

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2023**

New Jersey



**PART C DUE
February 3, 2025**

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

Introduction

Instructions

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

The New Jersey Early Intervention System (NJEIS) is submitting this Part C State Performance Plan/Annual Performance Plan (SPP/APR) to the U.S. Department of Education, Office of Special Education Programs (OSEP) in accordance with the Individuals with Disabilities Education Act (IDEA). The data and supporting information reported in this SPP/APR were collected to meet the federal reporting requirements and were carried out with technical assistance from OSEP funded Technical Assistance Centers (TA) and with meaningful and broad stakeholder input on each required indicator throughout the year. The New Jersey Department of Health (DOH) is the designated State lead agency for the NJEIS established under Part C of the IDEA. As such, DOH is ultimately responsible for implementing its general supervisory authority to ensure the availability of appropriate early intervention services for eligible infants, toddlers and their families in accordance with federal and state requirements. This report is being submitted February 3, 2025, and contains 1) performance data from FFY 2023; 2) the State Systemic Improvement Plan (SSIP) covering FFY2023 performance and provides links to the State's Theory of Action and Evaluation plans for the SSIP.

New Jersey (NJ) is a geographically small northeastern state with a diverse population estimated at 9,290,841 persons according to the July 1, 2023, estimate by the U.S. Census Bureau. Five-point six percent (5.6%) of NJ's population is under the age of 5 years. Despite its small geographic size, New Jersey is the most densely populous state in the country with a very diverse population and 32.0% of New Jersey's population aged 5 and older speak a native language other than English.

The NJEIS has a system-point-of-entry for children and families that covers the state's twenty-one (21) counties. Utilizing a statewide toll-free number or on-line inquiry forms, families and referral sources are connected to specialized intake coordinators who begin the early intervention process with the parent.

NJEIS operates a dedicated Service Coordination model through the execution of grants to 13 Service Coordination Units covering all 21 counties in the state. Early intervention services identified on an Individualized Family Service Plan (IFSP) are provided by forty-nine (49) Early Intervention Program (EIP) provider agencies contracted with the DOH. Selected EIPs have an additional contractual responsibility to provide evaluation and assessment services to children to determine program eligibility and monitoring child progress. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs and are required to meet state established personnel standards and complete mandatory NJEIS training.

Four (4) Regional Early Intervention Collaboratives (REIC) are established to provide support locally to providers, families and the community. The REICs facilitate family and community involvement through written Community Impression Plans, which use regional data to assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities. Each of the four REICs employs one full-time Training and Technical Assistance Coordinator (TTA), one full-time Family Support Coordinator (FSC) and one Data Analyst. The TTAs are integral to the Comprehensive System of Personnel Development (CSPD) and develop Community Impression Plans to address the needs of system practitioners and support the work of the State Systemic Improvement Plan (SSIP/Indicator 11 in this report).

Additional information related to data collection and reporting

NJEIS collects and reports data from several sources and introduced one (1) new system to ongoing operations in FFY 2023. The primary source of data collection is the Early Intervention Management System (EIMS). The EIMS is the statewide case-management and billing system in use since 2017. Often referred to simply as the "data system", the EIMS is an electronic system used by the entire NJEIS workforce to collect and store all child and family information from Intake to Transition. EIMS is the hub for the NJEIS' centralized billing and maintains a real-time record of all rendered services, including service coordination, evaluation, meetings and IFSP services. The EIMS contains a portal for families to access their Explanation of Benefits and remit any cost-sharing payments required by the NJEIS. The EIMS is maintained by a contracted vendor and managed by the Part C Data Manager at the DOH. The EIMS database 1) ensures an unduplicated count for federal reporting, 2) assists in the verification of data, 3) establishes and provides trend data for improvement planning, and 4) may be used to query data in the detection and correction of non-compliance.

Data collection for reporting on Indicator 3, Child Outcomes, is completed through the "Riverside Score" platform, which scores and stores the data for each administration of the Battelle Developmental Inventory 3rd edition. The Riverside Score replaces the electronic data platform associated with the BDI-2 (which is no longer used by NJEIS). The Riverside Score platform provides practical scoring reports for parents and IFSP teams. Additional database queries can be initiated for data analysis and inquiry specific to child outcomes, eligibility status and child progress monitoring.

All end users for these electronic data collection systems undergo initial, ongoing and targeted training on overall system functions and additional training when enhancements or updates to the systems are released. Data analysts employed by the REICs collect additional data using a variety of methods such as surveys to support the activities of the regional TTA providers and Family Support Coordinators. The data analysts work under the general direction of the Part C Data Manager and are engaged in data verification and any data cleaning that is necessary for the submission of required 618 data. The DOH Part C data staff supports the Annual Performance Report and General Supervision activities by teaming and collaborating with the DOH Monitoring Team throughout the yearly monitoring cycle.

General Supervision System

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

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

The NJEIS comprises 74 entities responsible for providing or coordinating one or more Part C direct services. As of this APR submission, 49 EIPs provide IDEA services identified on children's IFSPs (including evaluation and assessment), 21 Service Coordination Units coordinate IFSPs and services, and 4 Regional Early Intervention Collaboratives serve as the single point of entry for system referrals and initial intake. All entities are routinely

monitored on APR indicators, and the methods, sources of data collection, analysis, findings, and correction of non-compliance are detailed comprehensively for each Indicator in this report.

The NJEIS has developed a focused monitoring system for EIS providers and programs according to a 6-year State Performance Plan. "EIS providers/programs" in NJ Part C refers to Early Intervention Provider Agencies (EIP), Service Coordination Units (SCU), and Regional Early Intervention Collaboratives (REICs). Individual practitioners or service coordinators are not monitored directly; their employing entities receive the evaluation and final Determination.

The selection and scheduling of the EIS providers for focused monitoring were determined based on the following business rules:

- Up to 10 EIPs are monitored each year for the first five years, with Service Coordination Units (SCU) undergoing monitoring in the sixth year.
- The selection of EIPs was calculated by assessing the size of the EIP, which is based on the volume of services provided by the agency as indicated by the December 1 child count submitted to OSEP. This metric is expressed as the percentage of IFSPs assigned to the EIP divided by the total number of active IFSPs in NJEIS on December 1st.
- EIPs are then randomly assigned to a monitoring year while considering factors such as size (volume), location, and designation (comprehensive, vendor, or specialty EIP). EIPs with a Targeted Evaluation Team were excluded from monitoring in the first year but included in years two to five. Inclusion in a monitoring cohort is not influenced by past performance or "risk" status. However, the DOH retains the right to revise this criterion if systemic concerns arise.
- Service Coordination Units will undergo uniform monitoring in the sixth year of the cycle. Although several county units may share the same parent organization, each of the 21 counties will be subject to individualized focused monitoring.

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

NJEIS has established business rules for the selection of child records for APR Indicators 1, 7, and 8, which are detailed in their respective sections. Similar processes are used for all three compliance indicators; however, for Indicator 1, New Jersey monitors all 21 counties every two years, with 10 counties monitored in odd-numbered FFYs (Cohort A) and 11 counties monitored in even-numbered FFYs (Cohort B). The business rules begin with all active children and new services during one quarter of the FFY. To ensure a representative pool, NJEIS randomly selects child records within the quarter, confirming a 95% confidence level and a +/-5 confidence interval to accurately represent the state population for the entire reporting year. Indicator 7 uses a sampling plan based on data reported from the NJEIS state data system. Record review starts with a desk audit using a simple random sample without replacement of a quarter of the FFY data. NJEIS applies this random sampling plan to ensure that the selected child records appropriately represent the state population. Lastly, Indicator 8 also utilizes a sampling plan from all 21 counties through a desk audit using the state database which is conducted during one quarter of the FFY. This sampling methodology ensures that the NJEIS population is accurately represented, based on the state's population size. Therefore, a simple random sampling plan without replacement, with a 95% confidence level and a +/-5 confidence interval, guarantees that the chosen child records appropriately represent the state population.

Cyclical and focused monitoring necessitates that the Lead Agency implement additional business rules tailored to the compliance and results elements pertinent to the monitoring objectives. There is considerable variation in the number of records assigned to each EIS program based on the location, size, and responsibility (EIP or SCU) of the entity being monitored. Consequently, the process for selecting records for review begins with the calculation of the EIS provider's volume using the Child Count and Settings point-in-time data submitted under the 618 requirements. The number of files selected is proportionate to the volume of files per agency to ensure fair representation.

"Small" agencies are defined as those with fewer than 50 IFSPs as of December 1. Small agencies will have at least 5 files reviewed. "Medium" agencies are defined as those with 51-300 IFSPs as of December 1 each year. At least 5% but no more than 10% of records are reviewed to ensure diversity in gender and race/ethnicity among the records. A "Large" agency is defined as having over 301 IFSPs as of December 1 each year. Large agencies will have a minimum of 3% but no more than 5% of files reviewed to ensure diversity in gender, race/ethnicity, and location of the records.

Record review starts by extracting data for the targeted EIS program from the state database (EIMS). Files are selected from the first month of the quarter immediately preceding the start of the monitoring inquiry. For example, if the inquiry begins on July 1, records are selected from April of the same year. This procedure ensures that the data remains current and pertinent to the elements under monitoring. DOH applies the same simple random sampling plan without replacement, with a 95% confidence level and a +/-5 confidence interval, used for APR Indicator monitoring when making final selection of records for review.

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

NJEIS utilizes the Early Intervention Management System (EIMS) as the official repository for a child's early intervention record. The EIMS includes all child demographics, referral and intake information, evaluation data and results, the complete Individualized Family Service Plan (IFSP), progress summary notes, contact logs between the parent and the service coordinator or other NJEIS personnel, and documentation of transition planning. The EIMS also functions as the billing and claiming system for the NJEIS, allowing for a centralized system to verify service delivery and compliance with fiscal requirements for those receiving federal and state funds.

All monitoring activities begin with the EIMS database to pull information and records, in collaboration with the DOH Part C Data Manager. Additional desk inquiries are conducted manually by the monitoring officers at the DOH to verify data from the EIMS. The secondary data repository is the Riverside Score platform, which scores and stores the evaluation data collected using the Battelle Developmental Inventory (BDI). The NJEIS also maintains a Learning Management System, useful for tracking the professional development data of the NJEIS workforce.

Record reviews occur continuously throughout the year, with different months or quarters focused on specific indicators or EIS program monitoring events.

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

Findings of non-compliance may be issued as a result of various general supervision activities that encompass the integrated monitoring of the lead agency. The NJ Part C program issues findings to EIS programs collectively rather than on an individual basis; thus, a single finding may include one or more instances of the same type of non-compliance.

DOH issues findings for APR indicators and cyclical monitoring events using the same procedure. The process begins with the issuance of a Letter of Finding to the EIS program. If the noncompliance is not systemic, the letter outlines the required corrective steps to achieve 100% compliance in accordance with federal requirements. However, if the noncompliance is determined to be systemic, a Corrective Action Plan (CAP) is mandated. This plan must address the root causes of the issue and delineate strategies for achieving compliance. The determination of "systemic" noncompliance is based on factors such as agency size, the scope of the issue, and the compliance history.

DOH then enters a tracking and data review cycle. New data is reviewed 60-90 days after the initial finding and on a monthly basis until compliance is achieved, reflecting an ongoing monitoring approach. Findings remain active until 100% compliance is verified. EIS providers/programs have one year to resolve the finding. Once compliance is achieved, a Letter of Closure is issued to confirm the resolution of the finding.

Agencies without identified noncompliance through APR or cyclical monitoring will not receive a finding. However, a Letter of Concern may be provided to suggest improvements, if needed.

If noncompliance is not resolved within the one-year period required, further actions are initiated. The EIS provider/program receives a designation of "At-Risk" or "High-Risk". The program/provider needs to update their Corrective Action Plan, submit additional data, participate in specified training and technical assistance activities, and may face financial sanctions. On-site monitoring visits are also conducted, including record reviews, interviews, and observations. A verification visit may also occur to close the CAP or remove risk status.

The DOH follows these standard monitoring procedures to issue, communicate, and track findings of non-compliance identified outside of regular monitoring events, such as non-compliance identified through Dispute Resolution or through fiscal auditing.

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

The NJEIS does not have procedures or policies that permit EIS provider/programs to correct noncompliance prior to the State's issuance of a finding.

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

When the DOH determines that an Early Intervention Service (EIS) provider "Needs Assistance" in implementing the requirements of Part C IDEA, a system of graduated and progressive sanctions is initiated. The DOH informs the EIS provider about available sources of technical assistance that may address areas needing improvement, which may include support from DOH, the REIC, national technical assistance providers, and/or federally funded nonprofit agencies. The EIS provider may be required to collaborate with relevant entities. Technical assistance may involve:

- Providing expert advice to address areas needing improvement, including detailed plans for addressing concerns within a specified timeframe.
- Assisting in identifying and implementing professional development, early intervention service strategies, and methods based on evidence-based practices.
- Utilizing administrators, service coordinators, service providers, and other personnel within NJEIS to provide advice, technical assistance, and support.
- Developing additional approaches for technical assistance, such as collaborating with institutions of higher education, educational service agencies, national centers of technical assistance, and private providers with expertise in evidence-based practices.

If the EIS provider is identified as "Needs Intervention," special conditions may be imposed on the provider's Letter of Agreement or Grant in addition to the activities and actions related to technical assistance. These conditions may include:

- Mandating the provider agency to prepare a corrective action plan or improvement plan and resolve the issue within one year.
- Referral of the matter for appropriate additional enforcement action, such as Medicaid or licensure board.
- Recovery of funds under section 452 of GEPA, 20 U.S.C. 1234a.

For cases where the EIS provider is identified as "Needs Substantial Intervention," DOH will impose special conditions on the provider's Letter of Agreement or Grant and will take one or more of the following actions:

- Mandate the EIS provider to engage in one or more of the actions outlined regarding technical assistance.
- Mandate the EIS provider to prepare a corrective action plan or improvement plan and to resolve the issue(s) within one year.
- Recover funds under section 452 of GEPA, 20 U.S.C. 1234a.
- Withhold, in whole or in part, payments to the provider agency.
- Refer the matter for appropriate additional enforcement action, such as Medicaid or licensure board.
- Terminate the Letter of Agreement or Grant.

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

NJEIS makes annual determinations on the performance of counties in meeting federal early intervention requirements. When making individual county determinations, NJEIS uses the same categories OSEP uses to make state determinations. These are:

1. Meets the requirements and purposes of the IDEA
2. Needs assistance in implementing the requirements of the IDEA
3. Needs intervention in implementing the requirements of the IDEA
4. Needs substantial intervention in implementing the requirements of the IDEA

The annual determination for each county is based on a number of criteria related to performance data collected from the most recent state fiscal year (July 1-June 30). Determination criteria includes SPP/APR indicator performance, timely correction of noncompliance, county submission of timely and accurate data, findings issued through the Dispute Resolution processes, audit exception issues and grant status with the lead agency (at-risk or high risk). A point system (no points, one point, two points or three points) where fewer points represent higher performance is implemented to assign a value to each county's performance.

NJEIS issues Performance Reports and County Determinations to counties within 120 days of the SPP/APR submitted to OSEP each February. The County Performance is made public each year and can be found at:

<https://www.nj.gov/health/fhs/eis/public-reporting/>

In addition to publicly posting the County Performance Report, each County Service Coordination Unit receives a Determination Letter and an explanation of "How the Department Made Determinations".

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

<https://www.nj.gov/health/fhs/eis/for-providers/>

Technical Assistance System:

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

Technical assistance in the NJEIS is primarily carried out through the Comprehensive System of Personnel Development team and the Service Coordination Manager at the DOH. CSPD work is led by the CSPD coordinator at the lead agency who directs 4 regional Training and Technical Assistance coordinators (TTA), and 1 CSPD Support Specialist in meeting the technical assistance needs of the EIS programs and direct service practitioners. The lead agency sets statewide priorities for TA based upon 1) operational updates (e.g. policy updates), 2) quality improvement strategies identified in the SSIP and/or 3) needs are identified through monitoring activities. Each regional TTA creates a yearly Community Impression Plan designed to address a local or regional need, which is in addition to any state directed initiatives. The Community Impression Plans use data-based decision-making to provide universal, targeted, or intensive TA to agencies or personnel in their respective region. The TTAs report on their progress to the DOH at 6-month intervals.

