applicable.

The results of the record reviews indicated one child had a late transition conference due to exceptional caregiver circumstances or the unavailability of the caregiver. There were eleven records in which a timely transition conference was held, but the transition steps and services were not sufficiently documented within the IFSP. There also were five 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 either staffing limitations or "District: Unknown" suggesting the records did not have sufficient detail to determine why the district failed to meet the timeline. There were twelve records that were cited because the child did not receive a timely transition conference and the IFSP did not include documentation of the transition steps and services. District comments included a range of explanations from failure to document appropriately to not holding the transition conference or discussing steps and services as needed.

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. MDE completed the record review for FFY2021 using this new online system. The process for FFY2021 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 the record reviews 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 FFY2021 data are based on reviews of records from 106 individual districts representing 88 SEAUs.

Provide additional information about this indicator (optional)

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MDE updated the baseline in FFY2020 to reflect the new SPP cycle. The revised baseline was not accepted by OSEP because it was determined by averaging the results for this indicator over the last cycle of the SPP. Therefore, MDE wishes to clarify the revision of its baseline. MDE will use the data from FFY2020 as its new baseline. This data was selected as the new baseline as it is representative of the new indicator data collection process now being used by MDE. Stakeholders were included in the discussion of revising the baseline to reflect this new process.

Please see Introduction for additional stakeholder engagement information. Despite not having to set targets for Indicator 8A, 8B, and 8C, MDE discussed 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 challenges for caregivers as the caregiver-centered Part C shifted to classroom settings in Part B. Some of the considerations shared were ensuring caregivers understand different expectations for both children and caregivers; supporting systems to honor cultures and beliefs in a classroom instead of home environment; and maintaining close relationships with caregivers and collaborating with community partners, cultural liaisons, Head Start, and other trusted partners. Participants also shared continued concerns around COVID-19 and the pressing emergencies of workforce.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

FFY 2020 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 FFY2020 and reviewed updated data from the SEAU to verify correct implementation of the regulatory requirements. The four SEAUs with identified noncompliance in FFY2020 were asked to review subsequent records in FFY2021. Those records were chosen randomly and submitted to MDE via a paper review for regulatory compliance. Submitted documentation confirmed that all SEAUs were correctly implementing the regulatory requirements. MDE has thus reviewed updated data from each of the SEAUs with identified noncompliance in FFY2020 and verified that each SEAU is correctly implementing the regulatory requirements.

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

The data collection for the FFY2020 record review took place prior to the completion of the new web-based monitoring system, Stepwell MN. As a result, MDE used spreadsheets to track all identified noncompliance and verify correction. For Part C to Part B transition, when record reviews were completed, the SEAU provided the date the transition conference was held. This allowed MDE to verify that the conference had been completed, although it may have been late. If the transition conference was not held, MDE required the SEAU to verify the successful transition to Part B. If the student were 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, MDE has verified that all records with identified noncompliance in FFY2020 were corrected and the SEAUs 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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY 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 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.

Response to actions required in FFY 2020 SPP/APR

MDE has clarified the revision of its baseline. The baseline was changed to reflect the new APR cycle and uses the FFY 2020 data as the baseline. This is described in the section above titled "Provide additional information about this indicator (optional)."

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. MDE verified that all SEAU with identified noncompliance are correctly implementing the specific regulatory requirements as described in the section “Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements” above. MDE also ensured each individual case of noncompliance has been corrected consistent with OSEP Memo 09-02 as described in the section “Describe how the State verified that each individual case of noncompliance was corrected” above.

8A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%

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>)

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

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
174	174	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

N/A

Describe the method used to collect these data.

The method used to collect data for this indicator for FFY2021 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 an online review using the new Stepwell MN system 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 FFY2021 data is comprised of reviews from 106 individual districts representing 88 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. MDE completed the record review for FFY2021 using the new online system. The process for FFY2021 included generating a random statewide sample for each of the indicators. For indicator C8b, 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 review of the record(s) 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 FFY2021 data are based on reviews of records from 106 individual districts representing 88 SEAs.

Provide additional information about this indicator (optional).

MDE updated the baseline in FFY2020 to reflect the new SPP cycle. The revised baseline was not accepted by OSEP because it was determined by averaging the results for this indicator over the last cycle of the SPP. Therefore, MDE wishes to clarify the revision of its baseline. MDE will use the data from FFY2020 as its new baseline. This data was selected as the new baseline as it is representative of the new indicator data collection process now being used by MDE. Stakeholders were included in the discussion of revising the baseline to reflect this new process.