The Service Coordinator Manager at the DOH provides universal, targeted and intensive TA specific to the needs of the service coordinators and their Unit. Universal TA is provided via monthly TA calls with the Unit Coordinators. The DOH provides a monthly Dashboard to all stakeholders that communicates policy updates and information, including information needed by the service coordinators. Targeted and intensive TA may be provided as a result of identified non-compliance, quality concerns raised through dispute resolution, cyclical monitoring or by direct request for TA from service coordination.

The Part C Coordinator ensures all lead agency staff seek out and utilize available technical assistance from the federal TA centers such as ECTA, DaSY, and CIFR. In FFY2023 DOH staff attended the OSEP Leadership Meeting, the DaSY conference "Improving Data Improving Outcomes" and the CIFR Fiscal Forum. In FFY2023 the Lead Agency engaged in state specific TA regarding personnel standards, system of payments, and preparation for Differentiated Monitoring & Support (DMS). DOH staff are active participants in communities of practices (e.g. dispute resolution, fiscal, monitoring) and attend technical assistance webinars provided by OSEP thereby maintaining their own professional development which in turn supports their ability to provide ongoing TA to the NJEIS.

Professional Development System:

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

The NJEIS professional development system is managed by a CSPD Coordinator at the Lead Agency and includes several components: four Regional TTA providers, one CSPD support specialist, seventy PD Champions from each EIS program/provider, and an electronic Learning Management System. Additionally, subject matter experts are utilized as needed to support professional development across the workforce.

In FFY2023, the Lead Agency continued its partnership with Montclair State University (MSU) as a key partner from Higher Education. The NJEIS adheres to established standards for personnel working with infants and toddlers in the NJEIS. These standards are maintained and monitored for all early intervention practitioners, requiring appropriate educational backgrounds and licensure for each position in the state. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs, and credentials (licensure, certifications, etc.) are verified through state processes in conjunction with the EIMS vendor. Each new hire to the NJEIS must complete required professional development sessions in addition to on-boarding procedures mandated by the hiring agency.

The DOH service coordinator manager routinely reviews the work products of the service coordinators and provides professional development opportunities specific to the role of service coordinators, IFSP development, and family outcomes. In addition to chart reviews, service coordinators' skills are regularly observed as they conduct the Family Directed Assessment and collect financial information from participating families. The regional TTA staff are responsible for providing training about NJEIS to system partners such as Child Welfare staff, community referral sources, and local education agencies. In FFY2023, NJEIS introduced 60-minute virtual Meet & Greet sessions, hosted by a TTA and a Family Support Coordinator, to welcome newly hired staff. The TTAs developed a five-session Community of Practice (CoP) group that ran from June 2023 to May 2024.

Stakeholder Engagement:

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

In FFY2023, the DOH continued to use the methods of engagement that proved successful for engaging stakeholders from previous years. The use of electronic platforms as communication systems has resulted in improved efficiency and outreach by the Lead Agency. The use of remote/virtual meetings has resulted in greater participation by stakeholders (including parents) in the ICC meetings, topic specific webinars and training, sub-committee work, and intra-agency collaborations. As part of regular stakeholder engagement strategies, the DOH provides a monthly newsletter via a list-serve to over 200 individuals, holds topic specific sessions for EIP providers (e.g. policy reviews, contractual updates), uses regular and ad-hoc committees to target areas in need of review and assessment, holds regular office hours focused on Procedural Safeguards and family rights, ensures monthly technical assistance sessions for service coordination in addition to regional provider meetings that take place across the state. In FFY2023, the DOH contracted with an independent research group to complete a SWOT (Strength, Weaknesses, Opportunities, & Threats) analysis of the overall NJEIS system. This contract requires the researchers to conduct focus groups and engage with stakeholders from all levels within and without the NJEIS. DOH will receive and review immediate, short-term and long-term recommendations at the conclusion of the 2-year study.

Target setting was completed in FFY2020 and there were no changes to targets for any performance indicators changed for this reporting cycle.

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

NO

Number of Parent Members:

41

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.

NJEIS is a part of Region A for the national Parent Training and Information (PTI) centers and is a member of its advisory board. The partnership with New Jersey's PTI, known as the Statewide Parent Advocacy Network (SPAN), has been ongoing. Throughout FFY2023, NJEIS increased its collaboration with SPAN to boost parental input on NJEIS activities. NJEIS continued its partnership with SPAN's "Families Data Leader" training, which includes sessions on using data to improve programs and systems. These sessions are conducted by Parent Centers in partnership with DaSy for families and other key stakeholders in early intervention and early childhood special education.

NJEIS contracted SPAN to hold parent-focused groups to review the Family Cost Participation requirements. These groups were offered in multiple languages to facilitate diverse participation.

Parent members regularly contribute to Indicator 4, offering suggestions for improving communication with families and data collection. The "Indicator 4" sub-committee met four times during FFY2023. Stakeholders met either as a full committee or in subcommittees, and each member committed to maintaining their participation through 2025. The stakeholders focused on creating marketing tools, ensuring statewide representation, and increasing the overall response rate. The C-4 stakeholder group consists of 9 members, including 5 parents of children who received early intervention services, service providers, representatives from higher education, the state PTI, and ICC members. The Stakeholders Committee represents diversity in race, ethnicity, and gender.

Additional activities for FFY2023 included adding 2 new parent members to the ICC and translating NJEIS family documents into 6 languages, ensuring better understanding and access for non-English speaking families participating in NJEIS.

Activities to Improve Outcomes for Children with Disabilities:

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

The NJEIS Family Support Coordinators expanded their cooperation with SPAN in delivering the Positive Solutions for Families (PSF) training. This training brings the Pyramid Model framework and strategies for working with infants, toddlers, and young children directly to families currently receiving Part C services.

NJEIS contracted SPAN to hold parent-focused groups to review the Family Cost Participation requirements. These groups were offered in multiple languages to facilitate diverse participation.

In May 2024, the Regional Early Intervention Collaboratives held Early Intervention Week activities for families that included seminars on Transition,

Resources for Blind & Visually Impaired children, Improving Challenging Behavior, and using Virtual EI successfully. These events were in addition to the ongoing outreach and support provided by the family support coordinators to individual families to support their participation in the NJEIS to achieve positive outcomes for their individual child and other enrolled children.

Soliciting Public Input:

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

The NJEIS did not establish performance targets for this period, as this was addressed during the new SPP cycle in previous years. However, NJEIS actively engaged parents as members of advisory committees throughout the year in several key areas. One notable example is the ongoing working committee that advises and assists the DOH with Indicator 4 (Family Outcomes). This committee includes SPAN-trained Parent "data leaders" who review data and recommend improvement strategies.

With the adoption of virtual meeting platforms, each ICC meeting now consistently has a minimum of 120 participants (stakeholders) from various sectors of the system and the state.

Additionally, during this reporting period, the DOH updated its internal process for involving stakeholders in the program's activities, aiming to reach out to those who previously had not had the opportunity to contribute. Surveys were sent to the workforce, provider agencies, and families to solicit volunteers for workgroups. NJEIS frequently uses the workgroup model to engage stakeholders across the system in changes or system improvement efforts. An internal database of volunteers has been established, accessible to all DOH staff, enabling prompt engagement when necessary.

Lead agency staff regularly convene meetings with system partners, including service coordinators, provider agencies, advocacy organizations, and related programs such as Newborn Screening and WIC. These meetings ensure bi-directional input and foster maximum, meaningful collaborations to meet the needs of infants and toddlers and the overall program success.

Making Results Available to the Public:

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

Large scale stakeholder engagement for APR FFY2023 was carried out at the November 22, 2024, and January 17, 2025, meetings of the ICC, attended by Council members and the public. The attendance at the November meeting was 103 persons and the attendance for the January 17, 2025 ICC meeting was 120 persons. The attendance for both meetings included providers, parents, advocacy organizations, other state agency representatives, service coordinators and state staff. The content of the APR submission was provided to members of the ICC prior to both meetings and presented fully by state staff to the public and ICC. Public members were provided the opportunity and methods by which they could submit Part C comments to the DOH (verbally or in writing). In November 2024, the ICC review the content, theory of action, proposed new year activities and progress on the SSIP. At the January 2024 ICC meeting, the Council review and approved the modifications/updates to the SSIP evaluation plan. Indicators 1,2,3,4,5,6,7& 8 were presented at the January 17, 2025 meeting. Additionally the responses contained in the Introduction of this APR related to General Supervision were reviewed. The General Supervision components had previously been presented and discussed with the EIS programs and providers in October 2024. The ICC members certified the FFY 2023 SPP/APR as their annual report

Reporting to the Public:

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

The FFY 2022 NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) was disseminated to the public through posting to the state website <http://nj.gov/health/fhs/eis/public-reporting> and via the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>.

The final SPP/APR/SSIP was also disseminated electronically to representatives of the Interagency Coordinating Council, advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State. FFY 2022 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements were prepared and disseminated within 120 days of the submission of the FFY2022 SPP/APR.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

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

Intro - Required Actions

The State's IDEA Part C determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	94.58%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	94.51%	96.08%	93.33%	89.68%	78.34%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
278	354	78.34%	100%	92.37%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

49

Provide reasons for delay, if applicable.

49-Children with acceptable Delays due to family reasons.

Illness (Child or parent) (4)

Family response time to scheduler from the program (10)

Family requested delay, including family vacation and requested delays due to holidays (24)

Family cancelled/no show (5)

Family initially declined services (6)

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).

NJEIS defines timely services as: "All services are provided within 30 calendar days from the date the IFSP is signed by the parent documenting consent for the services on the IFSP".

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

State database

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

Data were collected for one quarter for the months of September, October and November 2023.

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

New Jersey conducts two-year monitoring of all 21 counties, with 10 counties evaluated in odd-numbered Federal Fiscal Years (FFYs) as Cohort A, and 11 counties in even-numbered FFYs as Cohort B. NJEIS utilizes a statewide database (EIMS) that authorizes Individualized Family Service Plan (IFSP) services consented to by parents for assignment and billing by local provider agencies. Data from EIMS is instrumental in monitoring Indicator 1. The business rules for this monitoring begin with all active children and new services within one quarter (3 months) of the FFY. To ensure a representative sample, NJEIS randomly selects child records from the quarter, ensuring there is a 95% confidence level and a +/-5 confidence interval to accurately represent the state population for the entire reporting year. To ensure that the data accurately reflects information about infants and toddlers with IFSPs for the entire reporting period, DOH compares the selected group of children by county size to the NJEIS 618 Child Count and Settings data. This ensures a representative selection of children and their services for the full reporting year.

Provide additional information about this indicator (optional)

Data Desk Audit, Inquiry, and Record Review: The NJEIS state database does not capture all variables needed to determine whether a service is authorized under a periodic/annual IFSP. Therefore, as part of the monitoring process, the monitoring team conducts a data desk audit and inquiry to exclude any services reauthorized by a subsequent IFSP.

The purpose of the data desk audit and inquiry is to: (1) identify reasons for delays, including documentation of family reasons; (2) determine if the service was added at a subsequent IFSP meeting; (3) identify root causes and ensure correction of any systemic barriers; and (4) verify that the delayed services were provided, albeit late (prong 1). The monitoring team utilizes all the information received to determine where in the process the delay occurred and who was responsible. The identification of the data needed to conduct a timely data desk audit, inquiry, and record review is driven by the availability of actual service date claims data to ensure that complete and accurate data is available for the data desk audit. Timely service data passes through a number of edit checks, including: verification that there is valid IFSP data with a billing authorization within the IFSP period; verification that there is a valid claim filed by the provider agency; verification that the claim is supported by a service encounter verification log attested and signed by the parent; and an explanation of benefits provided to the family that details the services rendered as a secondary verification that the service type, actual date, and intensity are accurate. Due to the continued use of Telehealth for the delivery of services (optional for families), additional methods of verifying parental acknowledgement of service encounter verification are considered acceptable when clearly documented and presented along with the other documentation required in the desk audit process. Alternative methods of service encounter verification include electronic signatures and the use of email verification.

The data is analyzed to verify the number of actual calendar days to the first service by comparing the parent consent date of service to the first service claim date. Further inquiries include: reason and explanation of delay; identification of type of IFSP (initial, review, annual review); date IFSP was sent by the Service Coordination Unit (SCU) and received by the Early Intervention Program (EIP); EIP assignment date; reasons and barriers that affected meeting the 30-day timely service provision requirement; EIP and/or SCU response to correct the system barrier; description of how the agency and/or SCU ensures that the barrier has been corrected; submission of policies and procedures which were created or revised; and confirmation that the agency followed NJEIS policies and procedures.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Findings issued: DOH issued twelve (12) findings for Indicator 1 noncompliance in FFY 2022. Findings were issued to these service coordination units: Bergen County Department of Health (Bergen), Catholic Family and Community Services (Passaic), DAWN Center for Independent Living (Sussex), Southern NJ Perinatal Cooperative (Camden and Gloucester), and Children's Specialized Hospital (Union). Findings were issued to the following Early Intervention Provider agencies: Cerebral Palsy League, Children's Specialized Hospital, Innovative Interventions, Inc., St. John of God Community Services, TheraNorth, and Vista Rehab. The agencies all provided documentation to the DOH of training and procedure review/updates to staff to address each finding's root cause. Upon review NJEIS determined that agency policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services.

Once each agency was verified as operating at 100% compliance for both prongs 1 and 2 through a review of more current data, and the DOH verified each individual agency was now implementing the regulatory requirements (Prong 2).

Data verification was done utilizing the state database to pull a sample of 10 children per agency and county that had non-compliance on a monthly basis until the county/agency could demonstrate 100% compliance. Other documentation, such as service notes, staff agendas and the county/agency's steps taken to correct each individual case of non-compliance were submitted to the NJDOH before the finding could be closed.

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

The DOH confirmed that the 77 out of 81 untimely children who remained within NJEIS jurisdiction received their services, although late, and verified this through claims data, service verification sign-off (or alternate means for telehealth services), and progress notes (Prong 1). There were 4 children who left the jurisdiction of NJEIS prior to service initiation.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In Federal Fiscal Year (FFY) 2022, twelve findings were issued to the following entities: Bergen County Department of Health (Bergen), Catholic Family and Community Services (Passaic), DAWN Center for Independent Living (Sussex), Southern NJ Perinatal Cooperative (Camden and Gloucester), Children's Specialized Hospital (Union), Cerebral Palsy League, Children's Specialized Hospital, Innovative Interventions, Inc., St. John of God Community Services, TheraNorth, and Vista Rehab. An additional finding was opened against the provider agency Theracare on May 23, 2024, during the review of supplementary data related to Southern NJ Perinatal Cooperative in Camden County's finding. This finding was subsequently closed on July 30, 2024.

The agencies provided documentation to DOH demonstrating training and procedure reviews/updates to staff in order to address the root causes of each finding. Following the review of the agencies' updated/revised policies, procedures, and training documentation, the New Jersey Early Intervention System (NJEIS) determined that these policies, procedures, and/or practices were consistent with state and federal regulations for the timely provision of services. Further data review by NJEIS verified timely service provision across all twelve agencies, achieving 100% compliance. All twelve findings were closed between October 6, 2023, and April 15, 2024.

Additionally, St. God of Community Services officially terminated its contract with the Department of Health to provide services, effective May 31, 2024, and is no longer within the jurisdiction of the Part C program.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not provide the reasons for delay, as required by the Measurement Table. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a

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

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2024 in its FFY 2024 SPP/APR.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	99.81%

FFY	2018	2019	2020	2021	2022
Target>=	99.92%	99.92%	99.30%	99.40%	99.50%
Data	99.96%	99.94%	99.75%	99.79%	99.76%

Targets

FFY	2023	2024	2025
Target >=	99.60%	99.70%	99.80%

Targets: Description of Stakeholder Input

Target setting was accomplished as part of the required update to the SPP/APR in FFY 2020. Stakeholders included 7 individuals with relevant expertise which consisted of a Parent Advocacy Organization Leader (SPAN), a pediatrician, early intervention professionals, and 4 parents of children who received early intervention services, some of whom also have experience working within the Early Intervention System. To ensure a diverse group of stakeholders, identified members were from different areas of the state and were from various racial/ethnic groups. Four (4) Lead Agency staff served as liaisons for the committee and one (1) national TA provider assisted with target setting as needed.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	18,132
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	18,169

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
18,132	18,169	99.76%	99.60%	99.80%	Met target	No Slippage

Provide additional information about this indicator (optional).

The DOH is pleased to report the State met its target and had no slippage. The State continues to ensure children receive services in the natural environment.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The targets for this indicator were set for the SPP/APR submission in February 2022 and the targets remain the same for this report period. NJEIS targets are set based on meetings with a diverse group of stakeholders who specialize in child outcomes. This diverse group included individuals from all different roles within the EI system from parents, community partners, service providers and DOH staff. Targets were presented to ICC members and the public for consideration, discussion and approval for the SPP. These targets were accepted by OSEP through FFY 2025.

In preparation for submission of FFY2023 performance data, the results of Indicator 3 were presented, discussed and approved at a public meeting of the ICC on January 17, 2025. There were 111 members in attendance representing parents, system providers, advocacy organizations, service coordination, institutes of higher education and state agencies. FFY2023 is the last year that NJEIS will use the second edition of the Battelle Developmental Inventory to report Indicator 3.

This FFY2023 report is the last year that data will be reported using BDI-2. In June 2023, the NJEIS began using the third edition (BDI-3) of the BDI to collect the data for children entering the NJEIS and which provides the entry scores used to report on Indicator 3. Stakeholders will be scheduled to reconvene to review targets and business rules in preparation for FFY24 reporting to reflect the change in data source (BDI-3 vs BDI-2).

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2012	Target>=	45.00%	45.00%	30.62%	31.00%	37.34%
A1	30.62%	Data	36.08%	32.55%	30.06%	32.31%	32.09%
A2	2012	Target>=	80.00%	80.00%	64.03%	67.03%	70.03%
A2	79.03%	Data	60.84%	57.82%	45.47%	53.26%	54.68%
B1	2012	Target>=	85.00%	85.00%	77.32%	77.32%	82.71%
B1	77.32%	Data	85.82%	64.51%	43.05%	61.04%	62.19%
B2	2013	Target>=	50.00%	50.00%	44.03%	44.70%	45.38%
B2	45.87%	Data	43.32%	58.10%	34.55%	46.20%	52.87%
C1	2012	Target>=	93.00%	93.00%	85.00%	85.00%	88.00%
C1	92.25%	Data	93.24%	86.74%	60.84%	74.01%	70.39%
C2	2012	Target>=	83.00%	83.00%	79.24%	80.31%	81.38%
C2	80.37%	Data	88.34%	93.99%	79.91%	81.65%	83.12%

Targets

FFY	2023	2024	2025
Target A1>=	39.34%	41.34%	43.34%
Target A2>=	73.03%	76.03%	79.10%
Target B1>=	83.15%	83.59%	84.02%
Target B2>=	46.05%	46.72%	47.38%
Target C1>=	89.00%	90.30%	92.30%
Target C2>=	82.44%	83.51%	84.58%

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	443	4.48%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,148	31.83%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	915	9.25%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	815	8.24%

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	4,569	46.20%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,730	5,321	32.09%	39.34%	32.51%	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	5,384	9,890	54.68%	73.03%	54.44%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	515	5.21%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,756	27.87%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,277	12.91%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3,127	31.62%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,215	22.40%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,404	7,675	62.19%	83.15%	57.38%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	5,342	9,890	52.87%	46.05%	54.01%	Met target	No Slippage

Provide reasons for B1 slippage, if applicable

The overall performance for B1 resulted in defined slippage for FFY2023. Closer analysis of the data shows shifts percentages of children reported in each progress category. NJEIS is pleased to report a decrease in the percentage of children who did not improve functioning (progress category a) over last year's report (5.8% to 5.2%). Additionally, more children (3.3%) were found to have improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers (progress category b) than last year (24.54% to 27.87%). Both of these changes are in a positive direction for children who are learning to acquire skills and knowledge. The largest slippage percentage is for infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it (progress category c) which has a 3.79% change between FFY2022 and FFY2023 (16.7% to 12.91%). Additionally, the percentage of infants and toddlers who improved functioning to reach a level comparable to same-aged peers (progress category d) slipped from 1.71% over last year's performance (33.33% to 31.62%). NJEIS business rules require the use of the BDI domains Communication and Cognition to measure and report on Indicator 3B. The business rule also requires the child to be "with peers" in both domains to be place in progress category (d). The progress category data show that more children in NJEIS improved functioning but not sufficient to move nearer to same age peers (b), and of those children who did move closer to same age peers, less children met the business rule of "both domains with peers" to be reported in progress category (d). These inter-progress category shifts resulted in overall slippage for Summary Statement B1.

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	707	7.15%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	791	8.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	195	1.97%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,912	29.44%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,285	53.44%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,107	4,605	70.39%	89.00%	67.47%	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	8,197	9,890	83.12%	82.44%	82.88%	Met target	No Slippage

Provide reasons for C1 slippage, if applicable

The overall performance for C1 resulted in defined slippage for FFY2023. NJEIS business rules require the use of the Motor and Adaptive domains on the BDI to measure and report on Indicator 3C.

Closer analysis of the data shows shifts percentages of children reported in each progress category beginning with the number of infants and toddlers who maintained functioning at a level comparable to same-aged peers (progress category e). There was an increase in the percentage of children entering the system with age-appropriate skills in these two domains (50.12% to 53.44%). Of those children who entered below peers (46.56%) there was an increase in the number of children who did not improve functioning (progress category a) over last year's report (6.6% to 7.15%), potentially indicating this cohort of children entered the system with more significant delays in these domains than previous cohorts. It should be noted that this is the last pandemic-born cohort of children as their birthdays would have been between July 1, 2020, and June 30, 2021. The data further supports the premise of a shift in the clinical presentation of the cohort as progress categories (c) and (d) have slippage over last year's performance. The percentage of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it decreased from 2.11% to 1.97%, and the percentage of infants and toddlers who improved functioning to reach a level comparable to same-aged peers slipped from 33% to 29.44%. These inter-progress category shifts resulted in overall slippage for Summary Statement C1.

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	16,099
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.	1,097
Number of infants and toddlers with IFSPs assessed	9,890

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

The Standard Scores calculated by the BDI in each developmental domain of childhood (motor, adaptive, communication, personal-social and cognition) are used to define "comparable to same aged peers". NJEIS set the criteria of a Standard Score equal to or greater than 80. To report on Indicator 3A, the NJEIS uses children's scores on the Personal-Social Domain of the BDI. For 3B, the Cognitive and Communication Domains are combined and children must have a Standard Score equal to or greater than 80 or above in both domains to be reported as same aged peers. For 3C, the Adaptive and Motor domain scores are used and children must have a Standard Score equal to or greater than 80 to be reported as comparable to same aged peers.

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

The Battelle Developmental Inventory (BDI) is used by NJEIS to collect baseline information on each outcome area at entry into the program and again upon exit from the program. The business rules answer each of the three questions using the 5 domains on the BDI. Personal-Social Domain to answer progress on 3A, Communication and Cognitive Domains answer 3B and the Motor and Adaptive Domains are used to answer 3C. NJEIS has used the same business rules since 2008 and the procedures allow for comparison over time and across populations. All children who participate in the program for at least 6 months and who are exiting the program, are eligible for an exit evaluation. NJEIS does not sample for this indicator.

Provide additional information about this indicator (optional).

The data set contained in the report combines the scores of the BDI-2 and the BDI-3, as the NJEIS made the transition from the second edition of the BDI to the third edition in June of 2023. It should be noted that the scores used are standard scores (developmental quotients with a mean of 100 and standard deviation of 15) and therefore have psychometric properties that allow for comparison although the evaluation tool has been updated and re-normed.

The full data set of 9,890 contains:

9,265 children whose scores and progress categories were derived from comparison of their BDI-2 scores at the time of program entry to the BDI-2 scores at the time of their program exit. (94%)

625 children whose scores and progress categories were derived from comparison of their BDI-3 scores at the time of program entry to the BDI-3 scores at the time of their program exit. (6%)

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2012	Target>=	75.00%	75.00%	71.00%	71.00%	72.30%
A	69.37%	Data	75.38%	71.08%	73.36%	74.16%	73.15%
B	2012	Target>=	70.00%	70.00%	68.00%	69.00%	70.00%
B	64.77%	Data	71.68%	68.53%	69.72%	77.40%	76.18%
C	2012	Target>=	85.00%	85.00%	81.00%	81.50%	82.00%
C	80.96%	Data	86.05%	82.61%	84.13%	78.15%	76.86%

Targets

FFY	2023	2024	2025
Target A>=	73.51%	74.73%	75.00%
Target B>=	71.00%	72.00%	73.00%
Target C>=	82.50%	83.00%	83.50%

Targets: Description of Stakeholder Input

NJ applied a concentrated and planful approach to engaging Stakeholder input into C-4, Family Involvement. The NJEIS Monitoring Team engaged ECTA for technical assistance in 2021 in preparation for target setting in the SPP/APR submitted in February 2022 and continues to regularly utilize the national TA resources to ensure the State meets the requirements and expectations of OSEP. FFY2021 was the first year NJEIS utilized the ECO-Revised Family Outcome Survey to answer the measurement questions 4a,4b &4c. It was important therefore to continue engagement with the stakeholders to review the data, responses, and methods. Stakeholders met either as a full committee or in subcommittee at least once per month between January 2024 and January 2025 and each member has committed to maintaining their participation in the group. The stakeholders focused their charge on the NJEIS's family survey methodology process, creating marketing tool, ensuring representativeness across the state, increasing the overall response rate and ensuring the ECO-R is available in additional languages to meet the needs of NJEIS families. Numerous outreach tools were developed by the marketing stakeholder subgroup. These include: 1) an infographic flyer for early intervention providers on the importance of the family survey; 2) an infographic flyer for families providing information on the importance the survey and how their input is important and 3) a revised parent introduction letter that provides families with information on the survey and ways it can be completed. Stakeholders are working on developing a short PSA video messaging the importance of the family survey in NJEIS. Targets and baselines were not changed. Stakeholders determined that neither the targets nor the baseline need to be adjusted until at least 3 year data from the ECO-R was collected.

The C-4 stakeholder group has 9 members, including 5 parents of children who received early intervention services, service providers, representation from higher education, the state PTI and ICC members. The members of the Stakeholders Committee represent diversity with their background relating to race, ethnicity, and gender.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	8,117
Number of respondent families participating in Part C	2,672
Survey Response Rate	32.92%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,654
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,061
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	2,651
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,137
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	2,638
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,123

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	73.15%	73.51%	128.77%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	76.18%	71.00%	124.05%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	76.86%	82.50%	124.26%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	27.37%	32.92%

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

The results/responses of the family survey by race/ethnicity, gender and language were compared to NJEIS's overall demographic population and families surveyed via calculations. NJEIS also utilized the ECTA representativeness calculator to determine the representativeness along with formulas created by NJEIS's contracted agency, Piedra.

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

FFY 2023 is the third year DOH used the Family Outcomes Survey- Revised (FOS-R) created in 2006 by the Early Childhood Outcomes (ECO) Center. In addition, the following business rules were adopted on June 8, 2022: Business Rule 1: child must have been in the Early Intervention System for at least 6 months from their initial service claim date (service start date) from their initial IFSP and/or public expense date; and Business Rule 2: Children must have had an active Individualized Family Service Plan (IFSP), public expense plan or exited EIS within 3 months or less from the date of survey dissemination.

Based on the business rules, 8,117 surveys were distributed across twenty-one counties and 2,672 were returned for a response rate of 32.9%. An absolute difference of 5.5 and a percentage increase of 18.24% from FFY 2022. Outreach, follow up and keeping the survey open for an adequate amount of time by the contracted agency, assisted with increasing the overall response rate. The number of return surveys exceeds the minimum number required for an adequate confidence level based on established survey guidelines (e.g. <https://www.surveysystems.com/sscalc.htm>).

Breakdown of return demographics are as followed.

Hispanic/Latino-7,186 participating in Part C; 3,386 surveys sent out; 180 survey returns (44%)
 White/Not Hispanic- 6,914 participating in Part C; 2,928 surveys sent out; 896 survey returns (34%)
 African American/Not Hispanic- 2,321; participating in Part C; 1035 surveys sent out; 328 survey returns (12%)
 Asian- 1035 participating in Part C; 442 surveys sent out; 165 survey returns (6%)
 Multiracial- 688 participating in Part C; 312 surveys sent out; 98 survey returns (4%)
 Native Hawaiian or other pacific islander- 12 participating in Part C; 5 surveys sent out; 3 survey returns (<1%)
 American Indian or Alaska Native- 13 participating in Part C; 9 surveys sent out; 2 survey returns (<1%)

Male- 11,756 participating in Part C; 5359 surveys sent; 1,773 survey returns (66%)
 Female-6,413 participating in Part C; 2,758 surveys sent; 899 survey returns (34%)
 English Language-6,234 surveys sent; 2,108 survey returns (79%)
 Spanish Language-1,760 surveys sent; 551 survey returns (21%)
 Portuguese-52 surveys sent; 9 survey returns (<1%)
 Arabic-57 surveys sent; 3 survey returns (<1%)
 Korean-14 surveys sent; 1 survey return (<1%)

The survey was distributed and returned via mail and web:

Web Returns-2,397 (90%)
 Paper Returns-275 (10%)

Cape May County, NJ had the lowest response rate of 23.5% while Hudson County, NJ had the highest response rate of 43.4%. Alternatively, Cape May County had one of the highest performances for 4a, 4b and 4c. Even higher than Hudson County, NJ who performed within range of the State's overall performance. The result of this could be that NJEIS serves more children within Hudson County (1140 children) then Cape May County (98 children). NJEIS will continue to explore these trends across the state and determine what geographically areas need additional support to increase the response rate and representativeness.

NJEIS Performance for:

4a: Know your rights-77.7%
 absolute difference of 4.5 and percentage difference of 6.03% from FFY 2022 (73.15%).

4b: Effectively communicate your child's needs-80.6%
 absolute difference of 4.4 and percentage difference of 5.61% from FFY 2022 (76.2%).

4c: Help your child develop and learn-80.5%
 absolute difference of 3.6 and percentage difference of 4.57% from FFY 2022 (76.9%).

Based on the ECTA family outcomes response rate and representativeness calculator (Family-Outcomes-Response-Rate-and-Representativeness-Calculator-0524-1.xlsx) the following data was concluded.

For race/ethnicity, gender, and language, is the survey representative of the number of families participating in Part C?

All Race/Ethnicity-White/Non-Hispanic (No-Underrepresented) and Hispanic/Latino (No-overrepresented).

Gender-Male (Yes), Female (Yes)

Language-English (No), Spanish (Yes), Other Languages (No).

For race/ethnicity, gender and language, is the data representative of the number of families surveyed?

All Race/ethnicity-Yes

Gender-Male (Yes), Female (Yes)

Language-English (No), Spanish (Yes), Other Languages (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. (yes/no)

NO

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

NJEIS will continue to increase the outreach of demographics and regions that are underrepresented by providing information on the importance of completing the survey and how meaningful their responses are. To address the demographics that are overrepresented, a weighted process will be implemented. The actual respondent demographic makeup will be compared to the demographics of the families that were sent the survey during the next FFY. As a result, the overrepresented population would be given a lower overall weight while underrepresented respondents would be given a higher weight.

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

Increased knowledge and information concerning the survey among families and providers will be provided. This will include diverse and inclusive marketing tools, education and assistance with completing the survey if needed. The family outcomes stakeholders have created a flyer, infographic and updated family survey introduction letter to assist with increasing the response rate. The family outcomes stakeholders are also seeking to create a family outcomes video for an additional media outreach marketing strategy. The stakeholders are always reviewing past and current data to ensure the best changes are implemented for an increased outcome.

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.