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020

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>)

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

MDE has clarified the revision of its baseline. The baseline was changed to reflect the new APR cycle and uses the FFY 2020 data as the baseline. This is described in the section above titled "Provide additional information about this indicator (optional)."

8B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- 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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%

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>)

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

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

FFY 2021 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 174 student records were reviewed for this indicator. All records were for children that had received Part C services and were referred to Part B services. One of the records was identified as having a transition conference late due to exceptional caregiver circumstances. Seventeen records were found not in compliance because the transition conference not take place at least 90 days before the child's third birthday. The reasons for delay were identified as staffing limitations or "District: Unknown" suggesting the records did not have sufficient detail to determine why the district failed to meet the timeline.

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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
156	174	96.97%	100%	90.23%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Minnesota found slippage on Indicator C8c from the FFY2020 rate of 96.97% to the FFY2021 rate of 90.23%. This is a decrease of 6.74%. Of the 174 records that were reviewed in FFY2021, 156 were found in compliance with this indicator and one was found not in compliance due to family reasons. Seventeen records were identified with noncompliance due to district causes in FFY2021. As noted, this represents overall slippage from FFY2020 when 60 of the 66 records were found in compliance and four were not in compliance due to family reasons. In FFY2020, two records were identified with noncompliance due to district causes.

MDE attributes the C8c slippage, in part, to the changes in the sampling and data collection methodologies made in FFY2020. With the revision of its monitoring process, MDE reframed the sampling process and is now specifically sampling children identified as recently exiting Part C services as opposed to a random district sample. Along with revising the sampling process, MDE revised the record review questions being asked of districts in order to better gather the information needed to accurately report on this indicator. MDE believes the revised questions more accurately reflect the intended measurement of this indicator and will allow MDE to better identify specific components of the noncompliance in order to provide more targeted technical assistance. MDE also believes the statewide staffing shortages may be contributing to the noncompliance for this indicator.

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.

1

Provide reasons for delay, if applicable.

The results of the record reviews indicated one child had a late transition conference due to exceptional caregiver circumstances or the unavailability of the caregiver. Seventeen review indicated the transition conference for a toddler with a disability exiting Part C, and potentially eligible for Part B, did not occur at least 90 days prior to the toddler's third birthday. The reasons for delay were identified as either staffing limitations or "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. MDE completed the record review for FFY2021 using this new online system. The process for FFY2021 included generating a random statewide sample for each of the indicators. For indicator C8c, 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 review of the record(s) 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 FFY2021 data are based on reviews of records from 106 individual districts representing 88 SEAUs.

Provide additional information about this indicator (optional).

MDE updated the baseline in FFY2020 to reflect the new SPP cycle. The revised baseline was not accepted by OSEP because it was determined by averaging the results for this indicator over the last cycle of the SPP. Therefore, MDE wishes to clarify the revision of its baseline. MDE will use the data from FFY2020 as its new baseline. This data was selected as the new baseline as it is representative of the new indicator data collection process now being used by MDE. Stakeholders were included in the discussion of revising the baseline to reflect this new process.

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020 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 FFY2020 and reviewed updated data from the SEAU to verify correct implementation of the regulatory requirements. Both of the SEAUs with identified noncompliance in FFY2020 were asked to review subsequent records in FFY2021. 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 FFY2020 and verified that each SEAU is correctly implementing the regulatory requirements.

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

The data collection for the FFY 2020 record review took place prior to the completion of the new web-based monitoring system, Stepwell MN. As a result, MDE used spreadsheets to track all identified noncompliance and verify correction. For the transition conference timeline, when record reviews were completed, 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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY 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 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.

Response to actions required in FFY 2020 SPP/APR

MDE has clarified the revision of its baseline. The baseline was changed to reflect the new APR cycle and uses the FFY 2020 data as the baseline. This is described in the section above titled "Provide additional information about this indicator (optional)."

In response to the actions required by OSEP in the FFY2019 SPP/APR, MDE has revised its approach to demonstrating correction of noncompliance to

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include a subsequent review of additional data for all SEAs with identified noncompliance and not just those with noncompliance deemed to be systemic or chronic. MDE verified that all SEAs with identified noncompliance are correctly implementing the specific regulatory requirements as described in the section “Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements” above. MDE also ensured each individual case of noncompliance has been corrected consistent with OSEP Memo 09-02 as described in the section “Describe how the State verified that each individual case of noncompliance was corrected” above.