NJES continues to take steps to increase the response rate of all demographics and reduce any identified bias by promoting responses from a broad range of families. This is done by ensuring the surveying of all races, ethnic groups, genders, top languages and all counties within the State of New Jersey.

Of the 8,117 surveys distributed across 21 counties, 2,672 were returned, for a response rate of 32.9%. This return rate is the highest New Jersey has seen in the past 18 years, suggesting that follow-up efforts are having a positive impact on the return rate. In total, 275 paper surveys and 2,397 Web responses were collected. There were 2,108 responses in English; 551 in Spanish; 9 in Portuguese; 3 in Arabic; and 1 in Korean.

The breakdown of return demographics is as followed.

- Hispanic/Latino: 7,186 participating in Part C; 3,386 surveys sent out; 1180 survey returns (44% of the total survey results-Overrepresented)
 - o 65% of this population did not respond
- White/Not Hispanic: 6,914 participating in Part C; 2,928 surveys sent out; 896 survey returns (34% of the total survey results-Underrepresented)
 - o 69% of this population did not respond
- African American/Not Hispanic: 2,321; participating in Part C; 1035 surveys sent out; 328 survey returns (12% of the total survey results-Underrepresented)
 - o 68% of this population did not respond
- Asian: 1035 participating in Part C; 442 surveys sent out; 165 survey returns (6% of the total survey results-Underrepresented)
 - o 63% of this population did not respond
- Multiracial: 688 participating in Part C; 312 surveys sent out; 98 survey returns (4% of the total survey results-Underrepresented)
 - o 68% of this population did not respond
- Native Hawaiian or other pacific islander:12 participating in Part C; 5 surveys sent out; 3 survey returns (<1% of the total survey results-Underrepresented)
 - o 40% of this population did not respond
- American Indian or Alaska Native: 13 participating in Part C; 9 surveys sent out; 2 survey returns (<1% of the total survey results-Underrepresented)
 - o 78% of this population did not respond
- Male- 11,756 participating in Part C; 5359 surveys sent; 1,773 survey returns (66% of the total survey results-Represented)
 - o 67% of this population did not respond
- Female-6,413 participating in Part C; 2,758 surveys sent; 899 survey returns (34% of the total survey results-Represented)
 - o 67% of this population did not respond

Reasons for non-response bias among all demographics will be further examined by the New Jersey Family Outcomes Stakeholders. The group meets regularly and continues to address and update current procedures to ensure better outcomes. However, potential reasons for non-response bias could be a result of the surveying language, accessibility, confidentiality concerns, lack of information about the survey or simple disinterest.

NJES continues to take steps to increase the response rate of all demographics and reduce any identified bias by promoting responses from a broad range of families. This is done by ensuring the surveying of all races, ethnic groups, genders, top languages and all counties within the State of New Jersey. NJEIS surveys all populations based on the NJEIS family outcomes business rules and will seek to broaden those rules if applicable in the future. For FFY 2023, Families received surveys in five different languages and also had the assistance of the language line to complete the survey if needed.

Surveys were sent to families via mail and online, with the option to be completed by those same distribution options. Families that completed the surveys via mail, used the postage paid return envelope to send the survey directly back to NJEIS's outside contractor to analyze the survey results. This process assists with eliminating identified biases. Surveys completed online also have unique identification codes that are analyzed by the outside

contractor

First follow-up attempts by the outside contractor were completed to increase the response of all demographics. In addition, secondary follow-up attempts were completed by the outside contractor to families from specific demographic groups that did not respond as high as other demographic groups during the initial survey request. This was done to increase the representativeness of the survey.

In addition, family outcomes marketing materials have been created and approved to be passed along to families and providers of NJEIS. These methods will help increase engagement among all demographics and encourage surveyed families to complete the full survey for a more complete comprehensive analysis. An introductory letter to parents was also created to inform families of the confidential survey as well as outlining its importance. NJEIS continues to explore additional options to expand on this process and has a committed group of stakeholders to advise and assist NJEIS in expanding the representation of families within this indicator.

Provide additional information about this indicator (optional).

Indicator C-4 data and its process is regularly being assessed and reviewed. NJEIS is also making it more accessible for families to access and submit the survey successfully. NJEIS along with its Stakeholders meet regularly throughout the year to expand on the goal of improving the family survey process by working diligently to 1.) Increase the response rate by forwarding marketing tools; 2.) Expanding the representation of families that return surveys; 3.) Improve our overall outreach process; 4.) Provide education to the field on the family survey process; 5.) Compare survey results to previous years; 6.) Make changes to build successful outcomes.

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2022 SPP/APR

NJEIS utilized TA from the Early Childhood Technical Assistance Center (ECTA) to assess performance and identify strategies that improve the representativeness of the responses.

Based on the ECTA calculations for race/ethnicity, gender, and language is the survey representative of the number of families participating in Part C?
All Race/Ethnicity-White/Non-Hispanic (No-Underrepresented) and Hispanic (No-overrepresented)
Gender-Male (Yes), Female (Yes)
Language-English (No), Spanish (Yes), Other Languages (No)

Is the data representative of the number of families surveyed?

All Race/ethnicity-Yes
Gender-Male (Yes), Female (Yes)
Language-English (No), Spanish (Yes), Other Languages (No)

NJEIS continues to work on representativeness for all demographics groups where the respondents have been under or overrepresented. NJEIS will do this by reaching out to more underrepresented population and implementing the weight of data method for populations that have been overrepresented.

4 - OSEP Response

4 - Required Actions

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

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	0.62%

FFY	2018	2019	2020	2021	2022
Target >=	0.67%	0.67%	0.67%	0.69%	0.72%
Data	0.81%	0.74%	0.67%	0.76%	0.86%

Targets

FFY	2023	2024	2025
Target >=	0.73%	0.75%	0.75%

Targets: Description of Stakeholder Input

Targets for C-5 were based on several meetings with a diverse group of stakeholders in preparation for the process of setting targets through 2025 for the updated SPP. Targets for C-5 were developed by stakeholders consisting of 7 individuals with relevant expertise, including Parent Advocacy Leadership, Pediatrician, early intervention professionals, and 4 parents of children who received early intervention. To ensure a diverse group of stakeholders, identified members represented different areas of the state and various racial ethnic groups. DOH staff served as liaisons for the committee. Additionally, there is a Family Support Subcommittee on the ICC that routinely addresses the Birth to One population and examines referral sources, outreach, and community settings in which children in the birth to one age would attend. At this time, no changes to current targets have been proposed and the ICC accepted this recommendation at the January 17, 2025, meeting which reviewed the FFY2023 data.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	1,015
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	102,477

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,015	102,477	0.86%	0.73%	0.99%	Met target	No Slippage

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

Provide additional information about this indicator (optional)

The DOH is pleased to be reporting an increase in the percentage of children served 0-1 and that the state met its target for FFY2023. Moving the needle on this metric has been an active priority of the entire NJEIS, with the ICC's Family Support and Child Find Subcommittee taking the lead on advising and assisting with this priority.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	3.22%

FFY	2018	2019	2020	2021	2022
Target >=	3.45%	3.45%	3.40%	3.40%	3.50%
Data	4.61%	4.97%	3.96%	4.99%	5.61%

Targets

FFY	2023	2024	2025
Target >=	3.60%	3.80%	4.00%

Targets: Description of Stakeholder Input

Targets for C-6 were set based on several meetings with a diverse group of stakeholders in preparation for setting targets through 2025. Targets for C-6 were developed by stakeholders consisting of 7 individuals with relevant expertise, including Parent Advocacy Leadership, Pediatrician, early intervention professionals, and 4 parents of children who received early intervention. To ensure a diverse group of stakeholders, identified members represented different areas of the state and various racial ethnic groups. DOH staff served as liaisons for the committee. At this time, no changes to current targets have been proposed and the ICC accepted this recommendation at the January 17, 2025, meeting which reviewed the FFY2023 data.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	18,169
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	307,055

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
18,169	307,055	5.61%	3.60%	5.92%	Met target	No Slippage

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

Provide additional information about this indicator (optional).

Presently, New Jersey continues to serve a higher number of children birth to three years than the national average. The state has operated with the same definition of developmental delay since 2011 and does not include at-risk children in that definition.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	98.21%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.69%	99.69%	100.00%	99.69%	99.72%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
346	387	99.72%	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 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.

41

Provide reasons for delay, if applicable.

The audit identified several acceptable reasons for delays, including family delays due to medical issues, scheduling changes, and parent cancellations. The following are specific examples:

- 5 instances of child illness or hospitalizations (e.g., child sick)
- 5 instances of delay due to family response time (e.g., parents not responding to scheduling attempts)
- 17 instances of delay requested by the family (e.g., rescheduling by parents)
- 14 instances of delay due to parent determination (e.g., parent no-shows)

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

State database

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

Data were collected for one quarter in FFY 2023 October, November and December 2023

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

The data reported for this indicator are sourced from the NJEIS state data system and represent the actual number of days from the date of referral to the date of the initial IFSP meeting for each eligible child requiring such a meeting. NJEIS implements a simple random sampling plan without replacement to ensure that the selected child records appropriately represent the State population. The statewide database (EIMS) used by NJEIS facilitates Individualized Family Service Plan (IFSP) data collection, which is crucial for monitoring Indicator 7.

The business rules for this monitoring process commence with all newly referred children within one quarter (three months) of the Federal Fiscal Year (FFY). To maintain a representative sample, NJEIS randomly selects child records from the quarter, achieving a 95% confidence level and a +/-5 confidence interval to accurately reflect the state population across the entire reporting year. Additionally, to ensure the data's accuracy regarding infants and toddlers throughout the reporting period, the DOH compares the selected group of children by county size against the NJEIS 618 Child Count and Settings data. This method guarantees a comprehensive and representative selection of children and their services for the full reporting year.

Provide additional information about this indicator (optional).

Of the 3,594 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 387 children were monitored. Of these 387 children, 346 of the IFSPs complied with the 45-calendar day requirement, including 41 initial IFSP meetings that were delayed due to family reasons. The 41 family-initiated reasons for delay were included in the calculations and documented within service coordination notes and NJEIS's data system. Family reasons included child illness, response time from the family, missed scheduled appointments, and delays requested by parents due to their schedules.

Indicator 7 Data:

- Children Total IFSPs for Quarter of Data: October-December 2023 = 3,594
 - Sample of the Quarter (Denominator) = 387
 - Preliminary Timely Initial IFSPs (Dirty Data without Desk Inquiry) = 346
 - Preliminary Untimely Initial IFSPs (Dirty Data without Desk Inquiry) = 41
 - Desk Inquiry Verification of Family Reason & Extreme weather = 41
 - Desk Inquiry Verification of Untimely IFSPs = 0
 - Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely) = 346+41=387
- State Compliance Percentage: $387/387 = 100\%$

The monitoring team performs an in-depth analysis to gather child-specific information, identify reasons for delays, and verify the occurrence of an initial IFSP meeting, even if it occurred late. This inquiry mandated the System Point of Entry (SPOE), Regional Early Intervention Collaboratives, Service Coordination Units (SCU), and Targeted Evaluation Teams (TETs) to provide copies of child progress notes and service encounter verification logs as evidence of the data recorded in the statewide database and claims submissions to monitor the 45-day process accurately. The Lead Agency monitoring team reviewed all submitted information and analyzed service claim data to pinpoint the delay's origin and responsible parties.

Correction of Findings of Noncompliance Identified in FFY 2022

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

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

In FFY 2022, one initial IFSP meeting was delayed due to a system error. The Targeted Evaluation Team (Warren County) lacked coverage, delaying the child's IFSP to day 56 instead of 45. The agency was given a finding on April 13, 2023, and required to create a policy to reduce wait times, retain employees, and improve communication. NJEIS approved the procedures and found no further systemic issues. Data verification was done utilizing the state database to pull a sample of 10 children for the program on a monthly basis and the agency demonstrated 100% compliance. Documentation, such as service notes, staff agendas and the agency's steps taken to correct the individual case of non-compliance was submitted to the NJDOH and finding was closed after verifying Prongs 1 and 2 were satisfied.

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

NJEIS verified with the service coordination unit that the one (1) child's IFSP meeting was held and signed, although it was late. The finding was closed on May 10, 2023.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In FFY 2022, one (1) initial IFSP meeting was delayed based on a systemic error. The Targeted Evaluation Team (TET) Warren County, was delayed in completing a child's IFSP in a timely manner due to the lack of TET coverage/availability. This caused the family's initial evaluation to be held on day 43, instead of the requested 22-day timeframe. In addition, the IFSP was held on day 56, instead of the requested 45-day timeframe. The agency was given a finding on April 13, 2023.

The TET agency, was required to provide/create a policy/procedure that would assist with decreasing evaluation wait times, retain more employees, increase employee coverage and increase communication with partnered agencies to meet the 45-day timeframes.

The TET agency provided the requested information within a timely manner as requested. In addition, based on verification for both 1 and 2 prongs, NJEIS reviewed subsequent data to ensure no current non-compliance issues were found. NJEIS found no systemic issues as the agency met 100% compliance for this indicator within the subsequent data. As a result, the TET's plan was approved and their finding was closed on May 10, 2023.

The Targeted Evaluation Team (Warren County) did not have any findings for FFY 2023.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2011	98.10%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
307	307	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 children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

N/a

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

State database

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

The data desk audit was conducted on one quarter of FFY 2023 for the months of February, March, April 2024

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

Data were reported for all twenty-one counties. Data reported for 8A were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g., NJEIS IFSP Review Transition Information Page). The data desk audit was conducted on one quarter of FFY 2023 for the months of February, March, April 2024 and identified 2,744 children that turned age three. Sampling methodology was implemented to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +1- 5 confidence interval ensures that child records chosen appropriately represent the state population. Of the 2,744 children who exited the program, a random selection of the 307 children were monitored. Data Desk Audit, Inquiry and Record Review were utilized. The monitoring team first confirmed the child's date of birth and based on the child's date of birth, the inquiry was prepared for the county to identify possible non-compliance. The monitoring team implements inquiry which drills down to obtain child specific information, reasons for delays if any, and verification of transition steps, although late when needed. The Service Coordination Units are required to submit copies of child progress notes, IFSPs and service encounter verification logs. When a delay is identified, the monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

Provide additional information about this indicator (optional).

Data Analysis and Results

Indicator 8A Data Children

Total of Children who turned 3 for Quarter of Data: February, March, and April 2024 = 2,744

Sample of Quarter (Denominator)= 307

Developed IFSP transition Steps and Services>=90 days to <=9 months prior to the third birthday=307

State Compliance Percentage 307/307=100%

NJEIS achieved 100% compliance on 307/307 records.

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

8A - Prior FFY Required Actions

None

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	90.24%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.36%	100.00%	98.10%	99.62%	99.60%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
269	307	99.60%	100%	98.18%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The NJEIS performance for this indicator showed slippage of 1.42% from 99.60% in FFY 2022 to 98.18% in FFY 2023. In reviewing the data and documentation, the slippage was due to service coordinator delays in Gloucester County SCU and Passaic County SCU. The slippage can be attributed to the following reasons. One (1) child's LEA notice in Gloucester County SCU was not generated despite sending other identifiable child information to the LEA; and in Passaic County SCU, four (4) children did not have an LEA notice sent or obtained a parental opt-out form per policy. Service coordination error and missing documentation were identified as the root cause. Findings were therefore issued to Gloucester County SCU and Passaic County SCU.

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.

33

Provide reasons for delay, if applicable.

The untimely notification was due to the County SCU's not sending 5 Notification Letters to the LEA or obtaining a parental Opt-out form per policy resulting in noncompliance.

Describe the method used to collect these data.

Data was reported for all twenty-one counties.

Data reported for 8B LEA notification monitoring was collected through the annual desk audit record review process using the state database. Data reported on the desk audit is verified against what is in the child's record (e.g., NJEIS IFSP Review Transition Information Page, progress notes, opt-out letters, and notification/identification letters).

Data Desk Audit, Inquiry, and Record Review

Per policy, the LEA notification is the responsibility of the 21 Service Coordination Units. The monitoring team first confirmed the child's date of birth and based on the child's date of birth; the inquiry was prepared for the county to identify possible non-compliance. The monitoring team implemented an inquiry which drilled down to obtain child-specific information, reasons for delays, and verification of transition notice, although late.

The Service Coordination Units were required to submit copies of child progress notes, IFSPs, signed opt-out forms, and LEA notification letters if not available in the data system. The monitoring team used all information received to determine where in the process a delay occurred and who was responsible.

Notification to the SEA occurs monthly from the Lead Agency to the SEA and is confirmed through data file transfers as recorded by Lead Agency staff.

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

YES

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

YES

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

State database

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

A data desk audit was conducted on one-quarter of FFY 2023 for the months of February, March, and April 2024.

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

The NJEIS implemented a sampling methodology for monitoring notification to the SEA and LEA to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records were appropriately represented. Of the 2,744 children, a random selection of 307 children were monitored. Of the 307 children, thirty-three (33) families opted out of SEA/LEA notification. The LEA notification is the responsibility of service coordination units. The Lead Agency submits the notification to the SEA.

The monitoring team first confirmed the child's date of birth and based on the child's date of birth; the inquiry was prepared for the county to identify possible non-compliance. The monitoring team implemented an inquiry which drilled down to obtain child-specific information, reasons for delays, and verification of transition notice, although late.

The Service Coordination Units were required to submit copies of child progress notes, IFSPs, service encounter verification logs, signed opt-out forms, and LEA notification letters. The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

Provide additional information about this indicator (optional).

Data Analysis and Results: Indicator 8B Children Data

Total of Children who turned 3 for Quarter of Data: February, March, and April 2024 and identified 2,744 children that turned age three representing all twenty-one counties.

Sample of the Quarter (Denominator) = 307

Notified the SEA at least 90 days prior to third birthday = 274

Notified to the LEA at least 90 days prior to third birthday = 269

Opt-Out = 33

Untimely Notification = 5

Potentially Eligible - Opt-Out = 307-33=274

State Compliance Percentage = 269/274=98.18%

The DOH sent 100% (274/274) of notifications that were required (consistent with any opt-out policy adopted by the State) directly to the SEA at least 90 days prior to toddlers with disabilities turning three in February, March, and April 2024.

NJEIS achieved 98.18% compliance based on 269/274 records of notification that were required sent (consistent with the opt-out policy adopted by the state) to the LEA at least 90 days prior to toddlers with disabilities turning three (February, March, and April 2024).

County SCUs did not send 5 Notification letters to the LEA or obtain a parental signed Opt-Out form which resulted in noncompliance. The following is a breakdown of the reasons for noncompliance:

Five (5) children in the NJEIS did not have notification letters sent due to service coordinator delays:

One (1) child was in Gloucester County SCU:

- LEA notice not generated despite sending other identifiable child information to the LEA.

Four (4) children were in Passaic County SCU:

- One (1) child did not have an LEA notification generated or sent due to miscommunication between the parent and service coordinator, who believed the parent had already self-referred to the LEA.
- Three (3) children did not have notification letters sent to the LEA.

NJEIS ensures that each agency is correctly implementing the specific regulatory requirements (prong 2) and that each child receives a Transition Planning Notification unless the child is no longer in the jurisdiction of NJEIS (prong 1). Upon the monitoring of these prongs, the following findings were issued: Two (2) findings were issued to the following agencies: Gloucester County SCU and Passaic County SCU

1. To ensure the agencies are correctly implementing the regulatory requirements, the NJEIS reviewed their current policies and procedures. As a result of the review, the agencies were required to develop/revise the following procedures: Transition procedures for all children exiting early intervention; Transition Procedures for children entering the EI system >30 months of age; Transition Planning tracking procedures and Transition Supervision Plans for service coordination unit coordinator managers.

2. The NJEIS reviewed the agencies' infrastructure/Staffing and Provision of training and their Provision of Technical Assistance. As a result of the review, NJEIS required the identified agencies to provide additional targeted transition training to staff; review newly revised policies and procedures with all staff; continue to address transition requirements, procedures, and required documentation at monthly staff meetings and required supervisors to administer additional direct supervision, internal monthly chart audits and observation of staff upon the additional training.

3. DOH reviews subsequent children who would be turning three to verify that the agencies are implementing the correct policies and procedures (prong 2). Upon the implementation of the updated training and technical assistance provision, the DOH reviewed additional subsequent data to verify procedures have been implemented and effective with SCU staff and their Notification compliance performance. Once all prongs have been verified as corrected, the agency's finding is closed.

The agencies have until June 30, 2025, to verify 100% correction.

As of 11/01/2024 Gloucester County SCU has verified 100% correction of both prongs and has been closed.

As of 1/16/25 Passaic County SCU has verified 100% correction of both prongs and has been closed.

Correction of Findings of Noncompliance Identified in FFY 2022

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

FFY 2022 Findings of Noncompliance Verified as Corrected

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

In FFY 2022, one agency was found to have noncompliance for 8B: Passaic SCU. The Passaic SCU was given a finding issued on November 13, 2023. DOH required Passaic SCU to develop and implement procedures to ensure that the service coordinators identify the children entering the Early Intervention system late and ensure that Notification to the LEA or Parental Opt-Out is obtained. To verify the correction of previous noncompliance for transition notification, DOH reviewed subsequent data and verified that the county met 100% correction of the noncompliance. DOH accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, policy and procedure review, and record review. Activities for documentation and verification of the correction include review of updated/revise procedures; updated data from the database; review of progress notes and IFSPs from child records; and verification of claims and service authorization data.

In summary, DOH identified the responsible agency, their percentage of noncompliance in the county, and determined reasons for delay (root causes). DOH reviewed the agency's policy and procedure revisions and ensured that Passaic SCU was correctly implementing the specific regulatory notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

Passaic County SCU verified correction of both prongs 1 and 2 and DOH reviewed subsequent data during the month of December 2023 with children turning 3 in the month of October 2023. Passaic SCU verified 100% correction by January 2024 and was closed as of 1/16/24. The finding was closed after the correction of both prongs was verified in accordance with federal requirements.

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

DOH verified correction of individual cases of noncompliance through data drill down to the child-specific level. In FFY 2022, one (1) child had untimely notification to the LEA. Through the data drill down, the one (1) child who was identified, was no longer in the jurisdiction of NJEIS (prong 1) at the time

of the inquiry however, notification to the SEA occurred timely by the lead agency. Activities for documentation and verification of the correction include updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency achieved 100% compliance for this indicator and both prongs were verified, the findings was closed. DOH accounted for all individual instances of non-compliance identified through the NJEIS database and verified the notification occurred unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2022 APR. The DOH confirmed correction of the one child, which was verified by the monitoring team (prong 1). However, notification to the LEA where the toddler resides was not able to be provided as documented by the SCU since the family was no longer in the jurisdiction of NJEIS at the time of the finding (prong 1).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Based on FFY 2022 data, one agency was found to have noncompliance for 8B: Passaic SCU. The Passaic SCU was given a finding issued on November 13, 2023. DOH required Passaic SCU to develop and implement procedures to ensure that the service coordinators identify the children entering the Early Intervention system late and ensure that Notification to the LEA or Parental Opt-Out is obtained. To verify the correction of previous noncompliance for transition notification, DOH reviewed subsequent data and verified that the county met 100% correction of the noncompliance. DOH accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, policy and procedure review, and record review. Activities for documentation and verification of the correction include review of updated/revised procedures; updated data from the database; review of progress notes and IFSPs from child records; and verification of claims and service authorization data. In summary, DOH identified the responsible agency, their percentage of noncompliance in the county, and determined reasons for delay (root causes). DOH reviewed the agency's policy and procedure revisions and ensured that Passaic SCU was correctly implementing the specific regulatory notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

Passaic County SCU verified correction of both prongs 1 and 2 and DOH reviewed subsequent data during the month of December 2023 with children turning 3 in the month of October 2023. Passaic SCU verified 100% correction by January 2024 and was closed as of 1/16/24. The finding was closed after correction of both prongs was verified in accordance with federal requirements.

DOH verified correction of individual cases of noncompliance through data drill down to the child-specific level. In FFY 2022, one (1) child had untimely notification to the LEA. Through the data drill down, the one (1) child who was identified, was no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry however, notification to the SEA occurred timely by the lead agency. Activities for documentation and verification of the correction include updated data from the database; review of progress notes and IFSPs from child records; and verification of claims and service authorization data. Once the agency achieved 100% compliance for this indicator and both prongs were verified, the findings were closed. DOH accounted for all individual instances of non-compliance identified through the NJEIS database and verified the notification occurred unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2022 APR. The DOH confirmed correction of the one child, consistent with OSEP memo 09-02 and as verified by the monitoring team (prong 1). However, notification to the LEA where the toddler resides, was not able to be provided as documented by the SCU since the family was no longer in the jurisdiction of NJEIS at the time of the finding (prong 1).

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

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

identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	93.38%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.47%	97.18%	98.98%	98.33%	98.30%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
225	307	98.30%	100%	95.58%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The NJEIS performance for this indicator showed slippage of 2.72% from 98.30% in FFY 2022 to 95.58% in FFY 2023. In reviewing the data and documentation, the slippage was due to the following reasons: 5 children did not receive a timely TPC due to service coordinator delays, and 6 children could not be verified that a TPC occurred due to no documentation or a demonstration that a TPC was declined. The slippage can be attributed to lack of time management skills among monitored service coordinators; lack of documentation, and inability to coordinate a timely meeting date between the service coordinator and LEA representatives with the family's schedule.

The five (5) children that had late TPCs due to service coordinator delays happened due to lack of time management and service coordinator turnover in the Passaic Unit. One (1) child's TPC was done 60 days before their third birthday, one (1) child had their TPC done 88 days before their third birthday, one (1) child had their TPC done 35 days before their third birthday, one (1) child had their TPC done 80 days before their third birthday, and one (1) child had their TPC done 78 days before their third birthday. These five (5) instances of non-compliance were an issue in Passaic SCU. Six (6) children were determined to be non-compliant due to no documentation that a formal invite to convene a TPC was in the child's record/ These six (6) instances of noncompliance occurred in Morris SCU, Passaic SCU, Sussex SCU, and Union SCU.

Findings were issued to Morris SCU, Passaic SCU, Sussex SCU, and Union SCU.

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.

58

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.

13

Provide reasons for delay, if applicable.

There were 13 late TPCs (less than 90 days) due to family reasons. The breakdown of family reasons are as follows:

- o 6 late due to late referrals to EIS (under 85 days)
- o 2 late due to family originally declining and then changing their mind.
- o 1 late due to family wanting to wait till CST could be present.
- o 1 late due to extreme weather conditions.
- o 1 late due to parent postponing with parental concern for "identification" or "labeling" of child as needing special education.
- o 1 late due to family wanting to schedule around religious holidays.
- o 1 late due to family no show at first scheduled meeting

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

State database

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

A data desk audit was conducted one-quarter of FFY 2023 for the months of February, March, and April 2024.

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

Data reported for 8C Transition Planning Conference (TPC) monitoring was collected through the annual desk audit record review process and included all twenty-one counties.

Data collected through the desk audit is verified against what is in the child's record (e.g. NJEIS IFSP Review Transition Information and Team pages, progress notes, and TPC invitation letter/emails).

A data desk audit was conducted for one-quarter of FFY 2023 for the months of February, March, and April 2024 that identified 2,744 children that turned age three. A sampling methodology was implemented to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/-5 confidence interval ensures that child records were appropriately represented. Of the 2,744, a random selection of 307 children were monitored. Of the 307 children, 58 families declined the TPC, reducing the total number of records monitored to 249 children.

Data Desk Audit, Inquiry, and Record Review:

The DOH used two sources of data: (1) date of the TPC obtained from the Team Page signed by the parent; and (2) date of the TPC recorded on the progress notes. The Service Coordination Units were required to submit copies of child progress notes, TPC and LEA notification letters, IFSPs, and any service coordinator verification logs. The monitoring team confirmed this data through desk audits. Using these dates and the child's date of birth, an inquiry was prepared and forwarded to the appropriate county to review for possible non-compliance.

The monitoring team then focused on making sure to obtain child-specific information, reasons for delays, and verification of a transition planning conference, even if it may have been late. The Service Coordination Units were required to submit copies of child progress notes, TPC, and LEA notification letters, IFSPs, and service encounter logs. The monitoring team used all the information received and reviewed service claim data to determine where in the process the delay occurred and who was responsible.

Provide additional information about this indicator (optional).

Indicator 8C Children Data

Total of Children who turned 3 for Quarter of Data: February, March, and April 2024 = 2,744 Sample of the Quarter (Denominator) = 307

Families who declined a TPC = 58 Initial Timely TPCs = 225

Desk Inquiry Verification of Family Reason for delay or on time = 13 Desk Inquiry Verification of Untimely TPC = 5

Final Numerator (Timely + Family Reasons) = 225+13=238

Final Denominator (Sample of the Quarter - Family Declines) = 307-58=249 State Compliance Percentage = 238/249=95.58%

95.58% (238/249) of all children exiting Part C, received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference within the required timeline.

The numerator and denominator do not include the 58 families who did not provide approval to conduct a transition planning conference.

Of the 307 children, 225 were timely and 13 were delayed with verified family-initiated reasons including late referrals to EIS; family changing their minds; family wanting to wait till CST could be present; weather; family postponing to see how their child would progress since parent was concerned about labeling; family wanting to schedule around religious holidays; and family not keeping scheduled appointments.

NJEIS (prong 1).

1. To ensure agencies are correctly implementing the regulatory requirements, the NJEIS reviewed their current policies and procedures. As a result of the review, the agencies were required to develop/revise the following procedures: Transition procedures for all children exiting early intervention; Transition Procedures for children entering the Early Intervention System <30 months of age; Transition Planning tracking procedures and Transition Supervision Plans for Service Coordination Unit Coordinator managers.

2. The DOH reviewed the agencies' infrastructure/Staffing and Provision of training and their Provision of Technical Assistance. As a result of the review, DOH required the identified agencies to provide additional targeted transition training to staff; review newly revised policies and procedures with all staff; and continue to address Transition requirements. Procedures and required documentation at monthly staff meetings and required supervisors to administer additional direct supervision, internal monthly chart audits, and observation of staff upon the additional training.

3. DOH reviews additional children who would be turning three to verify the agencies are implementing the correct policies and procedures (prong 2). Upon the implementation of the updated training and technical assistance provision, the NJEIS reviews subsequent data to verify procedures have been implemented and effective with SCU staff and their TPC compliance performance. Once all prongs are verified as corrected, the agency's finding is closed. The agencies have until June 30, 2025, to verify 100% correction.

As of 11/19/2024 Morris County SCU and Sussex County SCU have verified 100% correction of both prongs and have been closed. As of 11/26/2024 Union County SCU has verified 100% correction of both prongs and has been closed.

As of this APR submission, Passaic SCU's finding remains open and continues to provide monthly data verification reports.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Based on FFY 2022 data, three (3) agencies were found to have noncompliance for 8C. On November 13, 2023, three findings were issued, one to Middlesex SCU, one to Monmouth SCU, and one to Passaic SCU. NJEIS reviewed subsequent data, tracked, and verified correction of the noncompliance. The agencies verified corrections of both prongs. The findings were closed timely after correction of both prongs was verified in accordance with federal requirements. Middlesex SCU closed timely on 1/12/24, Monmouth SCU closed timely on 1/12/24, and Passaic SCU closed timely on 1/16/24. All findings were closed within one year. DOH has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review. In addition, subsequent data were reviewed to verify timely transition planning conferences were held and verified correction of all non-compliance.

Activities for documentation and verification of the correction include review of updated data; review of progress notes and IFSPs from child records; verification of claims and service authorization data. DOH identified Middlesex SCU, Monmouth SCU, and Passaic SCU as the responsible agencies and determined their percentage of noncompliance and reason for delay; determined if any policies, procedures and/or practices contributed to the reasons for delays. As part of the finding plan, DOH required each agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2) and ensured that Middlesex SCU, Monmouth SCU, and Passaic SCU were correctly implementing the specific regulatory requirements.

These reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2). These findings were closed timely after correction of both prongs and were verified in accordance with federal requirements.