8C - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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 prior to last year's SPP/APR submission. 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 5 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 continue our dedication to learning from caregivers how we can best support their needs.

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported that this indicator is not applicable to the State because "[w]e do not meet the requirements for number of resolution sessions during the reporting year." Further, the State reported in its Section 618 dispute resolution data that it has adopted Part B due process procedures. OSEP reminds the State that this indicator is not applicable to a State only if it has adopted Part C due process procedures under section 639 of the IDEA.

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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	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 prior to last year's SPP/APR submission 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 5 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 continue our dedication to learning from caregivers how we can best support their needs.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2016	2017	2018	2019	2020
Target>=					
Data					

Targets

FFY	2021	2022	2023	2024	2025
Target>=					

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 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 ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

Baseline Data: The State must provide baseline data 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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 6 months to report an exit score.

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

NO

Please provide a link to the current theory of action.

https://education.mn.gov/mdeprod/idcplg?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).

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

FFY 2021 SPP/APR Data

Part	# of infants and toddlers/preschoolers reported in progress category (c) plus # of infants and toddlers	# of infants and toddlers/preschoolers reported in progress category (a) plus # of infants and toddlers reported in progress	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage

	reported in category (d)	category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)					
A	1,387	2,486	55.57%	60.00%	55.79%	Did not meet target	No Slippage
B	3,044	4,688	63.44%	66.30%	64.93%	Did not meet target	No Slippage

Provide the data source for the FFY 2021 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.

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. SEAU's 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 is then pulled into Tableau® server and coded to create dashboards for analysis. Once the data is 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 SEAU's 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.

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 clarified the formulas and logic models for our data collection and analysis of COS outcomes, most notably correcting 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 will not be moving forward with item-level submission of data for children participating in Part C services and are further exploring the separation of exit C Child Outcomes Summary (COS) from entrance B COS. We are finding that there are greater discrepancies of outcome scores between student's entrance and exit based on how the score was calculated. We have also learned from the field through our listening sessions, that at times, there is a gap of service during the transition from the 12 month calendar of Part C programs to a school year based calendar of Part B programs that would make it critical to "redo" the entrance to B scores. We have also learned that oftentimes, children are demonstrating different needs or less skill when first participating in a new environment like preschool. We know that children perform well in environments that are familiar and comfortable, and sometimes the transition to Part B environments can have impacts on children's performance in the short-term. 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)

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

Yes. The COVID-19 pandemic has highlighted the already stretched workforce of the early intervention and early childhood special education programs across the state. In speaking with several of our local education program providers, we are learning that the impact of workforce shortages and turn-over that has been further exacerbated by the pandemic has resulted in difficulties with training and then time necessary to ensure quality assessment practice.

The Minnesota Department of Education's Early Childhood Special Education Team is working to establish training materials that can be accessed asynchronously for leaders to utilize with onboarding new staff. Additionally, MDE has been providing leaders and practitioners with technical assistance

around efficiencies that can be maximized while still meeting requirements of IDEA. MDE also worked closely with districts on identifying the students appropriate for collection, ensuring accuracy of reporting, and providing “in-time” support when we have identified issues in the data.

Section B: Implementation, Analysis and Evaluation

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

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

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

NO

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

1. Minnesota Part C and Part B/619 SEA is committed to further developing sustainable and equitable professional development inclusive of practitioners and early childhood leaders that will be responsively developed and supported in order to meet local level programs where they’re at while striving to improve practices implemented with fidelity.
2. Minnesota Part C and Part B/619 SEA is committed to ensuring that Special Education Administrative Unit (SEAU) level administrators, schools boards and early childhood leaders have access to the technical assistance and professional development to ensure their capacity and understanding of programs and services necessary to support early learning programs inclusive of workforce, fiscal, program design and quality, data informed decision making, and oversight.
3. Minnesota Part C and Part B/619 SEA is committed to 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.
4. Minnesota Part C and Part B/619 SEA is committed to ensuring that data collected and data used are reliable, valid and useful at the state and local levels to inform program improvement and ongoing needs assessment as well as data literacy for program leaders and practitioners.
5. Minnesota Part C and Part B/619 SEA is committed to improvement of resources and services available to early intervention/early child special education children and caregivers through implementation of high quality, trauma informed best practices and culturally responsive programs.

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.

As referenced above by number, these outcomes are directly tied to sharings during extensive, ongoing in-reach described throughout last and this year’s SPP/APR submissions. While each and every child and caregiver will benefit, our intentional focus through these has been American Indian children and caregivers and families historically and currently made to be most marginalized by our systems.