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

The process DOH used to verify correction was a comprehensive data drill down to the child-specific level. In addition, subsequent data was reviewed to verify timely Transition Planning Conferences. Activities for documentation and verification of the correction included updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency was operating at 100% compliance with this indicator, the findings were closed. DOH accounted for all instances of non-compliance identified through the NJEIS database, desk inquiry, and record review.

The DOH confirmed that the transition planning conference was 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 child's third birthday for children potentially eligible for Part B preschool services. For any child whose TPC did not occur in a timely manner, a TPC was provided late unless the child was no longer in the jurisdiction of NJEIS which was verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Based on FFY 2022 data, three (3) findings were issued. The three (3) agencies (Middlesex SCU, Monmouth SCU, and Passaic SCU) revised policies and procedures that were reviewed by DOH. DOH reviewed subsequent data, tracked, and verified correction of the non-compliance. The findings were closed timely after correction of both prongs was verified in accordance with federal requirements. Middlesex SCU closed timely on 1/12/24, Monmouth SCU closed timely on 1/12/24, and Passaic SCU closed timely on 1/16/24. The process DOH used to verify correction was comprehensive with data drill down to the child-specific level. In addition, subsequent data was reviewed to verify timely Transition Planning Conferences.

For any child whose TPC did not occur in a timely manner, a TPC was provided late unless the child was no longer in the jurisdiction of NJEIS, consistent with OSEP memo 09-02 and as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not provide the reasons for delay, as required by the Measurement Table. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

8C - Required Actions

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

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2024 in its FFY 2024 SPP/APR.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The State that has adopted Part C due process procedures under section 639 of the IDEA.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	1
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	1

Targets: Description of Stakeholder Input

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

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target>=			.00%		
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	1	1			100.00%	N/A	N/A

Provide additional information about this indicator (optional)

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Infants and toddlers with disabilities will substantially increase their rate of growth and development of positive social emotional skills by the time they exit the program.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

[https://www.nj.gov/health/fhs/eis/documents/NJEIS Theory of Action February.1.2022.pdf](https://www.nj.gov/health/fhs/eis/documents/NJEIS%20Theory%20of%20Action%20February.1.2022.pdf)

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2012	30.62%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	39.34%	41.34%	43.34%

FFY 2023 SPP/APR Data

		FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,730	5,321	32.09%	39.34%	32.51%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

The NJEIS uses the data reported in Indicator 3, Child outcomes, as the data source for Indicator 11. The SiMR is specific to Summary Statement 1 for 3A - the percentage of children that entered below age expectations that substantially increased their rate of growth. To report on Indicator 3A, the NJEIS uses children's scores on the personal-Social Domain of the BDI in a comparison from their entry into the program to their exit from the program. FFY2023, 1730 children entered "below age expectations" on the personal-Social Domain of the BDI, meaning a standard score of 80 or below. This is the numerator. The Denominator of 5,384 is the number of children who entered the program with peers. These calculations are consistent with the

requirements in the measurement table for Indicator 3, Summary Statement 1. All children who participate in the program for at least 6 months and who are exiting the program, are eligible for an exit evaluation.

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

The Battelle Developmental Inventory (BDI) is used to collect baseline data on each outcome for each child upon entry into the program and again upon exit from the program. The business rules, agreed to and approved by stakeholders, answer each of the 3 questions using all 5 domains evaluated using the BDI. The Personal-Social Domain scores are used to obtain the progress category determinations for 3A. NJEIS has utilized the same business rules since the inclusion of Indicator 3 in the SPP/APR.

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://www.nj.gov/health/fhs/eis/documents/SSIP_Evaluation_Plan-Revised_2.1.2024.pdf

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.

All NJEIS infrastructure improvement strategies are intentionally designed to improve the system's ability to implement processes that are modern, efficient, effective, and sustainable. The focus continues to be on expanding external partnerships; building an improved model of professional development; using Community Impression Plans (CIPs) to guide system improvement; and intentionally using data to inform and support all of these efforts.

Partnerships

NJEIS continues to grow its external partnerships for efficiency, effectiveness, and sustainability. Maintaining a robust partnership with Montclair State University (MSU) allows NJEIS to offer substantial training opportunities to meet the needs of the early intervention workforce. In FFY23, NJEIS recorded the greatest number of system practitioners engaging in instructor-led virtual training to date. This accomplishment reflects the strength and stability of the MSU partnership.

NJEIS continues to strengthen its partnership with NJ's OSEP funded Parent Training and Information Center-SPAN. There are numerous places within NJEIS where alliances with SPAN continue to converge for the benefit of practitioners and families. NJEIS and SPAN are both represented on the Pyramid Model State Leadership Team under the guidance of MSU. In this arena, NJEIS and SPAN have been collaborating on ways to build family engagement practices throughout early intervention. There is ongoing partnership around ways to engage parents more fully in the DEC Recommended Practices specifically designed for parents, which support high quality early intervention practices.

During this reporting period, NJEIS continued its partnership with the NJ Association for Infant Mental Health (NJAIMH). Reflective Supervision and Consultation (RSC) training continued to be offered to agency administrators and supervisors to maintain and build workforce leadership.

Improved Model of PD

FFY23 concludes the first full year that the new NJEIS Learning Management System (LMS) has been fully operational. The LMS is a major infrastructure improvement component that contributes to the modernization, efficiency, effectiveness, and sustainability of professional development efforts. Although a fluid number, there are currently more than 6,600 users who have access, via a license, to the LMS. Most of these users are direct service providers and service coordinators.

The LMS allows NJEIS to provide asynchronous, hybrid, and just-in-time learning opportunities across the system. It also provides a dedicated platform to communicate with the entire workforce should any system-wide adjustments need to occur, as experienced during the pandemic.

NJEIS continues to work to build capacity within the system of professional development. During this reporting period, the skill set of agency administrators continued to be supported through participation in Reflective Supervision and Consultation training, as well as the use of the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) to support and develop staff at the local Early Intervention Program (EIP) and Service Coordination Unit (SCU) levels.

Community Impression Plans (CIPs)

CIPs continue to be used by the Training and Technical Assistance Coordinators (TTAs) and Family Support Coordinators (FSCs) at the Regional Early Intervention Collaboratives (REICs). These data-driven plans allow the REICs to support NJEIS in identifying and addressing areas for system improvement. This reporting period saw a continued effort to use Community of Practice (CoP) and reflective groups to connect with practitioners and administrators and provide opportunities to extend learning after participation in training initiatives. This model supports the improved model of professional development discussed above.

Increased Use of Data

NJEIS CSPD has been identifying additional ways to collect and use data to inform the effectiveness and sustainability of workforce development initiatives. In this reporting period, continued effort was put on expanding the use of the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) to additional segments of the system. The EIPPF, designed by the National Center for Pyramid Model Innovations, is the first formal tool and process that CSPD has adopted to gauge fidelity of implementation of the DEC Recommended Practices. Data from the EIPPF tool will not only assist NJEIS in determining systemwide progress toward its four identified evidenced-based practices (EBPs), but the data will also inform which EBPs require the most attention and support from the system. The EIPPF process is predicated on a practice-based coaching model and syncs well with the DEC Recommended Practice for coaching (INS13) as well as incorporating reflection and connection which aligns with the NJEIS improved model of

professional development.

Data generated from the regional CIPs is also contributing to the scope of data usage by CSPD and the system at large. Often, CIPs use regional document reviews, surveys and other data collection methods which highlight needs for system improvement efforts. The regional TTAs and FSCs have honed their skills with the use of data and data-drive decision making which supports the Lead Agency in making strategic and planful decisions for the entire system. Capacity building efforts in this area greatly support the overall infrastructure improvement efforts designed to strengthen the sustainability of this work.

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.

Partnerships

Evaluation Question 3 Short-term Outcome 1, 2, 3

This reporting period saw a 67% increase in the number of instructor-led virtual trainings, as well as a 5.45% rise in practitioner attendance. Both increases are directly related to the strong partnership that NJEIS has cultivated with MSU.

NJEIS offered Pyramid Model with an Implicit Bias module, Parents Interacting with Infants (PIWI) 1.0 and 2.0, Brazelton Touch Points and Reflective Supervision and Consultation (RSC). All programing supports practitioners' knowledge and skills related to early relational health (ERH) and the use of the DEC recommended practices.

Attendance data shows that in FFY23, 561 training seats were filled for the 5 trainings referenced above. This is an increase from the 532 seats filled for only 3 trainings offered in FFY22. Of important note in SFY22, 355 of the training participants attended the Pyramid Model training that offered a stipend due to American Rescue Plan funds. In FFY23, no stipends were offered, but two additional courses were added, PIWI 2.0 and Brazelton Touch Points. This trend is evidence of practitioner interest in the training offered by CSPD.

NJEIS also continued its partnership with the New Jersey Association of Infant Mental Health (NJAIMH). American Rescue Plan funds had previously been used for the delivery of Reflective Supervision and Consultation (RSC) training. This offering continued in FFY23 with a 28% attendance increase over FFY22.

Evaluation Question 4 Short-term Outcome 1

FSCs have expanded their collaboration with SPAN in the delivery of the Positive Solutions for Families (PSF) training which brings the Pyramid Model framework and strategies for working with infants, toddlers, and young children, directly to EI families.

In addition to the NJEIS FSCs, this training was also provided by SPAN as part of the partnership.

In FFY23, the newly identified NJEIS Service Coordinator Manager began meeting regularly with the FSCs. NJEIS continues to support the alliance between FSCs and the Service Coordination Units. FSCs offered a solid support system for service coordinators and NJEIS continues to strengthen these relationships to support children and families.

Improved Model of PD

Evaluation Question 1 Short-term Outcome 1, 2

In this reporting period, NJEIS expanded its use of the LMS and continued to build organizational capacity to solidify its professional development infrastructure.

After one year of being operational, the LMS has over 6,600 licensed users. To date, 65% of these users have logged in to the LMS and accessed their individual learning pages.

In FFY23, both Welcome to Early Intervention and Introduction to IFSP Development asynchronous learning modules were updated and modernized to include more information related to ERH and the routines-based method. These two online courses join the Procedural Safeguards modules as onboarding components required for any new staff. To date, there have been approximately 1,200 views of these modules.

Seven new asynchronous courses were added to the LMS course catalogue and can be accessed on demand, including modules on coaching and child outcomes. Approximately 200 views were recorded within this reporting period.

The LMS supports better tracking, reporting and record keeping which contributes to a more modern and efficient system of professional development.

The NJEIS Data Team used the LMS to disseminate technical updates to the data management system to a large segment of the workforce. Updates to the Progress Summary Form were offered in a live virtual format, recorded, and then housed on the LMS for on demand access. Approximately, 800 views have been recorded. The tracking ability of the LMS allowed NJEIS to easily capture data on completions by participants unable to attend the live sessions of this required training.

To support better tracking and record keeping, LMS users can create a folder on their home page to act as a repository for training certifications, completions, and documentation. This allows each end user to have a centralized location to store these documents for easy access and retrieval.

NJEIS will continue to grow its use of the LMS to improve efficiency and modernization.

Evaluation Question 3 Short-term Outcome 1, 2, 3

In this reporting period, NJEIS continued to support practitioners in gaining knowledge and skills around ERH, routines, evidence-based practices (EBPs).

In April, NJEIS began 60-minute virtual Meet & Greet sessions, hosted by a TTA and a FSC, to welcome new staff. It is an opportunity to educate staff about ERH, routines-based methods, and all professional development opportunities available.

NJEIS was interested in offering onboarding support and improving retention rates. As the Lead Agency investigated workforce challenges, lack of connection to other professionals was reported as being a reason for attrition. In the first three months that Meet & Greets were offered, 68 practitioners attended, including veteran staff. Both new hires and veterans are interested in more connection.

In this reporting period, NJEIS captured preliminary data on the use of eco maps by service coordinators during the Family Directed Assessment. Hand drawn eco maps, in support of the routines-based interview method, were attached to 6,924 IFSPs. At this time, only quantitative data related to eco map use is available. Future quality monitoring activities will allow NJEIS review and assess the qualitative nature of these documents.

CIPs

CIPs continue to support efforts in building organizational capacity via the use of reflective supervision groups and Community of Practice (CoP) groups.

Evaluation Question 1 Short-term Outcome 2

Evaluation Question 3 Short-term Outcome 2

In this reporting period, the TTAs collaborated on a CIP goal, as well as working on individual goals. The collaborative CIP goal emerged based on survey data indicating PD Champions' need and interest in ongoing support with reflective practices. TTAs developed a five-session CoP group that ran from June 2023-May 2024. A total of 59 individuals representing 44 different agencies participated.

In addition to providing a safe, collegial place for administrators to gather, reflect, and connect, the TTAs created resources to help turnkey the use of RSC at the local level. A Padlet Interactive Resource Board was created with resources such as reflective prompts and images, quotes, mindful

activities, and a summary of past meetings. Both quantitative and qualitative impact data was collected to gauge efficacy. From the first meeting to the fifth meeting, self-reported confidence levels in using RSC practices rose from 4.8 to 6.8 on a scale of 1-10.

TTAs continue to use the CIP process in support of the systemwide effort to build capacity via the use of RSC and CoP groups. Regional efforts to directly support agency administrators trickles down to the practitioner level and ultimately touches all family and child interactions. This process is directly related to sustainability efforts.

Data

NJEIS expanded its use of data across systems. LMS analytics, EIPPFi data collection, and CIP data collection provided NJEIS with insight and guidance to inform efficiency, effectiveness, and sustainability.

Evaluation Question 1 Short-term Outcome 1, 2

Evaluation Question 3 Short-term Outcome 2, 3

LMS analytics allows NJEIS access to a variety of data points: licensed users, users accessing the system, training completions, revoked licenses to inform turnover. Programmatic adjustments can be made using this data.

Survey data captured readiness of additional agencies to join EIPPFi scale-up efforts. Data informs the unique starting point for each agency or SCU.

Given the diversity of agency structure, flexibility is critical to meet each agency where they are and have the best chance for successful and sustainable implementation. Data informs this process.

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.

Partnerships

In the next reporting period, NJEIS will continue its partnership with MSU via its existing contract for the provision of professional development. NJEIS is looking to have another Brazelton program added to the schedule to complement the original Brazelton Touch Points program.

NJEIS will continue a growing partnership with the NJ American Academy of Pediatrics (NJAAP) to carry the early relational health message to a broader audience. NJEIS will take part in one of the NJAAP Seedlings programs to discuss the framework of early relational health and how it is infused into the work of early intervention in NJ.

The 2025 NJEIS Conference, Stronger Together: Enhancing Connections Through Quality Early Intervention, will offer multiple opportunities to build and extend other essential partnerships with SPAN, DEC, Robin McWilliam, institutes of higher education, and other statewide agencies. This event will accommodate 300 in-person attendees and unlimited virtual attendees. The in-person audience will be the NJEIS workforce and livestreaming options will be available to all stakeholders, including families.

SPAN will offer a breakout session and staff an exhibit table at the conference focused on the DEC recommended practices (DEC RPs) created for families. NJEIS has spent time familiarizing practitioners with the DEC RPs designed for practitioners however, additional work is needed to familiarize parents with these same practices.

NJEIS FSCs will continue to partner with SPAN in the delivery of Positive Solutions for Families to EI families. This collaboration will allow NJEIS to have additional program dates and times available for families to attend this important training.

The national professional organization, DEC, has agreed to offer the two largest breakout sessions for the 2025 conference. NJEIS is working to increase its partnership with DEC to help support a revitalization of the local NJ chapter and encourage NJEIS practitioners to see DEC as a 'professional home.' Providing this type of affiliation and connection can help professionalize the work of early intervention in NJ. These efforts are also a strategy to improve workforce recruitment and retention.

Robin McWilliam, the originator of the Routines-based Method, is scheduled to be the keynote speaker at the 2025 conference. NJEIS has been partnering with Dr. McWilliam and his team to infuse the routines-based methodology into all early intervention work, especially the use of eco mapping within IFSP development.

The conference will also provide exhibit opportunities for institutes of higher education and other resources that will bring relevant and practical resources to the workforce in support of their professional growth and personal well-being.

Improved Model of Professional Development

NJEIS will build its course offerings for practitioners both via the LMS and live instructor-led trainings. Additional asynchronous learning options will be added to the LMS to increase the number of on-demand training opportunities. The NJEIS CSPD team will also develop two new live instructor-led trainings: An Overview of the Routines-Based Method will be geared to Targeted Evaluation Teams and a program on quality documentation related to the Progress Summary Form will be geared toward Service Coordinators and IFSP Service Providers.

The NJEIS CSPD team will also be unveiling an LMS App that will allow the workforce to access the LMS via a smart phone to engage in training opportunities. NJEIS will continue to find ways to make the training process more modern, efficient, and accessible to all end users.

CIPs

The NJEIS TTAs will continue to follow the data related to ongoing CoP and reflective groups. CIPs will continue to support the integration of reflective practices into all professional development, but especially the scale-up of the EIPPFi process to assist in sustainability efforts. TTAs will work directly with agency administrators to support their ability to facilitate CoPs and reflective groups with their staff. This type of capacity building process, at the local level, is the key to sustaining these evidence-based practices and embedding them into the culture of NJEIS.

NJEIS will also support the TTAs in attending the 2025 DEC Conference. The TTAs will be submitting a proposal that highlights the use of the CIP process as a method for systemic improvements.

Increased Use of Data

For the next reporting period, NJEIS CSPD will continue to work with PD Champions to help them become familiar with LMS analytics. CSPD will assist EIP and SCU administrators in accessing and using LMS data as evidence in support of their individual agency General Supervision plans and any future monitoring activities conducted by the DOH.

NJEIS will continue to support the use of the EIPPFi tool and process. In the next reporting period, both the Evidence-Based Practice (EBP) Cohort group and the first official EIPPFi Cohort (EIPPFi Cohort #1) will be using the tool and collecting data. Agencies and SCUs were surveyed in this reporting period to determine their readiness and willingness to begin using the EIPPFi. Data was also collected on agencies' perception of current knowledge of the EIPPFi tool and process to help each regional TTA tailor an appropriate onboarding program for each entity.

The 2025 Conference will provide numerous opportunities for data collection. Vfair is the vendor NJEIS is contracting with for a conference app, registration, and analytics. Additionally, NJEIS will have various evaluations and session attendance records to provide data and inform future conference and professional development activities.

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

Family Engagement (F6)
Teaming and Collaboration (TC2)
Coaching (INS13)
Positive Interactions (INT2)

Provide a summary of each evidence-based practice.

Family Engagement (F6) is the process whereby practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family's preferences. Engage & exchange techniques are at the heart of family engagement and require a practitioner to build a solid rapport with families and to encourage the free-flowing exchange of ideas and information. A solid Engage & Exchange effort is vital to attaining the SiMR because it is a way to model and encourage personal interactions and relationships.

Teaming and Collaboration (TC2) is a process whereby practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge and information that build team capacity and jointly solve problems. In the Teaming and Collaboration process, practitioners and families work together to find way to help a child grow and learn within routines and in natural environments. During a session, the family becomes empowered to work with their child in the absence of a practitioner. When the family is empowered to help their child learn, there is more social emotional interaction, and therefore the potential for increased social emotional growth for the child.

INS13 encourages practitioners to use a coaching approach or consultation strategies with the primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. Coaching is another practice that practitioners can use to empower families to effectively work with their child. Coaching leads to parents feeling competent and confident in assisting and supporting their child in building social emotional skills which can support the appropriate regulation of behaviors. Coaching also has applications for agency administrators with their practitioners and for the regional TTAs as they work with MSU.

In INT2, practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support. The Parents Interacting with Infants training teaches the skills inherent in this EBP using dyadic and triadic strategies.

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.

NJEIS continues to build upon the foundation it has established to integrate each of the four selected EBPs into trainings, reflections, and conversations. All available practitioner trainings, as well as Positive Solutions for Families, are evidence-based programs, that are intended to shift practitioner practice, elevate parent partnerships, and improve child outcomes. The use of reflective groups and Communities of Practice groups are also making significant contributions to the ways practitioners think and talk about their work with families.

NJEIS' current Theory of Action centers early relational health programming as the starting point to move the system toward SiMR progress. Previously in this report, the increase in practitioner training attendance was addressed and this shows that more practitioners are being exposed to the EPBs and ERH concepts. Ultimately, NJEIS intends to reach a critical mass of its workforce, which will increase knowledge and enhance skills. NJEIS posits that this professional development will translate into better child and family outcomes given that the programming is grounded in evidence-based best practice.

The EIPPF tool and process is a key metric that NJEIS has been using to support the use of all DEC recommended practices, not just the four select NJ EBPs of Family Engagement, Teaming and Collaboration, Coaching and Positive Interactions. The NJEIS strategy is to continue to scale up the use of the EIPPF tool and process systemwide so that conversation around the use of the EBPs becomes the norm. Anecdotally, one of the administrators of the EBP Cohort, the pilot group using the EIPPF, reported that "it is becoming second nature" to their practitioners to reflect on the use of EBPs within the reflective process of the EIPPF.

The adoption of the EIPPF has provided NJEIS with a standard protocol with which to measure the fidelity of implementation of EBPs, as well as an opportunity to capture data in a more consistent way across all agencies and SCUs. With the diversity of agency structures within NJEIS, it will be helpful to have a singular tool and process that is used consistently across the system.

As previously mentioned, to enhance the training opportunities and the EIPPF process, TTAs actively support both practitioners and administrators via CoPs and reflective groups. This enhanced model of professional development has been invaluable in sustaining conversation about how to best put the EBPs into action within the context of the work with children and families. Providing a safe, collegial space for practitioners to come together allows for a positive teaming, collaboration, and coaching experience.

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

Data continues to suggest there is a change in the knowledge base of practitioners. Evaluations, anecdotal reports, word clouds, language heard by the TTAs in reflective groups and case-level documentation inform this conclusion.

The reliability of the EPPFI tool is providing the NJEIS with the ability to assess changes in practice across programs and individuals. Preliminary data from EBP Cohort (pilot group) indicate that the tool, used in conjunction with the established EIPPF process, is yielding practice improvement. The tool is meant to be an observational mechanism for growth and development and the pivotal practice is the use of the tool within a reflective and supportive relational process.

Overall, the data gathered includes EIPPF scores from the actual instrument (quantitative) and anecdotal data received from the Cohort administrators and their practitioners (qualitative). All these data collection efforts are still in the pilot phase since the tool and process are very detailed, intricate and take time and practice to integrate.

Documents reviewed by TTAs and administrators are beginning to reveal a change in the qualitative nature of practitioners' documentation. This emerging data may be an indication that knowledge and skills related to the use of evidence-based practices is beginning to be internalized and integrated into the practitioner-family interaction. This is an initial indication of practice change. Practice change is what will assist in improving both child and family outcomes and support movement toward the SiMR.

The overall response to the EIPPF is positive and the supportive nature of the EBP Cohort is appreciated by administrators. Some of the feedback that has been shared about the EIPPF experience is "support of the EBP Cohort has been key." "Scheduling with staff is the biggest challenge" due to the time that the reflective process takes to be effective. "The hardest part is getting started." The process is "not punitive to the agencies or staff."

Comments from a PD Champions' meeting included, "this is what EI is all about" and this is "what the system should have been focusing on all along." One EBP Cohort agency completed 12 observations in calendar year 2022; 29 in 2023; and 16 in the first 6 months of 2024. This pace yields an average of 2-3 observations a month.

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.

The EIPPF tool allows for data gathering on all DEC RPs and therefore, NJEIS will be able to use this data to determine where the gaps are widest and make an informed, data-driven decision on which EBPs need the most focus.

NJEIS has moved beyond the need to isolate and concentrate on only a few of the DEC Recommended Practices (EBPs). With the integration of the EIPPF, NJEIS now can collect data on all DEC RPs. Therefore, it seems less important to confine the reporting to the original selected EBPs and report more broadly on how the system is using preliminary EIPPF data to identify the areas of greatest need.

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

For FFY24, NJEIS has plans to leverage its growing partnership with SPAN to bolster practitioner and family knowledge of all DEC Recommended Practices. SPAN will have a significant presence at the 2025 Conference by presenting a workshop on the family version of the DEC RPs to the EI workforce; staffing a table exhibit to provide information and resources to attendees; and partnering in the conceptualizing and execution of a parent-centered Fireside Chat that will be the grand finale for the conference.

NJEIS will also have the opportunity via a wide selection of conference workshops to drill down further on the use of the four select EBPs which are a part of this SSIP.

Both Family Engagement (F6) and Teaming and Collaboration (TC2) will be explored and discussed specifically within several workshops offered during the conference. For example, the workshops on high quality early intervention via telehealth, the EIPPF tool and process, and strategies for working with families with children who are deaf or hearing impaired will encourage discussions of the use of EBPs.

The proposed Fireside Chat, pairing an early intervention parent with their practitioner for an informal discussion on how their relationship was built will provide a rich discussion and opportunity for learning about successful engagement and teaming practices.

Coaching (INS13) will continue to be embedded within the EIPPF process as NJEIS works to scale up this initiative. Practice-based coaching is discussed and supported within the reflective groups that the TTAs continue to facilitate with agency administrators throughout the state. As administrators and practitioners become more proficient with the use of a coaching model, they will have more success in using this strategy with families. SPAN's contribution to the conference will support EI practitioners in coaching families in their knowledge and application of EBPs. The newly introduced PIWI 2.0 has a strong focus on Positive Interaction (INT2). This training opportunity is still new and as more practitioners avail themselves of this opportunity, there will be additional opportunities to reflect on this EBP during reflective sessions and CoPs. Conference topics, including the keynote, Robin McWilliam, will speak to the workforce about using a routines-based approach to foster positive interactions between children and their caregivers.

FFY24 will provide many opportunities to bring together the DEC RPs (EBPs) from both a practitioner lens and family lens. This blending of EBP strategies will strengthen the overall practice and allow for a common language and approach to working toward positive child and family outcomes.

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.

Research on implementation science indicates that it takes an average of 17 years to realize a change in practice. NJEIS remains steadfast in committing to the broad spectrum of DEC Recommended Practices and the four NJEIS select EBPs specifically to achieve breadth and depth. It makes sense for NJEIS to continue with the current four selected EBPs throughout the course of this SSIP cycle. In the next cycle, stakeholders will be able to provide thoughts and suggestions about adopting alternate EBPs using EIPPF data to support this decision.

A December 2023 stakeholder meeting, between CSPD and PD Champions, gave NJEIS the opportunity to review the current evaluation questions and receive feedback about what needs to be done to continue to make progress on this SSIP plan. Enthusiasm is high related to the opportunity to incorporate the EIPPF into staff growth and development. For those agencies and SCUs who are not currently using any evaluation method, the EIPPF tool and process is very attractive. Those agencies and SCUs who may already have a way to support and grow their staff are open to identifying ways to integrate the EIPPF into their current development practices. EIPPF offers a way to have a common language around the knowledge and skills related to the EBPs.

NJEIS is also committed to early relational health as the foundational concept leading to improved social emotional outcomes. There is more work to be done to bring the needed knowledge and skills around ERH and infant mental health to a majority of the workforce. The work that began at the beginning of this SSIP cycle needs to continue at least until the conclusion of this SSIP cycle. At that time, discussions with stakeholders can determine if any course corrections are necessary.

Enthusiasm and support for the system's focus on ERH remains strong as evidenced by the increasing numbers of participants engaging in instructor-led virtual training. A steadfast and strong commitment to this course that was suggested by stakeholders and informed by research and best practice seems prudent, as well as supported by the data.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The NJEIS stakeholders continue to be an invaluable resource for SSIP work. Overall, stakeholders around the system appear to be supportive of the direction of the SSIP with its focus on early relational health, evidence-based practices and the EIPPF tool and process. Their support is evidenced by their willingness to participate in stakeholder meetings; join workgroups and cohort groups; attend meetings; complete surveys; and offer advice, assistance and guidance as needed. NJEIS CSPD strives to use the evidence-based practices of engagement and teaming and collaboration with its stakeholders to model desired behavior and encourage active participation.

NJEIS-CSPD engages on a regular basis with MSU and the Pyramid Model State Leadership Team (SLT). The SLT includes representatives from SPAN, various State Departments, and institutes of higher education. At each quarterly meeting, NJEIS reports out on SSIP-related initiatives, such as

PIWI, Pyramid Model and Brazelton training, as well as the use of the EIPPF.

CSPD has been engaging the PD Champions, who are EIP, TET, and SCU Administrators on a regular basis, as well as the TTAs and FSCs from the REICs, via live, virtual meetings. REICs hold monthly regional meetings for EIP agencies and SCUs and stakeholder feedback and/or concerns are brought to DOH during bi-weekly Part C Coordinator meetings or monthly CSPD meetings.

The CIPs are provided to and shared semi-annually with the Board members of each respective REIC. The Boards of the REICs are comprised mainly of parents (at least 50%) in addition to regional stakeholders.

FSCs keep open lines of communication with families via the Positive Solution for Families training, activities during Early Intervention Week and other community engagement activities that are conducted throughout the reporting period.

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

In this reporting period, NJEIS hosted a stakeholder meeting to review progress toward each evaluation question related to the SSIP. This meeting yielded ideas to support improvement efforts, as well as concerns to be addressed by NJEIS which are discussed in a following section.

NJEIS continued to partner with the EBP Cohort, the PD Champions, Pyramid Model State Leadership Team, SPAN, and the State Interagency Coordinating Council (SICC). Many of the activities involving these stakeholders have been addressed within this document. A brief review will occur here.

The EBP Cohort is a group of agency administrators who work with the NJEIS CSPD Team to pilot various EBP initiatives. Currently, the EBP Cohort has been the group piloting the use of the EIPPF tool and process before beginning scale up activities. These stakeholders have been invaluable in assisting NJEIS in streamlining the EIPPF process to ensure a successful statewide implementation.

The PD Champions are a group of agency administrators who have responsibility for the professional development of practitioners at the local level. These stakeholders have been critical to NJEIS CSPD in getting messaging around professional development directly to online staff; providing insight and feedback as to adjustments to the SSIP evaluation plan and activities; and being a strong partner in working to make progress toward the SiMR. Many of these individuals participated in a December 2023 Stakeholder meeting designed to provide feedback on SSIP activities and offer ideas for adjustment.

The Pyramid Model State Leadership Team acts as a thought partner for evidence-based practices that support best practices for young children and their families. Various partnerships within this team have supported NJEIS training initiatives, family initiatives, and connections to colleagues in Part B. Support for early relational health, infant mental health, Pyramid Model, Positive Solutions for Families, family engagement activities, and EBPs has all been gained as a result of connections with these stakeholders.

The SICC continues to advise and assist NJEIS in its efforts to develop and support its workforce. Reports are provided to the Council on a regular basis requesting feedback, advice, and guidance.

In this reporting period, the NJEIS CSPD team sent out surveys to the workforce, provider agencies, and families asking for workgroup volunteers. NJEIS often uses the workgroup model to engage stakeholders across the system in changes or system improvement efforts. NJEIS now has an internal data base of volunteers, accessible to all NJEIS staff, who can be promptly engaged when the need arises.

Stakeholders from each of the above-mentioned groups will have a role and a presence at the 2025 Conference making it a truly collaborative partnership event.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

The PD Champions were the stakeholder group that expressed the most concerns during this reporting period. Agency administrators raised concerns about the length of some of the training opportunities. The PD Champions have reported hesitancy from practitioners to register or complete trainings because of the time commitment. The improved model of professional development that NJEIS has adopted includes not only the live training component but often follow up reflective opportunities. While this model does require additional time, it is a process that allows for the best chance of helping learners to increase knowledge, learn new skills and shift attitudes to a mindset that supports the use of EBPs.

Another concern was the amount of time necessary to fully implement the EIPPF. The tool includes six sections with 48 items. First the observation needs to occur and then time needs to be allocated to the coaching component. The EIPPF process component is just as important as the use of the observation tool.