1. Commitment to further developing sustainable and equitable professional development for practitioners/early childhood leaders
 - a. The ECSE team ensured materials, resources, and time was readily accessible across the state through timely responses, engaging virtual calls, and monthly regional in-person visits. These opportunities prioritized ongoing, purposeful feedback loops.
 - b. Our CSPD Recruitment and Retention group led a comprehensive survey process identifying reasons educators leave the profession and recommendations for culturally responsive retention implementation. CSPD Personnel Standards and PELSB led pivotal work for the adoption of national ECSE standards in Minnesota.
 - c. Data from our MDE.ECSE mailbox, surveys, stakeholder group in-reach, and PDF input from program leaders led to developing asynchronous learning modules for due process and standards aligned IEPs. Collaborations with general education partners supported programs with variation in rules, regulations, and policies and addressed transitions birth to Kindergarten through webinars on “the successful learning equation” to address systemic discriminatory practices of “readiness for”, shifting the burden off children and onto systems being ready to meet children and caregivers’ lived experiences.
 - d. Continued grounding in our innovations led to designing new evidence-based materials readily available and accessible with implementation guides for programs across the state, including those without capacity to engage in full innovation processes. These will support local programs’ growth in improved practices and fidelity for children and families through equity regardless of “race and place”.
2. Commitment to ensuring that SEAU administrators, schools boards and leaders understand programs and services
 - a. We developed a leader series onboarding ECSE/intervention leaders in their first years and “timely topics” provided at extended monthly leadership calls for “just in time” information and TA.
 - b. We began a series for executive level leadership around competencies in early education programs.
3. Commitment to a system that prioritizes ongoing caregiver and community partnerships and feedback loops for authentic engagement – listening to understand.
 - a. We are using ARP funds for grants to four entities focused on understanding caregivers’ experiences around Part C. Specifically, experiences of caregivers and providers working in rural areas, Somali communities and the stigmatization of Autism, learning why caregivers decide to decline services, and how children and caregivers experience early intervention through diverse cultures and languages. Each of the grantees is ensuring direct connections to the communities of their foci through staff, caregiver connectors, and/or community partners.
 - b. 22 Part C programs received ARP funded grants for focus projects responding to COVID and intersectionalities. Many of these projects focus on understanding experiences of those receiving services to increase the knowledge, skills, and capacities of service providers; identify barriers to accessing programs and services; and ensure knowledge gaps are filled and skills are built.
 - c. Redesign of Minnesota’s Family Outcomes Survey has begun. An RFP is posting to facilitate redevelopment of the survey itself. Engagement showed current survey questions hold little actionable data for LEAs for improvement cycles and were not culturally supportive, meaningful, or well understood among caregivers. An electronic procedure will pilot this spring with several districts across the state. The opportunity for caregivers to self-select demographic identifiers as part of the survey such as Tribal Nation, race, ethnicity, and Heritage language is significant.
4. Commitment to ensuring that data collected and used are reliable, valid and useful, including increasing data literacy.

- a. Several workshops were available to local leaders over the past 12 months. Several districts requested support with individual sessions addressing questions about funding, interpreting outcomes data, analyzing forecasting trends, and program development decisions.
 - b. Minnesota is refining tools and processes for collecting data and information, ensuring data is valid and reliable through rigorous qualitative analysis and logic model development; and building detailed, historical data dashboards for LEAs to access, analyze, and track data trends over time.
5. Commitment to the improvement of resources and services available around trauma and racism for children and caregivers and their providers
- a. The Preschool Development Grant and MDE provided learning in trauma-centered communities of practice (CoPs). The CoP's focused on awareness and understanding of trauma's impact and how it affects behavior of adults and children. Also included was emphasis on self-care for providers.
 - b. Part C ARP funds support a contract with Dr. Rosemarie Allen for facilitation of a local programs equity audit. The contract includes training for PDFs and members of the IEICs on the 5 stages of anti-bias work: personal, interpersonal, institutional, community, and system; and includes development of asynchronous learning modules, reflective practice guides, equity audits for PDFs to support at the local level, and recommendations for further work and advancement of equity in Part C and 619 programs.
 - c. Part C funds support a contract in Trauma Informed/Responsive practices. This contract is awarded and work will begin April 2023. This contract includes professional development, reflective practice guides, implementation frameworks, and modules for asynchronous learning.
 - d. In-reach-led updates to our intake and referral system are underway, including translation of forms in our Help Me Grow system supporting referrals made in Heritage languages. Also, experiential caregiver videos were developed from perspectives of different cultures to support referral processes for diverse children and caregivers into early intervention (<https://www.helpmegrowmn.org/HMG/HelpfulRes/ParentStories/index.html>).
 - e. The Recruitment and Retention CSPD group held an opportunity for providers and caregivers to learn from a panel on Ableism this past fall. Adults with dis/abilities shared on their experiences within our society. This powerful panel led to follow up sessions and learning opportunities for our lead agency staff and public.
 - f. In efforts to better coordinate systems and programming for caregivers participating in Part C and Part B, the ECSE Team also continues focus on collaborating with early childhood partners. Refer to the Introduction for a list of ways this is on-going.

During FFY2021 we continued to target discretionary federal funds to support local programs implementing of one of the evidence-based interventions. We shifted the allocation process to needs-based budget proposals while ensuring more equitable access to districts across Greater Minnesota and school cooperatives who historically have had less capacity to apply for this funding. In the next phase of our Personnel Development plan, we plan to build out additional engagement and support opportunities that meet districts where they're at in the identification of barriers to implementing best practices, as well as needs and capacity with implementation science. This will include a proportionately higher number of programs serving American Indian Caregivers on and off Tribal Nation lands and many additional growing communities.

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

NO

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

- Minnesota Part C and Part B/619 SEA is committed to further developing sustainable and equitable professional development inclusive of practitioners and early childhood leaders will be responsively developed and supported in order to meet local level programs where they're at while striving to improve practices implemented with fidelity. In order to maintain momentum, over the next year, MDE ECSE in coordination with the professional development facilitators will move from planning the scope and sequence of evidence based practices associated with our early intervention innovation to the creation of webinars, implementation supports and reflective practice guides to accompany each practice. Additionally, the planning for modules associated with the Part B/619 evidence-based practices innovations will be completed. Even more, with the work being done over the next 12 months on increasing our capacity in trauma-healing practices and implicit bias, we will further support the incorporation of these practices into all other learning modules and trainings.
- Minnesota Part C and Part B/619 SEA is committed to ensuring that Special Education Administrative Unit (SEAU) level administrators, schools boards and early childhood leaders have access to the technical assistance and professional development to ensure their capacity and understanding of programs and services necessary to support early learning programs inclusive of workforce, fiscal, program design and quality, data informed decision making, and oversight and will continue this work by turning individual program supports into supports readily available webinars and supporting documents. Additionally, we will continue to explore ways for leaders across the state to have support in learning how to facilitate implementation and sustainability while managing adaptive challenges associated with funding and workforce.
- Minnesota Part C and Part B/619 SEA is committed to 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 and will continue this work in the following ways:
 - o The redesign of the Family Outcome Survey and its process will support the needs of caregivers in having multiple methods to engage in providing feedback and in the answering of questions that are relevant, understood across cultures and meaningful to their experiences. The opportunity to provide quality caregiver feedback to the districts supporting children caregivers through early intervention services will also be a critical feedback loop component.
 - o The outcomes of our Family Engagement Grants and district grant recipients will be provided at fiscal year-end, including recommendations for state and local programs to take action.
 - o Additionally, the IEICs and the ICC will also review the feedback and recommendations from the considerable engagement on how best to proceed in meeting the needs of the Part C early intervention system of supports.
- Minnesota Part C and Part B/619 SEA is committed to ensuring that data collected and data used are reliable, valid and useful at the state and local levels to inform program improvement and ongoing needs assessment as well as data literacy for program leaders and practitioners and will supported in the following ways in the coming year:
 - o The design and development of a historically capable dashboard of child outcomes that districts will be able to access. These dashboards will allow for the opportunity for districts to look at trends, demographic specific outcomes inclusive of race, language, and dis/ability.
 - o The creation and posting of fiscal revenue and expenditure reports that are specific to early childhood special education and early intervention programs as well as guides for analyzing and supporting practices and program design.
 - o Lastly, we will explore opportunities to improve the data that we have related to our early childhood workforce as it relates to our early intervention and early childhood special education programs across the state. Currently, we have limited data related to the related services providers.
- Minnesota Part C and Part B/619 SEA is committed to improvement of resources and services available to early intervention/early child special education children and caregivers through implementation of high quality, trauma-informed best practices and culturally responsive programs that will be supported in the following ways in the coming year:
 - o Over the course of the next year, the contracts related to Implicit Bias and Trauma-Healing practices will begin to result in modules for asynchronous learning, significant training and support for professional development facilitators as well as engagement to inform the development of content to be contextualized in implementation and reflective practice guides.
 - o Additionally, through collaborations with partners in the departments of health and human services, we will work to ensure that mechanisms supported by these agencies to provide quality mental health supports and services to young children are linked to local providers and referral sources.

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

Our robust improvement plan continues to promote four 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); Practice-Based Coaching.

With the creation of practices modules and implementation guides, more district and cooperative programs will be able to engage in the materials and supports that best meet their program needs at the time, while also having the support of professional development facilitators for the implementation and sustainability of practices.

Detailed information about the implementation of these four 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 practice of Practice-Based Coaching is incorporated throughout implementation of every innovation practice.

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 mentees' 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 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 Services (Minnesota's state technology center), created the MIID system to replace the more cumbersome data collection efforts through paper logs and excel spreadsheets. The 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.

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

The MIID system has been appreciated by innovation sites for fidelity of implementation monitoring. Statewide data reports demonstrate that growth in implementation with fidelity is evident across all of the innovations. COVID-19 had considerable impact on districts as a whole. There were several districts that put their innovation work on hold, others that managed to maintain engagement, and still a few others that cancelled their contracts. 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 and that district teams have the support and resources necessary to meet their program implementation goals whether through innovation engagement or foundational and operational supports.

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 innovation (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 contracts with each 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, have begun the work of developing different means to access high quality supports that support the capacity and needs of individual programs while working to support implementation.

When implementing high quality, evidence-based practices in programs, it would be expected that student outcomes improve over time. Directly correlating child outcomes to implementation of practices would not be a reasonable connection to make given that lack of control of variables is impacting the work and data collections. However, 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 following commitments remain to carry over to this next 12 month period for the MNCoE in collaboration with the MDE:

- A) The use of ARP funds to build a scalable and sustainable professional development and implementation guide for EQIP foundational practices, which has begun.
- 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. This allows for high quality best practices supports and resources for implementation and sustainable planning at the local level to scale up across the state. In addition, with the creation of asynchronous modules, partners in the care and education of young children with dis/abilities will have greater access to high quality professional development opportunities.
- C) 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).

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

YES

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

MDE has not made any changes to the activities and strategies or timelines described in the previous submission. Our logic models and theory of action remain relevant and supportive of the continuation of our work plans because they were completely determined through the intensive engagement and in-reach described in both last year's SPP/APR submission and this year's. MDE remains committed to continuous engagement and feedback loop opportunities as a means to being responsive, collaborative, and supportive of the needs of children, caregivers, and the professionals that serve them. At this time, continued engagement and work plan actions align fully with our SSIP.

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

Participation this past year for in-reach and engagement continued to include active voices from caregivers, community partners, Cultural Liaisons, Parent Advocates, all ICC members, Regional IEIC members and leadership, 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, CSPD workgroup members, and representation from all regional sections of the state including school cooperatives and independent districts. It is significant to also honor that each of these groups are diverse within themselves and represent a wide range of voices, diverse demographics, and a multitude of roles across early childhood and beyond. We have also 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 has continued being critical partners in moving this work from plans to actions. Input continues to be both gathered and shared out through various methods, such as large and small group discussions, use of virtual and anonymous polls like Mentimeter and Ideaboardz, and active in-reach through the Part C ARP funds Family Engagement and District grants.

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

Minnesota's SSIP and development of the current Theory of Action and subsequent logic models were completely driven and determined by stakeholder engagement. As we moved into action on our SSIP this past year, we continued our dedication to the activities happening to support our SSIP being

developed by and for the people most impacted by the SSIP actions. The focus this past year for engagement and in-reach has been around caregivers, community partners and caregiver liaisons, providers, program leaders, our ICC membership, our regional IEC teams responsible for public awareness and outreach, and our CSPD workgroup and leadership teams. In addition, our Core Stakeholder Group continues quarterly. Caregivers are a direct part of the work through each of these entities, in addition to providing their unique input through our Part C American Rescue Plan (ARP) Act funds Family Engagement grants. All those engaged this past year in our key improvement efforts have helped determine priorities, review progress, create new synthesis of data and themes, brainstorm action plans and strategies, and develop the foci of our Part C ARP funds grants and contracts currently underway.

In addition, the ICC and the IECs have been meeting monthly since FFY2019 and support the work of the SSIP through consistent advisement, assistance, and implementation. The ICC and IECs have also been focusing on systems, policy, and programming level changes through equity foundations going on three years. This work has been grounded through embracing the components of an Intentional Container as developed by Open Source Leadership Strategies (<https://opensourceleadership.com/>), tying all work to the Ten Commitments to Equity as redeveloped at the Minnesota Department of Education (found on the Minnesota Commissioner of Education's webpage: <https://education.mn.gov/MDE/about/cmsh/>), and working to recognize and decolonize the components of white supremacy throughout our systems and implementation actions as described by Tema Okun (<https://www.whitesupremacyculture.info/>) while simultaneously embracing additional creative ways to be in this work for children, caregivers, and each other that are inspired by the communities we live within.

ECSE Leadership monthly engagement through regularly scheduled statewide calls with the ECSE Team continues to keep 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 have 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 early intervention standards. All levels of engagement this past year have included surveys, polls, and work groups to capture information shared, discussed, and leading the way with Minnesota's cycles of action for infants, toddlers, young children, caregivers, communities, and each other. Please see the Introduction for additional information about engagement and in-reach.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

A predominant theme throughout engagement and across the representative participants continues to be workforce issues (e.g. lack of professionals trained and ready, lack of programs available, lack of awareness of the profession, as well as retention of current and over-burdened employees). A significant part of workforce concerns that came through strong this year is ensuring the workforce in Minnesota, currently predominantly white and female, matches our diverse population and comes from Native Communities and Communities of Color and those using diverse Heritage languages to better serve our caregivers historically and currently underserved in Minnesota's Part C programs. While we work to diversify our workforce, we also heard this past year across every region of our state the need for current majority-white providers to have better support in addressing implicit bias and with learning how to better support children and caregivers experiencing trauma. Additionally, themes of the rapidly changing demographics of children and caregivers and increased complexity of needs in the area of mental health and resource scarcity continue. Another theme that continues centers the concerns around a leadership force responsible for supporting early learning programs while having minimal capacity in program implementation, best practices, and professional needs. A final and critical theme that continues with strength and need is the focus on equity for infants, toddlers, and caregivers in Minnesota and 12 Tribal Nations who have been historically and are currently made to be most marginalized, and the tie between early childhood and graduation rates for each and every child in Minnesota and all Tribal Nations represented on and off Tribal Nations lands.

The concerns shared this past year align with our SSIP theory of action and logic models already in place. Our CSPD efforts have expanded to include intentional in-reach with current Providers of Color, through which beginning action steps have been identified. We have a significant contract in place through our Part C ARP Funds with Dr. Rosemarie Allen to develop a local program equity audit and create a system of professional supports and asynchronous learning around implicit bias and healing-informed strategies for all early childhood providers who support Part C children and caregivers. The work with Dr. Allen is happening in collaboration with our Professional Development Facilitators (PDFs), our regional IEC leadership, our Regional Low Incidence Facilitators (RLIFs), and our full ECSE Team over a 16-month period of time. We have ECSE staff involved in a newly formed mentorship program through the Minnesota Department of Education as beginning steps to support our ECSE leaders in new ways, and we are actively engaged through various interagency efforts to address the racial, economic, and geographical inequities that continue to afflict our graduation rates at alarming levels for American Indian students, Black students, Latine students, students using Heritage languages, students experiencing poverty, and our students with dis/abilities. Much of this work is aligned with projects happening through our Preschool Development Grant and the strategic plan for our Early Learning Services division. The ECSE Team continues to look for ways to be in the cycles of change addressing the concerns of those engaged in our work who are most affected by our work.

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

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

Designated 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:

Danielle M Hayden

Title:

EI/ECSE Supervisor

Email:

danielle.hayden@state.mn.us

Phone:

651-592-1745

Submitted on:

04/25/23 10:35:46 AM

Determination Enclosures

RDA Matrix

2023 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination¹

Percentage (%)	Determination
77.68%	Needs Assistance

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	8	5	62.50%
Compliance	14	13	92.86%

2023 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	2,944
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	5,519
Percentage of Children Exiting who are Included in Outcome Data (%)	53.34
Data Completeness Score²	1

(b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

Data Anomalies Score³	2
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II. Child Performance

(a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

Data Comparison Score⁴	1
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(b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

Performance Change Score⁵	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2021	49.88%	47.49%	55.79%	40.52%	56.27%	48.90%
FFY 2020	49.90%	48.82%	55.57%	41.79%	59.12%	50.11%

¹ For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

² Please see Appendix A for a detailed description of this calculation.

³ Please see Appendix B for a detailed description of this calculation.

⁴ Please see Appendix C for a detailed description of this calculation.

⁵ Please see Appendix D for a detailed description of this calculation.

2023 Part C Compliance Matrix

Part C Compliance Indicator ⁶	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	100.00%	N/A	2
Indicator 7: 45-day timeline	90.48%	YES	2
Indicator 8A: Timely transition plan	83.91%	NO	1
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	90.23%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

⁶ The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2021 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e⁷⁸. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

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

⁷ Numbers shown as rounded for display purposes.

⁸ Values based on data for States with summary statement denominator greater than 199 exits.

Expected Range of Responses for Each Outcome and Category, FFY 2021

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.43	1.62	-0.19	3.05
Outcome B\Category a	1.26	2.27	-1.01	3.53
Outcome C\Category a	1.14	1.59	-0.45	2.73

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	23.62	8.94	5.75	41.49
Outcome A\ Category c	20.32	12.69	-5.05	45.69
Outcome A\ Category d	27.33	9.46	8.42	46.24
Outcome A\ Category e	27.3	15.11	-2.92	57.52
Outcome B\ Category b	25.16	9.76	5.65	44.68
Outcome B\ Category c	28.73	12.11	4.5	52.95
Outcome B\ Category d	31.76	8.06	15.64	47.87
Outcome B\ Category e	13.09	8.56	-4.02	30.21
Outcome C\ Category b	20.27	8.49	3.29	37.26
Outcome C\ Category c	23.01	13.08	-3.16	49.17
Outcome C\ Category d	34.09	8.09	17.9	50.28
Outcome C\ Category e	21.49	15.06	-8.62	51.6

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

Anomalies in Your State's Outcomes Data FFY 2021

Number of Infants and Toddlers with IFSP's Assessed in your State	2,944
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	10	1,074	445	634	749
Performance (%)	0.34%	36.88%	15.28%	21.77%	25.72%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	9	1,090	633	754	426
Performance (%)	0.31%	37.43%	21.74%	25.89%	14.63%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	11	990	487	801	623
Performance (%)	0.38%	34.00%	16.72%	27.51%	21.39%
Scores	1	1	1	1	1

	Total Score
Outcome A	5
Outcome B	5
Outcome C	5
Outcomes A-C	15

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement⁹. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

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

Your State's Summary Statement Performance FFY 2021

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	49.88%	47.49%	55.79%	40.52%	56.27%	48.90%
Points	1	1	1	1	1	1

Total Points Across SS1 and SS2(*)	6
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Your State's Data Comparison Score	1
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⁹ Values based on data for States with summary statement denominator greater than 199 exiters.

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., $C3A \text{ FFY}2021\% - C3A \text{ FFY}2020\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on¹⁰

$\text{Sqrt}([(FFY2021\% * (1-FFY2021\%)) / FFY2021N] + [(FFY2022\% * (1-FFY2022\%)) / FFY2022N]) = \text{Standard Error of Difference in Proportions}$

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

¹⁰Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	1,982	49.90%	2,163	49.88%	-0.01	0.0155	-0.0094	0.9925	NO	1
SS1/Outcome B: Knowledge and Skills	2,253	55.57%	2,486	55.79%	0.22	0.0144	0.1537	0.8779	NO	1
SS1/Outcome C: Actions to meet needs	2,187	59.12%	2,289	56.27%	-2.85	0.0148	-1.9322	0.0533	NO	1
SS2/Outcome A: Positive Social Relationships	2,755	48.82%	2,912	47.49%	-1.33	0.0133	-0.9995	0.3176	NO	1
SS2/Outcome B: Knowledge and Skills	2,733	41.79%	2,912	40.52%	-1.26	0.0131	-0.9641	0.335	NO	1
SS2/Outcome C: Actions to meet needs	2,754	50.11%	2,912	48.90%	-1.21	0.0133	-0.9089	0.3634	NO	1

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

FFY 2021 APR¹¹

	Part C Timely and Accurate Data -- SPP/APR Data	
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1
	Subtotal	13
APR Score Calculation	Timely Submission Points - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

¹¹ In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

Table	618 Data ¹²			Total
	Timely	Complete Data	Passed Edit Check	
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			Subtotal	9
618 Score Calculation			Grand Total (Subtotal X 2) =	18.00

Indicator Calculation	
A. APR Grand Total	18
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	36.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	36.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

¹² In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

SPP/APR Data

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

Part C 618 Data

1) Timely – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 st Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 st Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 st Wednesday in November

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

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

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