During this reporting period, SPAN expressed a concern about how to better engage early intervention families with the DEC recommended practices, EBPs, so that they had more awareness of the quality practices being used by practitioners. To date, NJEIS' focus had been on working to educate practitioners about the EBPs. SPAN's concern provides additional ways NJEIS can partner with this parent support organization.

NJEIS has taken different steps to address stakeholder concerns. Adding more asynchronous learning opportunities to the LMS allows practitioners access to shorter learning modules. NJEIS continues to support the efforts toward an improved model of professional development that includes opportunities for reflection. This will continue to be the direction the system is moving in. However, shorter, just-in-time training is available on the LMS to provide some balance and variety. NJEIS will continue to increase its offering in the LMS Course Catalogue to meet the needs of all learners. The addition of an LMS App is also anticipated to provide a convenient path for practitioners to access training content.

The CSPD Team worked with the EBP Cohort to tailor the EIPPF to make it more streamlined and better meet the needs of agencies. No sections or items were changed. However, the Cohort realized that rather than use all six sections, using the first four sections is sufficient. Many of the items within sections 5 and 6 are not wholly relevant to the workforce and by eliminating these 14 items, the time needed to complete an observation will be reduced. The stakeholders concluded the elimination of these 14 items will not affect the overall data yield, as the items are not applicable to most practitioners.

To address SPAN's concern that families in early intervention may not have strong knowledge and understanding around the DEC RPs (EBPs), CSPD made the offer to provide the family versions to parents after completion of the Positive Solutions for Families training. Family Support Coordinators also agreed to begin to share the family practices on regional social media.

With the 2025 Conference planning underway, additional opportunities to partner with SPAN to get the message out to the NJEIS workforce and EI

families has emerged. These opportunities have previously been discussed in this document. NJEIS continues to value its stakeholders and dialog with them to identify more efficient, effective, and sustainable ways of working to improve child and family outcomes.

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.

NA

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

NA

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

Real time data, available through the LMS, allows NJEIS to access point in time numbers of licenses issued across the system. This number is mostly representative of case carrying staff and agency administrators. While this number is growing north of 6,600, data indicates that the number of practitioners accessing live instructor-led training is about 10%. Achieving training participation of over 600 practitioners is trending upward over the last several years. However, a critical mass is not being reached. In this reporting period, new Letters of Agreement (LOA) with each EIP were updated which includes a requirement for the submission of a general supervision plan. NJEIS anticipates that an increased level of agency accountability will lead to an uptick in attendance related to professional development opportunities.

Additional monitoring related to the Differentiated Monitoring and Support (DMS) process and local determinations will also help to raise the level of accountability that local agencies and SCUs have for developing and supporting their workforce which may bolster training attendance

Provide additional information about this indicator (optional).

Evaluation Question 2. Short-term outcome 1, 2

NJEIS continued to maintain a focus on the Early Relational Health (ERH) framework that is the bedrock of its efforts to achieve the SiMR by expanding its communication efforts. In FFY 22, NJEIS reported the development of a 90-second video, Welcome to Early Intervention, designed to be included in the Welcome Packet for families. The video gives an overview of what early intervention is in NJ, stressing the family-centered approach, focus on early relational health, and emphasis on routines.

In this reporting period, NJEIS had the English version of the video translated into Spanish, Creole, Portuguese, Chinese and Arabic, as well as American Sign Language (ASL) to reach as many families as possible. The ASL version was created in partnership with Gloucester County Special Services who offered to do the translation work for the early intervention system to better serve this population.

NJEIS also enhanced both the English and Spanish versions of this video to act as a Child Find resource. A final slide was added to the video with a QR code, NJEIS website, and phone number to support making the referral process as easy as possible. There are opportunities for pediatricians' offices and other professional locations to play these videos on a loop in their offices and carry the message of early intervention to families in need of early intervention services.

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State did not provide the numerator and denominator descriptions in the FFY 2023 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2023 data.

11 - Required Actions

The State did not provide numerator and denominator descriptions in the FFY 2023 data table. The State must provide the required numerator and denominator descriptions for FFY 2024 in the FFY 2024 SPP/APR.

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
12	0	12	0	0

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

The NJEIS did not issue additional finding outside of that identified and reported in Indicator 1 for FFY2022

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

In Federal Fiscal Year (FFY) 2022, twelve findings were issued to the following entities: Bergen County Department of Health (Bergen), Catholic Family and Community Services (Passaic), DAWN Center for Independent Living (Sussex), Southern NJ Perinatal Cooperative (Camden and Gloucester), Children's Specialized Hospital (Union), Cerebral Palsy League, Children's Specialized Hospital, Innovative Interventions, Inc., St. John of God Community Services, TheraNorth, and Vista Rehab. An additional finding was opened against the provider agency Theracare on May 23, 2024, during the review of supplementary data related to Southern NJ Perinatal Cooperative in Camden County's finding. This finding was subsequently closed on July 30, 2024.

The agencies provided documentation to DOH demonstrating training and procedure reviews/updates to staff to address the root causes of each finding. Following the review of the agencies' updated/revised policies, procedures, and training documentation, the New Jersey Early Intervention System (NJEIS) determined that these policies, procedures, and/or practices were consistent with state and federal regulations for the timely provision of services. Further data review by NJEIS for each agency with a finding, provided verification of timely service provision across all twelve agencies and the achievement of 100% compliance. All twelve findings were closed between October 6, 2023, and April 15, 2024. Additionally, St. God of Community Services officially terminated its contract with the Department of Health to provide services, effective May 31, 2024, and is no longer within the jurisdiction of the Part C program.

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

The DOH confirmed that the 77 out of 81 untimely children who remained within NJEIS jurisdiction received their services, although late, and verified this through updated claims data, service verification sign-off (or alternate means for telehealth services), and progress notes. There were 4 children who left the jurisdiction of NJEIS prior to service initiation.

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

Findings of Noncompliance Identified in FFY 2022

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

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

The NJEIS did not issue additional finding outside of that identified and reported in Indicator 7 for FFY2022

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

In FFY 2022, one (1) initial IFSP meeting was delayed based on a systemic error. The Targeted Evaluation Team (TET) Warren County, was delayed in completing a child's IFSP in a timely manner due to the lack of TET coverage/availability. This caused the family's initial evaluation to be held on day 43, instead of the requested 22-day timeframe. In addition, the IFSP was held on day 56, instead of the requested 45-day timeframe. The agency was given a finding on April 13, 2023. The TET agency, was required to provide/create a policy/procedure that would assist with decreasing evaluation wait times, retain more employees, increase employee coverage and increase communication with partnered agencies to meet the 45-day timeframes.

The TET agency provided the requested information within a timely manner as requested. In addition, based on verification for both 1 and 2 prongs, NJEIS reviewed subsequent data to ensure no current non-compliance issues were found. NJEIS found no systemic issues as the agency met 100% compliance for this indicator within the subsequent data. The TET added additional staff to ensure coverage of the evaluation needs and extended work hours for their staff. As a result, the TET's plan was approved and their finding was closed on May 10, 2023.

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

The individual child received the evaluation although late. The TET agency, was required to provide/create a policy/procedure that would assist with decreasing evaluation wait times, retain more employees, increase employee coverage and increase communication with partner agencies to meet the 45-day timeframes.

The TET agency provided the requested information within a timely manner as requested. In addition, based on verification for both 1 and 2 prongs, NJEIS reviewed subsequent data to ensure no current non-compliance issues were found. NJEIS found no systemic issues as the agency met 100% compliance for this indicator within the subsequent data.

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

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

Findings of Noncompliance Identified in FFY 2022

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

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

The NJEIS did not issue additional finding outside of that identified and reported in Indicator 8A for FFY2022

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

N/A

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

N/A

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

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

Findings of Noncompliance Identified in FFY 2022

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

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

The NJEIS did not issue additional finding outside of that identified and reported in Indicator 8B for FFY2022

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

In FFY 2022, one agency was found to have noncompliance for 8B: Passaic SCU. The Passaic SCU was given a finding issued on November 13, 2023. DOH required Passaic SCU to develop and implement procedures to ensure that the service coordinators identify the children entering the Early Intervention system late and ensure that Notification to the LEA or Parental Opt-Out is obtained. To verify the correction of previous noncompliance for transition notification, DOH reviewed subsequent data and verified that the county met 100% correction of the noncompliance. DOH accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, policy and procedure review, and record review. Activities for documentation and verification of the correction include review of updated/revised procedures; updated data from the database; review of progress notes and IFSPs from child records; and verification of claims and service authorization data. In summary, DOH identified the responsible agency, their percentage of noncompliance in the county, and determined reasons for delay (root causes). DOH reviewed the agency's policy and procedure revisions and ensured that Passaic SCU was correctly implementing the specific regulatory notification events. These reviews continued until the agency was operating at 100% compliance for this indicator. Passaic County SCU verified correction of both prongs 1 and 2 and DOH reviewed subsequent data during the month of December 2023 with children turning 3 in the month of October 2023. Passaic SCU verified 100% correction by January 2024 and was closed as of 1/16/24. The finding was closed after the correction of both prongs was verified in accordance with federal requirements..

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

DOH verified correction of individual cases of noncompliance through data drill down to the child-specific level. In FFY 2022, one (1) child had untimely notification to the LEA. Through the data drill down, the one (1) child who was identified, was no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry however, notification to the SEA occurred timely by the lead agency. Activities for documentation and verification of the correction include updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency achieved 100% compliance for this indicator and both prongs were verified, the findings was closed. The DOH confirmed correction of the one child, consistent with requirements. However, notification to the LEA where the toddler resides was not able to be provided and documented by the SCU since the family was no longer in the jurisdiction of NJEIS at the time of the finding (prong 1).

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
3	0	3	0	0

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

The NJEIS did not issue additional finding outside of that identified and reported in Indicator 8C for FFY2022

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

Based on FFY 2022 data, three (3) findings were issued. The three (3) agencies (Middlesex SCU, Monmouth SCU, and Passaic SCU) revised policies and procedures that were reviewed by DOH. DOH reviewed subsequent data, tracked, and verified correction of the non-compliance. The findings were closed timely after correction of both prongs was verified in accordance with federal requirements. Middlesex SCU closed timely on 1/12/24, Monmouth SCU closed timely on 1/12/24, and Passaic SCU closed timely on 1/16/24. The process DOH used to verify correction was comprehensive with data drill down to the child-specific level. In addition, subsequent data was reviewed to verify timely Transition Planning Conferences.

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

The DOH confirmed that the transition planning conference was 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 child's third birthday for children potentially eligible for Part B preschool services. For any child whose TPC did not occur in a timely manner, a TPC was provided late unless the child was no longer in the jurisdiction of NJEIS and was verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes

Optional for FFY 2023, 2024, and 2025:

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
17	0	17	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
17	17		100%	100.00%	N/A	N/A

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

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	17
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	17
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

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

12 - OSEP Response

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

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated by the Lead Agency Director to Certify

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

Name:

Susan Evans

Title:

Part C Coordinator

Email:

Susan.evans@doh.nj.gov

Phone:

609-777-7734

Submitted on:

04/21/25 12:29:46 PM

Determination Enclosures

RDA Matrix

New Jersey

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
75.00%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	4	50.00%
Compliance	18	18	100.00%

2025 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	9,890
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	16,099
Percentage of Children Exiting who are Included in Outcome Data (%)	61.43
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

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

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

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

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	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 2023	32.51%	54.44%	57.38%	54.01%	67.47%	82.88%
FFY 2022	32.09%	54.68%	62.19%	52.87%	70.39%	83.12%

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

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	92.37%	YES	2
Indicator 7: 45-day timeline	100.00%	YES	2
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	98.18%	YES	2
Indicator 8C: Timely transition conference	95.58%	YES	2
Indicator 12: General Supervision	100.00%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

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

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

Appendix A

I. (a) Data Completeness:

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

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

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

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

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

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

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

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

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

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 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	9,890
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	443	3,148	915	815	4,569
Performance (%)	4.48%	31.83%	9.25%	8.24%	46.20%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	515	2,756	1,277	3,127	2,215
Performance (%)	5.21%	27.87%	12.91%	31.62%	22.40%
Scores	0	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	707	791	195	2,912	5,285
Performance (%)	7.15%	8.00%	1.97%	29.44%	53.44%
Scores	0	1	1	1	0

	Total Score
Outcome A	5
Outcome B	4
Outcome C	3
Outcomes A-C	12

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

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

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

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

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

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

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

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

Your State's Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	32.51%	54.44%	57.38%	54.01%	67.47%	82.88%
Points	0	1	1	1	1	2

Total Points Across SS1 and SS2	6
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Your State's Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

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

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

Test of Proportional Difference Calculation Overview

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

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

e.g., $C3A \text{ FFY2023\%} - C3A \text{ FFY2022\%} = \text{Difference in proportions}$

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

$\text{Sqrt}[(\text{FFY2022\%} * (1 - \text{FFY2022\%}) / \text{FFY2022N}) + ((\text{FFY2023\%} * (1 - \text{FFY2023\%}) / \text{FFY2023N})] = \text{Standard Error of Difference in Proportions}$

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

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

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	4,322	32.09%	5,321	32.51%	0.42	0.0096	0.4398	0.6601	NO	1
SS1/Outcome B: Knowledge and Skills	6,522	62.19%	7,675	57.38%	-4.81	0.0082	-5.8346	<.0001	YES	0
SS1/Outcome C: Actions to meet needs	4,043	70.39%	4,605	67.47%	-2.92	0.0100	-2.9347	0.0033	YES	0
SS2/Outcome A: Positive Social Relationships	8,106	54.68%	9,890	54.44%	-0.24	0.0075	-0.3173	0.751	NO	1
SS2/Outcome B: Knowledge and Skills	8,106	52.87%	9,890	54.01%	1.14	0.0075	1.5250	0.1273	NO	1
SS2/Outcome C: Actions to meet needs	8,106	83.12%	9,890	82.88%	-0.24	0.0056	-0.4300	0.6672	NO	1

Total Points Across SS1 and SS2	4
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Your State's Performance Change Score	1
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Data Rubric
New Jersey

FFY 2023 APR (1)

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

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

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2023 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

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

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

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

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

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

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

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

Dispute Resolution

IDEA Part C

New Jersey

Year 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	19
(1.1) Complaints with reports issued.	14
(1.1) (a) Reports with findings of noncompliance.	11
(1.1) (b) Reports within timelines.	13
(1.1) (c) Reports within extended timelines.	1
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	5

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	3
(2.1) Mediations held.	1
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	1
(2.1) (b) (i) Mediation agreements not related to due process complaints.	1
(2.2) Mediations pending.	0
(2.3) Mediations not held.	2

Section C: Due Process Complaints

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

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

New Jersey

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

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

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



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

Final Determination Letter

June 18, 2025

Honorable Jeffery Brown
Acting Commissioner
New Jersey Early Intervention System
55 North Willow
Trenton, NJ 08625

Dear Acting Commissioner Brown:

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

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

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

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

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

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

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

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

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

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

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

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

As noted above, New Jersey's 2025 determination is Needs Assistance. A State's 2025 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

New Jersey's determination for 2024 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 303.704(a), if a State is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

- (1) advise the State of available sources of technical assistance that may help the State address the areas in which the State needs assistance and require the State to work with appropriate entities; and/or
- (2) identify the State as a high-risk grantee and impose Specific Conditions on the State's IDEA Part C grant award.

Pursuant to these requirements, the Secretary is advising New Jersey of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act \(IDEA\) Topic Areas](#), and requiring New Jersey to work with appropriate entities. The Secretary directs New Jersey to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage New Jersey to access technical assistance related to those results elements and compliance indicators for which New Jersey received a score of zero. New Jersey must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on:

- (1) the technical assistance sources from which New Jersey received assistance; and
- (2) the actions New Jersey took as a result of that technical assistance.

As required by IDEA Sections 616(e)(7) and 642 and 34 C.F.R. § 303.706, New Jersey must notify the public that the Secretary of Education has taken the above enforcement action, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and to early intervention service (EIS) programs.

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

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

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

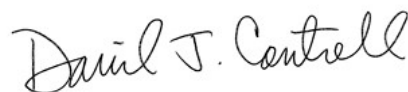
- (1) review EIS program performance against targets in New Jersey's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement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

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

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

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

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator