

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2024

New Jersey



PART C DUE
February 2, 2026

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The New Jersey Early Intervention System (NJEIS) submits this Part C State Performance Plan/Annual Performance Report (SPP/APR) to the U.S. Department of Education's Office of Special Education Programs (OSEP), as required by the Individuals with Disabilities Education Act (IDEA).

All data and information presented in this SPP/APR were gathered to fulfill federal reporting obligations, with technical support from OSEP-funded Technical Assistance Centers (TA) and input from a wide range of stakeholders on each required indicator throughout the year.

The New Jersey Department of Health (DOH) is the lead state agency for NJEIS under Part C of IDEA and is ultimately responsible for ensuring appropriate early intervention services for eligible infants, toddlers, and their families in compliance with federal and state regulations.

This report, submitted on February 2, 2026, includes: 1) performance data for FFY 2024 and 2) details on the progress on the State Systemic Improvement Plan (SSIP).

New Jersey is a small state in the northeastern United States with an estimated population of 9,500,851 as of July 1, 2024, according to the U.S. Census Bureau. Children under the age of five account for 5.6% of the population. Although it is small in size, New Jersey is the most densely populated and highly diverse state in the country. Thirty-two percent (32%) of residents aged five and older speak a language other than English at home.

NJEIS offers a Single Point of Entry for children and families across all 21 counties, accessible via a statewide toll-free number or online inquiry forms. Specialized intake coordinators guide families through the early intervention process. Services are coordinated by thirteen Service Coordination Units that cover all counties through grants provided by NJEIS. Forty-six (46) contracted Early Intervention Program (EIP) provider agencies deliver services outlined in each child's Individualized Family Service Plan (IFSP) including evaluations and assessments that determine eligibility and monitor progress. Practitioners must be enrolled with NJEIS through one of these contracted agencies and meet state personnel standards.

Four Regional Early Intervention Collaboratives (REICs) offer local support to providers, families, and communities. The REICs promote family and community engagement through Community Impression Plans, using regional data to coordinate local resources for families with young children who have developmental delays or disabilities. Each REIC employs a full-time Training and Technical Assistance Coordinator (TTA), Family Support Coordinator (FSC), and Data Analyst. TTAs play a key role in the Comprehensive System of Personnel Development (CSPD), developing Community Impression Plans to address practitioner needs and supporting the State Systemic Improvement Plan (SSIP/Indicator 11).

Additional information related to data collection and reporting

NJEIS collects and integrates data from multiple sources across the system, consolidating this information to effectively fulfill its objectives.

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 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 71 entities responsible for providing or coordinating one or more Part C direct services. As of this APR submission, 46 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 using a 6-year State Performance Plan approach. "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 determined 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 with a particular program.
- 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 noncompliance.

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 activities and/or 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 include 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 more 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) in meeting the technical assistance needs of the EIS programs and direct service practitioners. The lead agency sets statewide priorities for TTA 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. 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 FFY2024 DOH staff attended the OSEP Leadership Meeting and other OSEP TA center sponsored in-person events. In FFY2024 the Lead Agency engaged in state specific TA regarding personnel standards and preparation for Differentiated Monitoring & Support (DMS). DOH staff are active participants in communities of practices (e.g. dispute resolution, fiscal, monitoring, child outcomes) and attend technical assistance webinars 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, seventy (70) 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 FFY2024, 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 FFY24, a statewide professional development conference was held for the workforce and provided in-person learning opportunities as well as the option for virtual participation. Breakout sessions from the conference day were recorded and subsequently added to the NJEIS Learning Management System, providing access to the content for those unable to attend the conference in real-time. In FFY24, the DOH also hosted a full day of training specific to the role of service coordinator, which was mandatory for all service coordination personnel. The DOH intends to continue both the statewide conference and the service coordinator-specific training day on a yearly basis as part of its overall comprehensive system of personnel development.

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 FFY2024, the DOH implemented established stakeholder engagement methodologies that have yielded positive outcomes in prior years. By utilizing electronic communication platforms, the Lead Agency has improved both operational efficiency and stakeholder outreach. The transition to remote and virtual meetings has resulted in greater participation among stakeholders during quarterly ICC meetings, particularly within the sub-committees and ad-hoc committee activities.

The NJEIS actively involved parents in the planning and delivery of this year's statewide conference. The department maintains regular office hours focused on procedural safeguards and family rights, conducts monthly technical assistance sessions for service coordination, and organizes regional provider meetings across the state.

Performance targets set in FFY2020 remained unchanged for this reporting cycle, with no revisions made to performance indicators.

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

NO

Number of Parent Members:

37

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 part of Region A's national Parent Training and Information (PTI) centers and serves on its advisory board. Its partnership with New Jersey's PTI known as the Statewide Parent Advocacy Network (SPAN) is well established. In FFY2024, NJEIS strengthened collaboration with SPAN to encourage more parental feedback in NJEIS activities. The organization continued working with SPAN's "Families Data Leader" training program, which teaches participants how to use data to improve programs and systems. These workshops are available to families and other stakeholders in early intervention and early childhood special education.

Parent members have ongoing roles in Indicator 4 efforts, sharing ideas to enhance family communications and improve data collection. The Indicator 4 sub-committee met five times during FFY2024. Stakeholders gathered as a full committee or in smaller subcommittees, each member pledging ongoing involvement through 2026. Their work focused on developing marketing materials, promoting statewide representation, and increasing response rates.

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 maintained their collaboration with SPAN to provide the Positive Solutions for Families (PSF) training. This program introduces families receiving Part C services to the Pyramid Model framework and strategies for supporting infants, toddlers, and young children.

Each May, the Regional Early Intervention Collaboratives host Early Intervention Week events for families, providing educational seminars as well as opportunities for family engagement and networking. These initiatives complement the ongoing outreach and guidance offered by Family Support Coordinators throughout the year, assisting individual families in connecting with NJEIS and working toward positive outcomes for their children and other enrolled participants.

One of the latest goals of the ICC has been to strengthen connections and improve service delivery for children with disabilities attending childcare. To effectively support these children in integrated daycare settings, it is essential to foster both individual partnerships and systemic collaborations with childcare leadership. Achieving meaningful outcomes will require a comprehensive, multi-year approach that provides resources and guidance for early intervention practitioners, childcare providers, and parents.

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.

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.

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.

Extensive stakeholder engagement for APR FFY2024 took place during the ICC meetings on November 21, 2025, and January 16, 2026, with Council members and the public present. The November meeting had 89 attendees, while 110 people participated in the January 16, 2026 meeting. Attendees included providers, parents, advocacy organizations, state agency representatives, service coordinators, and state staff. ICC members received the APR submission content before each meeting, and state staff provided a comprehensive presentation to both the public and ICC on the state's performance.

The public was given opportunities to submit comments to the DOH, either verbally or in writing. In November 2025, the ICC reviewed the content, theory of action, activities, and progress on Indicator 11, the State Systemic Improvement Plan (SSIP). At the January 2026 meeting, the Council reviewed and approved updates to the SSIP evaluation plan. Data, progress, slippage, and target status for Indicators 1–8 was presented at the January 16, 2026 meeting.

The requirements of the state's General Supervision plan were discussed with EIS programs throughout the reporting period via various meetings and written communications.

ICC members unanimously certified the FFY 2024 SPP/APR as their annual report.

Reporting to the Public:

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

The FFY 2023 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 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 2023 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 FFY2023 SPP/APR.

Intro - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

The DOH takes very seriously the determination of "Needs Assistance" for both 2024 and 2025 and can report to the Department the following actions taken to improve results.

The principal challenge facing NJ Part C in meeting requirements has been performance on Indicator 3, Child Outcomes, over the past two reporting years. As part of the state's improvement strategies, members of the contracted targeted evaluation teams were provided with the Results Accountability Matrix from the previous two years, reinforcing expectations and compliance standards for C-3. As the NJEIS uses the Battelle Developmental Inventory (BDI) to report on C-3, the BDI community of practice group through the Dasy Center has served as the main provider of support and technical assistance for the state. Additionally, fidelity training opportunities, including on-demand webinars and reflective supervision sessions provided by the publisher of the BDI were a valuable resource for novice and experienced evaluators.

In FFY22 and FFY23, the percentage of children reported under Indicator 3 remained below OSEP's quality benchmark of 65%, although incremental annual improvements had been bringing the number closer to this target. The NJEIS is reporting significant improvements in this APR with a 66.5% data completion rate, which exceeds the quality target set in the Results Accountability Matrix.

As the as the scoring platforms shifted from BDI-2 to BDI-3 within the past 3 years, the DOH team examined the internal data analysis algorithms to check for possible errors in the computer programming.

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.

The State's determinations for both 2024 and 2025 were Needs Assistance. Pursuant to Sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 17, 2025 determination letter informed the State that it must report with its FFY 2024 SPP/APR submission, due February 2, 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. The State provided the required information.

Intro - Required Actions

The State's IDEA Part C determination for both 2025 and 2026 is Needs Assistance. In the State's 2026 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 2025 SPP/APR submission, due February 1, 2027, 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	94.58%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.08%	93.33%	89.68%	78.34%	92.37%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
188	267	92.37%	100%	86.14%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The FFY2023 data was mistakenly entered as 92.37% due to the number of allowable delays (family circumstances delays = 49) being reported twice in EMAPS. For FFY 2023 the actual number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner was 229, the Number of documented delays attributable to exceptional family circumstances was 49 which makes the actual FFY2023 data was 78.53%.

Therefore, there was no slippage for FFY24, and the state is pleased to report the percent of timely IFSPs for Indicator 1 actually increased by 7.61 points to 86.14%.

This correction does not impact any of the findings, corrections or other publicly reported data.

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.

42

Provide reasons for delay, if applicable.

Delays due to family circumstances:

42-Children with acceptable Delays due to family reasons. Illness (Child or parent) (3) Family response time to scheduler from the program (10) Family requested delay, including family vacation and requested delays due to holidays (14) Family cancelled/no show (8) Family initially declined services (7)

Delays due to System reasons:

37 children were delayed due to system reasons:

Practitioner schedule changed (4). Assigned to a practitioner who was unavailable (2). Insufficient documentation (6). Failure to place child on the broadcast (5). Failure to properly assign service and notify EIP of assignment (2). Unable to assign due to lack of practitioner availability (18).

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 August, September, and October 2024.

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. 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

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Findings issued: DOH issued six (6) findings for Indicator 1 noncompliance in FFY 2023. Findings were issued to these service coordination units: Southern New Jersey Perinatal Cooperative (Atlantic County), Southern New Jersey Perinatal Cooperative (Cumberland County), and Central Jersey Family Health Consortium, Inc (Mercer County).

Findings were also issued to the following Early Intervention Provider agencies: Big Apple Therapy Associates LLC, Sunny Days Early Childhood Developmental Services, Inc., and Virtua Health Systems. 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 through a review of a subsequent data pull, the DOH verified each individual agency was now implementing the regulatory requirements. 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 122 out of 125 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. There were 3 children who left the jurisdiction of NJEIS prior to service initiation.

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

NJ has not adopted policy to allow pre-finding correction of non-compliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

1 - Prior FFY Required Actions

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

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.

Response to actions required in FFY 2023 SPP/APR

The state has included the reasons for delay for FFY24 as required by the Measurement Table.

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, 2024- June 30, 2025). 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.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	99.81%

FFY	2019	2020	2021	2022	2023
Target>=	99.92%	99.30%	99.40%	99.50%	99.60%
Data	99.94%	99.75%	99.79%	99.76%	99.80%

Targets

FFY	2024	2025
Target >=	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 have determined to maintain the current targets for this indicator. The state Interagency Coordinating Council has determined services in childcare settings are a priority area of development for the NJEIS. A stakeholder workgroup met 9 times in FFY24 to develop training and technical assistance materials for the NJEIS in partnership with stakeholders from childcare settings. These materials are designed to reduce barriers for families to receive services in these community settings. The stakeholder group will continue to meet in FFY25 on this work.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	17,751
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	17,788

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
17,751	17,788	99.80%	99.70%	99.79%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

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 2020 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 FFY2024 performance data, the results of Indicator 3 were presented, discussed and approved at a public meeting of the ICC on January 16, 2026. There were 110 members in attendance representing parents, system providers, advocacy organizations, service coordination, institutes of higher education and state agencies.

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 FFY25 reporting to reflect the change in data source as this is the first cohort year of reporting using where all children have BDI-3 scores for both entry and exit.

Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2012	Target>=	45.00%	30.62%	31.00%	37.34%	39.34%
A1	30.62%	Data	32.55%	30.06%	32.31%	32.09%	32.51%
A2	2012	Target>=	80.00%	64.03%	67.03%	70.03%	73.03%
A2	79.03%	Data	57.82%	45.47%	53.26%	54.68%	54.44%
B1	2012	Target>=	85.00%	77.32%	77.32%	82.71%	83.15%
B1	77.32%	Data	64.51%	43.05%	61.04%	62.19%	57.38%
B2	2013	Target>=	50.00%	44.03%	44.70%	45.38%	46.05%
B2	45.87%	Data	58.10%	34.55%	46.20%	52.87%	54.01%
C1	2012	Target>=	93.00%	85.00%	85.00%	88.00%	89.00%
C1	92.25%	Data	86.74%	60.84%	74.01%	70.39%	67.47%
C2	2012	Target>=	83.00%	79.24%	80.31%	81.38%	82.44%
C2	80.37%	Data	93.99%	79.91%	81.65%	83.12%	82.88%

Targets

FFY	2024	2025
Target A1>=	41.34%	43.34%
Target A2>=	76.03%	79.10%
Target B1>=	83.59%	84.02%
Target B2>=	46.72%	47.38%
Target C1>=	90.30%	92.30%
Target C2>=	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	582	5.81%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,044	20.40%

Outcome A Progress Category	Number of children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	806	8.04%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,587	15.84%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,002	49.92%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,393	5,019	32.51%	41.34%	47.68%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	6,589	10,021	54.44%	76.03%	65.75%	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	295	2.94%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,486	24.81%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	730	7.28%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3,419	34.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3,091	30.85%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,149	6,930	57.38%	83.59%	59.87%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	6,510	10,021	54.01%	46.72%	64.96%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	131	1.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,687	16.83%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	213	2.13%

Outcome C Progress Category	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,334	23.29%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,656	56.44%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,547	4,365	67.47%	90.30%	58.35%	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	7,990	10,021	82.88%	83.51%	79.73%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

The overall performance for C1 resulted in defined slippage for FFY2024. NJEIS business rules require the use of the Motor and Adaptive domains on the BDI to measure and report on Indicator 3C.

While overall summary statement 1 has reported slippage, closer analysis of the data shows positive shifts in the percentages of children reported in 3 progress categories beginning with a large decrease in the number of children reported in progress category "a", those who did not improve functioning. FFY23 reported 7.15% of children in this progress category while only 1.31% of children are in this progress category for FFY24. Progress category "b" also saw significant difference in the number of children who improved but not nearer to peers from FFY23 at 8.0% to FFY24 16.83%. Progress category "c" saw a modest increase from 1.97% in FFY23 to 2.13% in FFY 24. The state's slippage is found in progress category "d", with 23.29% of children in this progress category for FFY24 compared to 29.44% in FFY23. The NJ business rules required a child to have reached "with peer" in both domains (adaptive and motor) to be reported in this category. Lastly, progress category "e" shows an increase in the number of children who are reported to have entered and exited "with peers" from 53.44% in FFY23 to 56.44% in FFY24, indicating there was an increase in the percentage of children entering the system with age-appropriate skills in these two domains.

Provide reasons for C2 slippage, if applicable

The primary reason slippage in C2 is due to the decrease in the number of children in progress category "d", with 23.29% of children in this progress category for FFY24 compared to 29.44% in FFY23. The NJ business rules required a child to have reached "with peer" in both domains (adaptive and motor) to be reported in this category.

FFY 2024 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	15,066
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.	1,055
Number of infants and toddlers with IFSPs assessed.	10,021

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).

This report is the initial year utilizing the third edition of the BDI (BDI-3) for all entry and exit data collection and reporting. Additional years of data collection will be necessary to determine if these data remain consistent over time and to establish a revised baseline.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2012	Target>=	75.00%	71.00%	71.00%	72.30%	73.51%
A	69.37%	Data	71.08%	73.36%	74.16%	73.15%	128.77%
B	2012	Target>=	70.00%	68.00%	69.00%	70.00%	71.00%
B	64.77%	Data	68.53%	69.72%	77.40%	76.18%	124.05%
C	2012	Target>=	85.00%	81.00%	81.50%	82.00%	82.50%
C	80.96%	Data	82.61%	84.13%	78.15%	76.86%	124.26%

Targets

FFY	2024	2025
Target A>=	74.73%	75.00%
Target B>=	72.00%	73.00%
Target C>=	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 regularly utilizes 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 at least once or twice quarterly between January 2025 and January 2026 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 tools, 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 stakeholder subgroup. These include: 1) an infographic flyer and video for early intervention providers on the importance of the family survey; 2) an infographic flyer and video for families providing information on the importance of the survey and how their input is vital and 3) a revised parent introduction letter that provides families with information on the survey and ways it can be completed. Targets and baselines were not changed. Stakeholders determined that neither the targets nor the baseline need to be adjusted at this time until additional targets are required with a new SPP/APR. The family outcomes 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 2024 SPP/APR Data

The number of families to whom surveys were distributed	6,059
Number of respondent families participating in Part C	2,167
Survey Response Rate	35.76%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,694
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,152
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	1,792
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,151
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	1,735
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,135

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	128.77%	74.73%	78.72%	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)	124.05%	72.00%	83.31%	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)	124.26%	83.00%	81.26%	Did not meet target	Slippage

Provide reasons for part C slippage, if applicable

The FFY 2023 survey counts entered into EMAPS were reversed in error between numerators and denominators (A1/A2, B1/B2, C1/C2), which artificially inflated the resulting percentages for over 100%.

The correct FFY 2023 values should have been:

- A1 = 2,061
- A2 = 2,654
- B1 = 2,137
- B2 = 2,651

- C1 = 2,123
- C2 = 2,638

Therefore, FFY23 percentages should be

- 4A = 77.7%
- 4B = 80.6%
- 4C = 80.5%

Based on this data, the state is pleased to report there is no slippage for FFY24 in 4A, 4B, 4C since the reported totals for FFY24 are as follows

- 4A = 78.72%
- 4B = 83.31%
- 4C = 81.26%

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2023	2024
Survey Response Rate	32.92%	35.76%

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 2024 is the fourth 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, 6,059 surveys were distributed across twenty-one counties and 2,167 were returned for a response rate of 35.8%. An absolute difference of 2.9% and a percentage increase of 8.8% from FFY 2023 (32.9%) <https://www.calculatorsoup.com/calculators/algebra/percent-change-calculator.php>. New Jersey's response rate has increased each year since FFY 2021. 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://sample-size.net/confidence-interval-proportion/>).

Breakdown of return demographics are as followed.

- Hispanic/Latino-7,343 participating in Part C; 2,527 surveys sent out; 944 survey returns (37.4% response rate)
- White/Not Hispanic- 6,528 participating in Part C; 2,254 surveys sent out; 739 survey returns (32.8% response rate)
- African American/Not Hispanic- 2,145; participating in Part C; 694 surveys sent out; 274 survey returns (39.5% response rate)
- Asian- 1050 participating in Part C; 333 surveys sent out; 117 survey returns (35.1% response rate)
- Multiracial- 694 participating in Part C; 249 surveys sent out; 92 survey returns (36.9% response rate)
- Native Hawaiian or other pacific islander- 6 participating in Part C; 0 surveys sent out (none met the business rules); 0 survey returns (0% response rate)
- American Indian or Alaska Native- 22 participating in Part C; 4 surveys sent out; 1 survey returns (25.0% response rate)

Male- 11,595 participating in Part C; 3993 surveys sent; 1,436 survey returns (66% of returns)
Female-6193 participating in Part C; 2,066 surveys sent; 731 survey returns (34% of returns)
English Language-13,126 participating in Part C; 4,372 surveys sent; 1,682 survey returns (77% of returns)
Spanish Language-3,838 participating in Part C; 1,384 surveys sent; 463 survey returns (21% of returns)
Other Languages-823 participating in Part C; 303 surveys sent; 22 surveys return (1%)
Other languages surveyed:
Arabic-51 surveys sent; 5 survey returns (<1%)
Haitian Creole-46 surveys sent; 9 survey returns (<1%)
Korean-19 surveys sent; 2 survey return (<1%)
Portuguese-39 surveys sent; 6 survey returns (<1%)

The survey was distributed and returned via mail and web:
Web Returns-1,947 (90%)
Paper Returns-220 (10%)

Salem County, NJ had the lowest response rate of 24.2% while Sussex County, NJ had the highest response rate of 42.9%. Morris and Cape May County had the highest performances for 4a, 4b and 4c while Union, Salem and Warren county had the lowest performances for 4a, 4b & 4c. NJEIS will continue to explore these trends across the state and determine what geographical areas need additional support to increase the response rate and representativeness.

NJEIS Performance for:

4a: Know your rights-78.7%
percentage difference of 1.3% from FFY 2023 (77.7%).

4b: Effectively communicate your child's needs-83.3%
percentage difference of 3.3% from FFY 2023 (80.6%).

4c: Help your child develop and learn-81.3%
percentage difference of 1% from FFY 2023 (80.5%).

Based on the ECTA family outcomes response rate and representativeness calculator (Representativeness-Calculator_2022.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-All were representative according to families participating in Part C.
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-All were representative of the number of families surveyed except White/Not Hispanic.
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 continue to 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 has been provided. This has included diverse and inclusive marketing tools, education and assistance with completing the survey if needed. The family outcomes stakeholders also created a flyer, infographic, a family outcomes video for families and professionals as well as an updated family survey introduction letter to assist with increasing the response rate

that was distributed to families. These methods will continue to be utilized to increase the response rate. In addition, 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.

For FFY 2024, Of the 6,057 surveys distributed across 21 counties, 2,167 were returned, for a response rate of 35.76%. This return rate is the highest New Jersey has seen in the past 19 years, suggesting that follow-up efforts are having a positive impact on the return rate. In total, 220 paper surveys and 1,947 Web responses were collected. There were 1,682 responses in English; 463 in Spanish; 5 in Arabic, 9 in Haitian Creole, 2 in Korean, 6 in Portuguese.

For language, English was not representative, Spanish was representative, and all other languages were not represented

The breakdown of return demographics is as followed.

- Hispanic/Latino: 7,343 participating in Part C; 2,527 surveys sent out; 944 survey returns (43.5% of the total survey results-Represented for families participating in Part C and for families completing the survey)
 - o 62.7% of this population did not respond
- White/Not Hispanic: 6,528 participating in Part C; 2,253 surveys sent out; 739 survey returns (34.1% of the total survey results-Representative for families participating in Part C but not for families completing the survey)
 - o 67.2% of this population did not respond
- African American/Not Hispanic: 2,145; participating in Part C; 693 surveys sent out; 274 survey returns (12.6% of the total survey results-Representative for families participating in Part C and for families completing the survey)
 - o 60.5% of this population did not respond
- Asian: 1050 participating in Part C; 333 surveys sent out; 117 survey returns (5.4% of the total survey results-Too small of a margin to determine representativeness)
 - o 64.9% of this population did not respond
- Multiracial:694 participating in Part C; 249 surveys sent out; 92 survey returns (4.2% of the total survey results- Representative for families participating in Part C and for families completing the survey)
 - o 63.1% of this population did not respond
- Native Hawaiian or other pacific islander:6 participating in Part C; 0 surveys sent out (none met the business rules); 0 survey returns (0% of the total survey results-N/A)
- American Indian or Alaska Native: 22 participating in Part C; 4 surveys sent out; 1 survey returns (0.05% of the total survey results- Too small of a sample to determine representativeness)
 - o 75.0% of this population did not respond
- Male- 11,595 participating in Part C; 3993 surveys sent; 1,436 survey returns (66% of the total survey results-Represented)
 - o 64% of this population did not respond
- Female-6,193 participating in Part C; 2,066 surveys sent; 731 survey returns (34% of the total survey results-Represented)
 - o 65% of this population did not respond

Reasons for non-response bias among all demographics continue to be examined by the New Jersey Family Outcomes Stakeholders. This 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 surveying language, accessibility, confidentiality concerns, lack of understanding 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 2024, Families received surveys in six different languages and had the assistance of the language line to complete the survey if needed. Simultaneously, diverse family outcomes marketing materials were passed along to families and providers of NJEIS. Professionals were also available to assist families with questions concerning the survey and provided encouragement for completion. For surveyed families, an introductory letter to parents was provided to inform them of the confidential survey as well as outlining its importance.

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 paid postage 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. Additional 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.

NJEIS believes these methods helped with increasing engagement among most demographics. 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 assessed and reviewed. 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 receive and return the 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 2024 SPP/APR, the State must report whether its FFY 2024 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2023 SPP/APR

The state has reported in this FFY24 submission, information that addresses the representativeness of the demographics of the enrolled children in accordance with the measurement table and the extent to which the demographics of the families responding are representative of the population.

4 - OSEP Response**4 - Required Actions**

In the FFY 2025 SPP/APR, the State must report whether its FFY 2025 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

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	0.62%

FFY	2019	2020	2021	2022	2023
Target >=	0.67%	0.67%	0.69%	0.72%	0.73%
Data	0.74%	0.67%	0.76%	0.86%	0.99%

Targets

FFY	2024	2025
Target >=	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 16, 2026, meeting which reviewed the FFY2024 data.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	1,250
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	102,387

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,250	102,387	0.99%	0.75%	1.22%	Met target	No Slippage

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

Each Regional Office's Single Point of Entry (SPOE) team includes a data manager who monitors trends in inquiries, referrals, and eligibility for both Indicator 5 (birth to one year) and Indicator 6 (birth to three years). Over the past year, NJEIS saw an increase in children identified in the birth-to-one age group, rising from 1,015 in FFY23 to 1,250 in FFY24, a growth of 235 children. Between January and June 2025 (the latter half of FFY24), the Southern Regional SPOE noted a 7.9% increase in NICU referrals compared to the first half of FFY24. Statewide, referrals from NICUs comprise about 1.1% of the total, with healthcare providers remaining the main source of referrals.

Analysis across all 21 counties revealed no clear trends linked to race, income, or location. Referral numbers typically peak in the year's first half (January–June) and decline during the second half (July–December).

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 and exceeded its target for FFY2024. 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. The State Regional REICs coordinate a large portion of the NJEIS child find activities, which enables local-level partnerships to provide referral sources with essential information about Part C Early Intervention. Family Support Coordinators in each region collaborated with stakeholders including local public libraries, pediatric practices, offices of Child Protective Services, and childcare centers within their regions. Specifically addressing Indicator 5, Regional teams reached out to leaders at nine Neonatal Intensive Care Units (NICU) to further these efforts.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	3.22%

FFY	2019	2020	2021	2022	2023
Target >=	3.45%	3.40%	3.40%	3.50%	3.60%
Data	4.97%	3.96%	4.99%	5.61%	5.92%

Targets

FFY	2024	2025
Target >=	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 16, 2026, meeting which reviewed the FFY2024 data.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	17,788
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	316,063

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
17,788	316,063	5.92%	3.80%	5.63%	Met target	No Slippage

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

Each Regional Office's Single Point of Entry (SPOE) team includes a data manager who monitors trends in inquiries, referrals, and eligibility for both Indicator 5 (birth to one year) and Indicator 6 (birth to three years). Over the past year, NJEIS saw a slight overall decrease in children in the birth-to-three age group from 18,169 in FFY23 to 17,778 in FFY24, a decrease of 381 children across the state. Analysis across all 21 counties revealed no

clear trends linked to race, income, or location. Referral numbers typically peak in the year's first half (January–June) and decline during the second half (July–December).

Provide additional information about this indicator (optional).

The State Regional REICs are responsible for coordinating child find activities, which enables local-level partnerships to provide referral sources with essential information about Part C Early Intervention. Family Support Coordinators in each region collaborated with stakeholders including local public libraries, pediatric practices, offices of Child Protective Services, and childcare centers within their regions.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	98.21%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.69%	100.00%	99.69%	99.72%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
348	386	100.00%	100%	99.48%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of 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.

36

Provide reasons for delay, if applicable.

- 36 acceptable delays due to family reasons
- 3 were due to child illness/hospitalization
- 8 were due to family response time
- 23 were delayed by family request
- 2 were delayed due to parent no shows/difficulty reaching parent.

2 System delays due to Closure of Service Coordination Unit (Passaic): One service coordination unit in Passaic County (Catholic Family Services) left our system during the time period when the audit was conducted. This caused difficulty verifying data and obtaining documentation.

All instances of non-compliance were corrected and all children under this unit were transitioned to a new service coordination unit successfully.

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 2024 August, September, and October 2024

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 3,699 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 386 children were monitored. Of these 386 children, 347 of the IFSPs complied with the 45-calendar day requirement. Of the 39 children over 45 days, 36 had initial IFSP meetings that were delayed due to family reasons. The 36 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: August-October 2024 = 3,699
- Sample of the Quarter (Denominator) = 386
- Preliminary Timely Initial IFSPs (Data without Desk Inquiry) = 347
- Preliminary Untimely Initial IFSPs (Data without Desk Inquiry) = 39
- Desk Inquiry Verification of Family Reason & Extreme weather = 36
- Desk Inquiry Verification of Untimely IFSPs = 3
- Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely) = 347+36+3=386

State Compliance Percentage: 383/386 = 99.48%. 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 2023

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

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

NJ-C has not adopted procedures for pre-finding correction.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

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

7 - Prior FFY Required Actions

None

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, 2024- June 30, 2025). 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

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2011	98.10%

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

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
281	281	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 2024 for the months of April, May and June 2025.

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 2024 for the months of April, May, and June 2025 and identified 3,774 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 3,774 children who exited the program, a random selection of the 281 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

Total of Children who turned 3 for Quarter of Data: April, May, and June 2025=3,774

Sample of Quarter (Denominator)=281

Developed IFSP transition steps and services>=90 days to <=9 months prior to the third birthday=281

State Compliance Percentage 281/281 records=100%

NJEIS achieved 100% compliance on 281/281 records.

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

NJ-C has not adopted procedures that permit pre-finding correction.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8A - Prior FFY Required Actions

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, 2024- June 30, 2025). 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 = [(# 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) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	90.24%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	98.10%	99.62%	99.60%	98.18%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
256	281	98.18%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

25

Provide reasons for delay, if applicable.

All notifications were timely without delays.

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).

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 2024 for the months of April, May and June 2025.

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 3,774, a random selection of 281 children were monitored. Of the 281 children, twenty-five (25) 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 conducted a data inquiry to obtain child-specific information, identify the reasons for the delay, if any, and verify that the transition notice had been issued. 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, if any, occurred and who was responsible.

Provide additional information about this indicator (optional).

Data Analysis and Results: Indicator 8B Data

Total of Children who turned 3 for Quarter of Data: April, May, and June 2025=3,774 children that turned age three representing all twenty-one counties.

Sample of the Quarter (Denominator)= 281

Notified the SEA at least 90 days prior to third birthday= 256

Notified to the LEA at least 90 days prior to third birthday= 256

Opt-out= 25

Untimely Notification= 0

Potentially Eligible – Opt-Out= 281-25=256

State Compliance Percentage= 256/256=100.00%

The DOH sent 100% (256/256) 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 (April, May, and June 2025).

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY 2023, two agencies were found to have noncompliance for 8B: Gloucester County SCU and Passaic County SCU. The two agencies were given a finding issued on August 27, 2024. DOH required Gloucester County 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. Additionally, one of the agencies, Passaic County SCU, needed a Corrective Action Plan to address concerns including: Infrastructure/staffing; provision of training; and the provision of technical assistance regarding LEA Notification and the state's opt-out policy.

To verify the agencies with previous noncompliance were now correctly implementing the regulatory requirements for transition notification, DOH reviewed subsequent data and verified both agencies had 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; verification of claims and service authorization data.

In summary, DOH identified the responsible agencies, their percentage of noncompliance in each county and determined reasons for delay. DOH reviewed each agencies' policy and procedure revisions and ensured that each agency (Gloucester County SCU and Passaic County SCU) were correctly implementing the specific regulatory notification events. Once each agency provided required policy and procedures in-service training, DOH reviewed updated subsequent data based on a review and verification of timely transition notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

As required, DOH reviewed subsequent data and found Gloucester County SCU verified 100% correction by November 2024. The finding was closed November 01, 2024. Passaic County SCU verified 100% correction by January 2025 and was closed on January 16, 2025.

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

The DOH ensured compliance by conducting an investigation of data at the child-specific level to verify that each instance of noncompliance was addressed. In FFY 2023, there were five (5) children who did not have notification sent to the LEA. Through the investigation, the five (5) children who were identified, were no longer in the jurisdiction of NJEIS at the time of the inquiry. However, notification to the SEA occurred timely by the lead agency. Subsequent data were reviewed to verify timely notification and their monthly performance was used to track and verify correction of all noncompliance. 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 was operating at 100% compliance for this indicator, the finding was closed.

DOH accounted for all individual instances of non-compliance identified through the NJEIS database and verified that notification occurred unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2023 APR. The DOH confirmed correction for all five (5) children, which was verified by the monitoring team. 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.

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

NJ-C has not adopted procedures that permit pre-finding correction.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8B - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

Based on FFY 2023 data, two agencies were found to have noncompliance for 8B: Gloucester County SCU and Passaic County SCU. The two agencies were given a finding issued on August 27, 2024. DOH required Gloucester County 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. Additionally, one of the agencies, Passaic County SCU, needed a Corrective Action Plan to address concerns including: Infrastructure/staffing; provision of training; and the provision of technical assistance regarding LEA Notification and the state's opt-out policy.

To verify the agencies with previous noncompliance were now correctly implementing the regulatory requirements for transition notification, DOH reviewed subsequent data and verified both agencies had 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; verification of claims and service authorization data.

In summary, DOH identified the responsible agencies, their percentage of noncompliance in each county and determined reasons for delay. DOH reviewed each agencies' policy and procedure revisions and ensured that each agency (Gloucester County SCU and Passaic County SCU) were correctly implementing the specific regulatory notification events. Once each agency provided required policy and procedures in-service training, DOH reviewed updated subsequent data based on a review and verification of timely transition notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

DOH reviewed subsequent data during the months of November 2024 through January 2025. Gloucester County SCU verified 100% correction by November 2024 and was closed as of November 01, 2024. Passaic County SCU verified 100% correction by January 2025 and was closed on January 16, 2025.

The DOH verification process for corrections was thorough, involving an investigation of data at the child-specific level. In FFY 2023, there were five (5) children who did not have notification sent to the LEA. Through the investigation, the five (5) children who were identified, were no longer in the jurisdiction of NJEIS at the time of the inquiry. However, notification to the SEA occurred timely by the lead agency. Subsequent data were reviewed to verify timely notification and their monthly performance was used to track and verify correction of all noncompliance. 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 was operating at 100% compliance for this indicator, the finding was closed.

DOH accounted for all individual instances of non-compliance identified through the NJEIS database and verified that notification occurred unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2023 APR. The DOH confirmed correction for all five (5) children, which was verified by the monitoring team. 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.

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, 2024- June 30, 2025). 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

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	93.38%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.18%	98.98%	98.33%	98.30%	95.58%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
204	281	95.58%	100%	97.37%	Did not meet target	No Slippage

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

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

53

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.

18

Provide reasons for delay, if applicable.

The breakdown of family reasons are as follows:

- 6 late due to late referrals to EIS
- 3 late due to parent wanting to wait till CST could be present
- 3 late due to delayed communication from parent to schedule TPC meeting
- 2 TPC did not occur due to lack of response from family. Documentation reflects multiple unsuccessful attempts from service coordinator to contact the family regarding the TPC.
- 1 late due to parent wanting to wait for other parent to decide on TPC before proceeding with meeting
- 1 late due to family's temporary relocation out of state, resulting in closure and then reopening upon return and re-evaluation confirming continued eligibility
- 1 late due to family's relocation between counties and uncertainty in choosing to have TPC
- 1 late due to child removed from home and taken into custody by NJ Division of Children and Families (DCF). DCF assigned new resource parent which led to late TPC

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 2024 for the months of April, May, and June 2025.

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 2024 for the months of April, May, and June 2025 that identified 3,774 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 3,774, a random selection of 281 children were monitored. Of the 281 children, 53 families declined the TPC, reducing the total number of records monitored to 228 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 obtains and verifies child-specific information, reasons for delays, and verification of a transition planning conference, even if 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 Data:

Total of children who turned 3 for quarter of data: April, May, and June 2025 = 3,774 Sample of the Quarter (Denominator) = 281

Families who declined a TPC = 53 Initial timely TPCs = 204

Desk Inquiry Verification of Family Reason for delay or on time = 18

Desk Inquiry Verification of Untimely TPCs due to service coordinator delays = 2

Final Numerator (Timely + Family Reasons) = 204+18=222

Final Denominator (Sample of the Quarter - Family Decline) = 281-53=228 State Compliance Percentage = 222/228=97.37%

97.37% 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 53 families who did not provide approval to conduct a transition planning conference. Of the 281 children, 204 were timely and 18 were verified as being family-initiated reasons including late referrals to EIS; family wanting to wait till CST could be present; parent wanting to wait for other parent to decide on TPC before proceeding with meeting; delayed communication from parent to schedule TPC; family's temporary relocation out of state, resulting in closure and then reopening upon return and re-evaluation confirming continued eligibility; family's relocation between counties and uncertainty in choosing to have TPC; parent availability and delayed response time from parent to schedule TPC; child being removed by DCF-DCF needing to assign new resource parent to child which led to late TPC; and lack of response from family where multiple unsuccessful attempts from service coordinator were made to contact the family regarding the TPC for two children.

Two (2) children received a late TPC due to service coordinator delays from Passaic County SCU.

Four (4) children did not receive a TPC and did not have documentation to support that a formal TPC did occur or that the family declined. These children were from the following three county service coordination units: Gloucester County, Salem County, and Passaic County. All children who did not receive a TPC were no longer in the jurisdiction of NJEIS at the time of the inquiry. NJEIS ensures that each agency is correctly implementing the specific regulatory requirements and that each child receives a Transition Planning Conference unless the child was no longer in the jurisdiction of NJEIS. As per requirements, the lead agency issued findings and is following the required processes to verify correction of this noncompliance with the responsible parties.

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Based on FFY 2023 data, four (4) agencies were found to have noncompliance for 8C. On August 27, 2024, four findings were issued. One to Morris County SCU, one to Passaic County SCU, one to Sussex County SCU, and one to Union County SCU. NJEIS reviewed subsequent data, tracked, and verified correction of the noncompliance. The findings were closed timely after correction was verified in accordance with federal requirements. Morris County SCU and Sussex County SCU both closed timely on November 19, 2024, Union County SCU closed timely on November 26, 2024, and Passaic County closed timely on April 10, 2025. 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 Morris County SCU, Sussex County SCU, Union County SCU, and Passaic County 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, and ensured that Morris County SCU, Sussex County SCU, Union County SCU, and Passaic County 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.

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

The DOH verification process for corrections was thorough, involving an investigation of data at 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.

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

NJ-C has not adopted procedures that permit pre-finding correction.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8C - Prior FFY Required Actions

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

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.

Response to actions required in FFY 2023 SPP/APR

Based on FFY 2023 data, four (4) findings were issued. The four (4) agencies (Morris County SCU, Passaic County SCU, Sussex County SCU, and Union County 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 was verified in accordance with federal requirements. Morris County SCU and Sussex County SCU closed timely on 11/19/24, Union closed timely on 11/26/24, and Passaic County SCU closed timely on 04/10/25. The DOH verification process for corrections was thorough, involving an investigation of data at 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 QA 23-01 and as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes.

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, 2024- June 30, 2025). 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.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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 2023 SPP/APR

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

States are not required to establish 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 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1 Mediations held	1
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	1

Targets: Description of Stakeholder Input

The Department of Health submits quarterly reports on all Dispute Resolution activities to the ICC, which functions as the primary stakeholder group for this indicator. As the State reported fewer than ten mediations held in FFY 2024, targets are not required.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2019	2020	2021	2022	2023
Target>=		.00%			
Data					100.00%

Targets

FFY	2024	2025
Target>=		

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	1	1	100.00%		100.00%	N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2024. 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

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

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.

NJEIS Theory of Action February.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	2024	2025
Target	Data must be greater than or equal to the target	41.34%	43.34%

FFY 2024 SPP/APR Data

		FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,393	5,019	32.51%	41.34%	47.68%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

The NJEIS uses the data reported in Indicator 3A, 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 in their development of positive social and emotional skills.

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

To report Indicator 3A, NJEIS compares children's scores on the Personal-Social Domain of the BDI at program entry and exit. A standard score of 80 or higher is considered "comparable to same-aged peers." In FFY2024, 2,393 children entered below age expectations (score = 80); this is the numerator. The denominator is 5,019, representing children who entered with peers. These calculations align with Part C requirements for Indicator 3, Summary

Statement 1. All children in the program are evaluated using a BDI upon entry and those who participate in the program for at least six months are eligible for an exit evaluation.

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.

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

In FFY 2024, NJEIS continued to expand the breadth and depth of its partnerships statewide, as well as nationally. Montclair State University (MSU) continues to be the primary Institution of Higher Education committed to supporting the professional development of EI in NJ. NJEIS also had multiple opportunities to expand its partnerships with the New Jersey chapter of the American Academy of Pediatrics (NJAAP), and NJ's OSEP funded Parent Training and Information Center (PTI), the Statewide Parent Advocacy Network (SPAN).

On a national level, NJEIS developed a more formal partnership with the Division on Early Childhood (DEC) by inviting DEC leadership to present at the 2025 NJEIS Conference, providing DEC professional memberships to the NJEIS-CSPD team, and supporting the NJEIS regional Training and Technical Assistance Coordinators (TTAs) in the submission of a workshop for consideration at the 2025 DEC Conference in October. Updates on the accepted conference presentation will be reported on in FFY25.

The 2025 NJEIS Conference, Stronger Together: Enhancing Connections Through Quality Early Intervention, allowed NJEIS to showcase its partnerships with MSU, NJAAP, New Jersey Association of Infant Mental Health (NJAIMH), SPAN, DEC, Autism NJ, NJDOH-WIC and other statewide organizations. In-person and virtual "booth" options were provided to organizations interested in sharing resources with the NJEIS workforce during the conference.

Improved Model of Professional Development

NJEIS continued to add to the Learning Management System (LMS) course catalogue to increase the number of asynchronous learning opportunities. As indicated in the last reporting period, the NJEIS CSPD team commenced development of two new live instructor-led programs, one for Targeted Evaluation Teams (TETs) and a program geared to Service Coordinators and IFSP Service Providers on quality Progress Summary Form documentation. A concerted effort is being made to ensure every sector of the workforce receives training specifically targeted to their needs.

Newly developed one-hour topic-specific workshops that were initially introduced as one of the regional community impression plans (CIPs) have been brought from local to statewide delivery. These shorter-duration programs had strong attendance demonstrating interest in topics such as Understanding Autism in Toddlers, Promoting Parent/Child Engagement, Functional Communication and Prosocial Behavior in Toddlers, and Parent Coaching and Natural Environment Teaching. Additional discussion about this fresh approach to professional development will be addressed in future sections of this document.

Reflective components continue to be built into newly developed courses, and new reflective opportunities continue to be offered. The reflective process is evidence-based and has been shown to support staff retention. NJEIS continues to look to the research to support its professional development efforts.

Not only did the 2025 NJEIS conference extend and solidify partnerships, but the hybrid daylong event also provided various professional development opportunities for the workforce. NJEIS enlisted the expertise of national experts such as Dr. Robin McWilliam and DEC personnel, as well as local system experts from its partners and the workforce itself.

Community Impression Plans (CIPs)

For several years now, NJEIS has found that CIPs are a successful vehicle for using regional and statewide data to examine specific system challenges or hypotheses. The TTAs continue to focus on how to best support the professional learning and development of the workforce. Attention to reflective groups, Community of Practice (COP) groups, and targeted, topic-specific workshops were the focus of CIP efforts during this reporting period.

As mentioned previously, the TTAs submitted a proposal to present at the DEC conference, How a Chat Became a Conversation. This workshop was based on the unfolding of the reflective process within the NJEIS from a regional "chat" to a more formalized reflective process that is now filtering throughout the state. This workshop emerged based on the CIP process and its data yield. Updates on the DEC conference proposal will be reported in FFY25.

Increased Use of Data

In this reporting period, NJEIS used survey data to assemble the first dedicated Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF) Cohort. EIPPF Cohort #1 is comprised of 11 additional agencies committed to begin implementing the EIPPF tool and process into the professional growth and development of their practitioners. This group joins the original Evidence-Based Practices (EBP) Cohort in the EIPPF initiative. NJEIS now has 16 agencies including Service Coordination Units, Early Intervention Providers, and Targeted Evaluation Teams on board. As these agencies generate additional data, NJEIS will leverage the data to focus future efforts related to the DEC Recommended Practices.

Data from CIPs continue to inform system improvement efforts, as mentioned in the CIP section above. Training data from regionally presented workshops is providing an interesting new direction for EI professional development efforts, including shorter-duration, topic specific trainings that offer practitioners relevant skills and strategies interwoven within evidence-based practices.

The 2025 NJEIS Conference generated data that is informing areas of interest for future professional development opportunities and conference themes and topics. The virtual platform used for this hybrid conference provided various analytics that will be used to inform future conference efforts.

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 2, Short-term outcome 2

NJEIS extended its partnerships in several important ways. In October 2024, NJEIS was asked to partner with NJAAP in their Seedlings program. The CSPD Coordinator and one regional TTA presented NJEIS: Connecting and Thriving Through the Power of Relationships. This presentation illustrated how the system has worked to incorporate knowledge and understanding of early relational health (ERH) into the EI process for families and practitioners. Access to this virtual audience allowed NJEIS to expand its child find efforts by sharing introductory EI videos for families, professionals, and community members. Clear, concise messaging about ERH and how it supports the system improvement goal of improving social emotional development was achieved.

The Regional Early Intervention Collaborative (REIC) in the south purchased "advertising" space on the NJAAP website as a follow up, allowing the continuation of clear ERH messaging and child find efforts.

Evaluation Question 4 Short-term outcome 1

NJEIS strengthened its partnership with SPAN in multiple ways. Family Support Coordinators (FSCs) increased their partnership with SPAN in the delivery of Positive Solutions for Families. All five PSF trainings delivered by FSCs in this reporting period were open to families connected through SPAN. Conversely, SPAN opened seats in their PSF programs to early intervention families. This cross-pollination between EI and SPAN allowed for families to benefit from the expertise of both early intervention and SPAN.

The NJEIS CSPD Coordinator continues to represent Part C on the Family Engagement Committee of the Pyramid Model State Leadership Team. During committee work, NJEIS and SPAN discussed opportunities to deepen their partnership by a focus on the DEC Recommended Practices for Families. To date, NJEIS has focused primarily on the DEC RPs for practitioners. This conversation developed into SPAN presenting a workshop at the 2025 NJEIS Conference on this topic. Networking and growing partnerships has been an important cornerstone of the NJEIS SSIP.

Improved Model of PD

Evaluation Question 1 Short-term outcomes 1 & 2

Evaluation Question 2 Short-term outcome 1

Evaluation Question 3 Short-term outcomes 1, 2 & 3

The LMS continued to expand its course offerings. Seven new asynchronous courses were added to the course catalogue in this reporting period. Currently, NJEIS reports that over 75% of licensed users have accessed the system. This is an increase from 65% in the last reporting period.

Building organizational capacity continues to be a central strategy for SSIP. The improved model of PD continues to include capacity building around the practice of reflective supervision and consultation. During this reporting period, NJEIS added a new Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF) Cohort with eleven new EIP agencies and SCUs. To date, 16 agencies/SCUs are in various stages of integrating the EIPPF into their growth and development process for their staff.

While training attendance for Parents Interacting with Infants (PIWI) 1.0 and 2.0, Pyramid Model, and Brazelton Touchpoints dropped 73.5% in this reporting period, attendance at the NJEIS one-hour Meet and Greet sessions increased by 53%. The drop in attendance is believed to be related to the time commitment required to complete these multiple session courses.

On a positive note, NJEIS added new, shorter-duration topical trainings informed by a regional CIP, which experienced attendance numbers over 1,100 participants. Practitioners demonstrated a clear interest in attending shorter programs offering specific strategies for practice improvement. Because these trainings are developed by one of the NJEIS TTAs, each one touches on EBPs such as routines and DEC RPs such as family engagement, coaching, and teaming. Thirteen different offerings of nine unique 60-minute trainings were developed on specific concepts within the context of relevant topics such as Autism, Challenging Behaviors, and Coaching.

These topical trainings are now informing the Lead Agency's next steps for its improved model of PD. Further discussion, additional data, and anticipated adjustments in the NJEIS approach to professional development will be addressed in the sections on Next Steps and Stakeholder Concerns.

TTAs are continuing to develop EI topic-specific trainings, such as Routines for TETs and Progress Summary Form training to support best practice in documentation. Development of these programs was ongoing at the end of FFY24 with roll out slated for early in FFY25.

The NJEIS hybrid conference, geared to the workforce, attracted 241 in-person attendees and 294 virtual attendees. Dr. Robin McWilliam delivered the keynote address on routines in early intervention. Two national DEC experts delivered workshops on two DEC position papers: Service Coordination in Early Intervention and The Role of Special Instruction in Early Intervention.

Six breakout sessions were offered on the topics of Autism, Quality Session Notes, DEC RP for Families, Telehealth, EIPFFI, and Hearing Loss in Young Children. Table vendors and virtual booths were present to provide resources and information to the NJEIS workforce.

A parent panel of four EI parents was the grand finale for the conference. These parents joined in-person to discuss their experiences with the NJEIS and provide a unique perspective to the workforce. Overall, the conference provided professional development opportunities, networking, camaraderie, and a celebration of the collaborative work of the system.

Evaluation data from the conference provided insight and direction for subsequent conferences and captured the interests of stakeholders both in-person and virtually.

The NJEIS Progress Summary Form was updated in FFY24, and the process was reimagined to capture documentation on the use of routines in the IFSP, as well as a focus on ERH. More work on this initiative continues into FFY25 as training and technical assistance is developed and provided to the entire NJEIS field.

CIPs

Evaluation Question 3 Short-term outcomes 2 & 3

CIPs facilitate organizational capacity building through the implementation of reflective supervision and participation in Community of Practice (CoP) groups.

Data gathered from regional trainings is being used to guide future professional development. Due to high attendance and interest, several of the 60-minute topic-specific trainings will be made available across the state.

Data

Evaluation Question 1 Short-term outcome 1

Evaluation Question 3 Short-term outcome 3

NJEIS expanded its use of data across initiatives. From LMS analytics to EIPFFI and CIP data, NJEIS continues to get insight to inform the efficiency, effectiveness, and sustainability of its activities.

Training attendance, discussed in the Professional Development section, demonstrates how attendance data is being used to pivot to a potentially more effective form of training delivery for the workforce.

Conference evaluations from breakout sessions and from the general conference survey provided data to inform the design of the 2026 NJEIS virtual conference.

Professional development activities supported professional development/technical assistance by extending ERH messaging and reach beyond the NJEIS practitioners into the community. Disseminating ERH messaging is directly related to the SiMR since ERH is foundational to building strong social emotional connections.

Every initiative aims to promote sustainability, expansion, and advancement toward the SiMR by emphasizing ERH principles. DEC RPs are proven practices that have become established within NJEIS. Collaborating with both practitioners and families is vital to fully integrate these approaches throughout the system.

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 and Improved Model of PD

NJEIS will continue its partnership with MSU for the next iteration of professional development which will be based on the data trends seen throughout this year's SSIP activities. Based on the measurable decrease in training attendance numbers for certain initially popular course offerings, NJEIS will begin to transition its workforce to an MSU operated platform which will provide expanded opportunities for practitioners to gain access to additional MSU programs. MSU has a robust course catalog that is relevant and supportive of the work done by the EI workforce. The existing Parents Interacting with Infants 1.0 and 2.0, Pyramid Model, and Brazelton programs will be available via the MSU platform ensuring EI practitioners have access to these foundational courses. These programs will be delivered by MSU staff.

Shifting the workforce to the MSU platform to access the programs listed above allows the NJEIS TTAs to be more available to create and deliver EI-specific training to the workforce. With the NJEIS Monitoring Team conducting Cyclical Monitoring and agencies submitting General Supervision Plans, EI agencies will likely require more training and technical assistance from the TTAs.

This training shift is an expansion of partnership efforts, as well as a fresh strategy that is responsive to the system's changing needs for relevant, efficient professional development and streamlined content delivery methods.

NJEIS is planning a 2026 virtual conference to provide additional professional development opportunities to the workforce. This conference, which will kick off Early Intervention Week in NJ in May, will reach the EI workforce, families, and community members. The focus will be on coaching, connecting and collaboration between families and practitioners. NJEIS is working to offer conference workshops which provide CEUs to its discipline specific professionals. CEUs have consistently been requested in surveys and stakeholder feedback.

Due to the interest in CEU programming, NJEIS is researching the opportunity to engage with an education company that provides a wide-range of course options offering CEUs. NJEIS is outlining a pilot program to support eligible agencies in obtaining CEU subscription services at DOH expense. This pilot program is being designed to support agencies whose General Supervision Plans indicate a high degree of workforce support and demonstrate commitment to improving retention rates. Pilot program participants will be agencies who hire full time EI staff or offer a solid mentoring program to support the success of their staff. NJEIS anticipates rolling out this pilot program in Spring 2026.

NJEIS has secured another contract with the NJ Association of Infant Mental Health (NJAIMH) to provide training for the workforce. Additional opportunities will be available for agency supervisors to take the Reflective Supervision and Consultation training. In addition, NJAIMH will also offer supplemental credentialing opportunities for personnel who have already earned the mental health endorsement credential. These professional development "next steps" are an opportunity for NJEIS to continue to support the growth and development of the workforce, as well as to encourage staff retention.

Three NJEIS FSCs have been selected to become Positive Solutions for Families program coaches. This intensive certification will be provided by MSU and will result in these FSCs being prepared to coach new facilitators across the state. PSF is a well-received by families and NJEIS will be able to support the delivery of this program on a larger scale.

NJEIS is supporting the efforts of MSU and other state entities in developing a framework for an Early Relational Health Coordinating Council in NJ. The NJEIS CSPD Coordinator was selected to be a member of the workgroup tasked with the development of a framework for this Council. This opportunity is leading to new partnerships, as well as an increased focus on Early Relational Health across the state.

CIPs

Community Impression Plans will continue to focus on Community of Practice efforts, as well as Reflective Supervision and Consultation. The successful regional trainings will expand statewide, as previously discussed. Entering the anticipated final year of this SSIP cycle, the current CIPs will begin to wind down and final data will be collected. In the next reporting period, the current CIPs will conclude pending the next five-year SSIP cycle.

Data

One of the benefits of migrating staff to the MSU training platform is that EI-specific attendance data can be captured. This data will inform the efficacy of this transition moving forward into the next reporting period.

In FFY2025, a new EIPPF Cohort with five additional agencies is being created. As the EIPPF initiative expands to three cohorts, data will be available from 21 EIPs/SCUs, as well as agencies acting as Targeted Evaluation Teams. As this process continues, data can be disaggregated by workforce role, EIP, SCU and TET to get a better sense of next steps. Moving forward to a new SSIP cycle, a data-driven focus can be developed to support the EIPPF process. Data will be available to inform which of the DEC Recommended Practices may be chosen as the next focus.

Evaluation data will be collected from the 2026 NJEIS Virtual Conference to inform the 2027 hybrid conference. Feedback on the offering of CEU eligible workshops will be of particular interest to inform future programming.

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 ways 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.

Instruction (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 Interaction (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 on its established foundation by integrating each of the four selected evidence-based practices (EBPs) into trainings, reflections, and ongoing conversations. All available practitioner trainings, as well as Positive Solutions for Families, are evidenced-based and designed to shift practitioners practice, strengthen parent partnerships, and improve child outcomes. In addition, the use of reflective groups and Communities of Practice (CoPs) has significantly contributed to how practitioners think about and discuss the work with families.

The EIPPF tool and process serve as a key metric to support the use of all DEC Recommended Practices, not solely the four selected EBPs of Family Engagement, Teaming and Collaboration, Coaching and Positive Interactions. NJEIS' strategy is to continue scaling the use of the EIPPF tool and process systemwide so that conversations about EBPs become the norm.

The adoption of the EIPPF has provided NJEIS with a standardized protocol to measure fidelity of EBP implementation, as well as an opportunity to collect data more consistently across agencies and Service Coordination Units (SCUs). Given the diversity of agency structures within NJEIS, the use of a single, consistent tool and process across the system is especially beneficial.

The new EI-specific training topics that were discussed in the CIP section above very effectively weave discussion of the DEC Recommended Practices in and through the conversation. These 60-minute workshops not only provide helpful skills and strategies to practitioners, but they are also designed to revisit the basic knowledge of the EBPs. The instructional design of these programs includes an intentional effort to address the educational pillars of knowledge, skills, and attitudes (KSAs) that are equated with successful learning and application.

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

Data continue to indicate a shift in practitioners' knowledge base. This conclusion is informed by multiple sources, including evaluations and word cloud activities from reflective sessions and CoP groups, anecdotal reports of Cohort members and Professional Development Champions, and case-level documentation.

The demonstrated reliability of the EIPPF tool is enabling NJEIS to assess changes in practice across both programs and individual practitioners. Preliminary data from the EBP Cohort (pilot group) suggests that, when used in conjunction with the established EIPPF process, the tool is contributing to improvements in practice. The EIPPF is intended as an observational mechanism to support growth and development, with its effectiveness rooted in its use within a reflective, supportive, and relational process.

Documents reviewed by TTAs and administrators are beginning to show qualitative changes in practitioners' documentation. This emerging evidence may indicate that knowledge and skills related to EBPs are being internalized and integrated into practitioner-family interactions. While preliminary, these findings suggest early practice change. Such practice change is critical to improving child and family outcomes and to supporting progress toward the SIMR.

Qualitative and quantitative data collection efforts remain in a pilot phase, as both the tool and process are detailed, complex, and require time and practice to fully integrate.

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 for the next SSIP cycle.

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, the reporting on the original selected EBPs will be reported in a broader context to reflect 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.

Family Engagement (F6) will be highlighted through the 2026 virtual conference which will allow for broader family participation before, during and after. Select workshops will be designed specifically for families with the opportunity for families to engage with the NJEIS workforce.

The NJEIS-CSPD Coordinator will continue participation on the Pyramid Model State Leadership Team Family Engagement Committee which is committed to broadening the reach of the Pyramid Model framework throughout the state. These efforts include widening the reach of the Positive Solutions for Families training that is facilitated by both the NJEIS FSCs and SPAN partners.

Teaming and Collaboration (TC2), as well as Coaching (INS13) will be central themes of the 2026 virtual conference. Workshops will be tailored to speak to the interests of each discipline and how a coaching framework can be used to engage, support and empower families. Teaming and Collaboration is a necessary component of a successful coaching practice. Not only will practitioners learn more about the skills and strategies they need to coach families, but they will also learn how to empower families to be coaches for their child.

NJEIS is contemplating adding a specific workshop which focuses on the implementation and integration of coaching strategies in the provision of service coordination. The success of this work will be supported by accompanying fidelity checklists.

Both PIWI 1.0 and 2.0 continue to support Positive Interaction (INT2). The new topic-specific trainings discuss previously offered strategies that support parent-child interaction and engagement. As these trainings move from local delivery to being accessible across the system, more practitioners will have the opportunity to build their knowledge and skills around this specific evidence-based practice.

FFY25 will provide many opportunities to bring together the DEC RPs (EBPs) from both a practitioner lens and a 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 its commitment to its SiMR. In FFY2024, Indicator 3A, Summary Statement 1 data reflects a strong increase from 32.51% to 48%. NJEIS is committed to early relational health as the foundational concept leading to improved social emotional outcomes. Additional efforts will be made, building on the successful SSIP activities, to bring the needed knowledge and skills around ERH and infant mental health to a saturation point within the system. The work that began at the beginning of this SSIP cycle needs to continue at least until the conclusion of this SSIP cycle.

The creation of a New Jersey Early Relational Health Coordinating Council speaks to the commitment across the state and across sectors to keep a strong focus on early relational health. This nascent Council is the first of its kind nationally and will be the statewide body focused on coordinating all Early Relational Health activities. This Council is an opportunity to create a consistent statewide definition and message, as well as to strengthen and expand knowledge, resources and supports for early relational health. Since NJEIS has already embraced ERH via the SSIP process, maintaining the current work in process and capitalizing on the work to be done by the Council will assist in the goal of saturation of knowledge and skills surrounding ERH. It is anticipated that the new Council will be formed by March 2026.

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. In the next SSIP cycle, stakeholders will be able to provide thoughts and suggestions about adopting changes to both the SiMR and the EBPs.

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 Coordinator 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.

NJEIS continued to collect and update the database of parent and practitioner volunteers. This database provided the parent volunteers for the parent Fireside Chat at the 2025 conference.

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 frontline 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.

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.

Stakeholders from each of the above-mentioned groups will have a role and a presence at the 2026 virtual conference continuing the focus on teaming and collaboration.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

An ongoing concern of practitioners and agency administrators is the length of some of the current training opportunities within the system. Training attendance data shared previously in this document illustrates this concern is real. There is a need for programs of shorter duration to meet the needs of the workforce.

Various stakeholders, including SICC members, PD Champions and practitioners, within EI have also continued to express the interest in professional development opportunities that offer CEUs to practitioners, especially discipline-specific professionals. NJEIS has been working toward this process.

NJEIS has taken different steps to address the stakeholder concerns outlined above. 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. However, shorter, just-in-time training is available on the LMS to provide some balance and variety. As discussed previously in this document, NJEIS is bringing several 60-minute workshops from regional to statewide delivery to bring more shorter duration programming to the entire workforce.

NJEIS is also looking to bring workshops that offer CEUs to the workforce. In FFY25, NJEIS has budgeted for credentialed professional development providers to provide opportunities to the workforce to earn CEUs for training attendance. The 2026 virtual conference will offer multiple breakout sessions that will award CEUs for eligible discipline-specific practitioners.

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.

The most significant newly identified barrier, the drop in training attendance for Pyramid Model, PIWI 1.0 and 2.0 and Brazelton Touchpoints, has been discussed throughout this document, as well as the potential remedies of offering more short-duration trainings, CEU-worthy trainings and migrating to the MSU platform. TTAs are making a pivot in their training offerings to design and deliver more EI-specific training and technical assistance opportunities for the remainder of this SSIP cycle. The NJEIS approach to an improved model of professional development is being adjusted based on the data from the reporting period.

NJEIS is developing a pilot program to support CEU opportunities for the workforce. The tentative design and timing of this program was previously discussed.

Provide additional information about this indicator (optional).

11 - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

11 - OSEP Response

The State did not provide the numerator and denominator descriptions in the FFY 2024 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2024 data.

11 - Required Actions

The State did not provide numerator and denominator descriptions in the FFY 2024 data table. The State must provide the required numerator and denominator descriptions for FFY 2025 in the FFY 2025 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 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

Instructions

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

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

Targets

FFY	2024	2025
Target	100%	100%

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

Findings of Noncompliance Identified in FFY 2023

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

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

The additional findings reported in Column B were identified through the State’s dispute resolution data system, specifically the formal complaint process. The noncompliance was documented following the receipt and investigation of a formal complaint for the Union County SCU. The findings were further supported by a review of State data systems, including service coordination documentation and Early Intervention Management System (EIMS) records, which reflected delays attributable to ineffective communication and follow-through by the SCU which led to untimely delivery of service.

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:

Findings issued: Consistent with OSEP QA 23-01, DOH issued six (6) findings for Indicator 1 noncompliance in FFY 2023. Findings were issued to these service coordination units: Southern New Jersey Perinatal Cooperative (Atlantic County), Southern New Jersey Perinatal Cooperative (Cumberland County), and Central Jersey Family Health Consortium, Inc (Mercer County).

Findings were also issued to the following Early Intervention Provider agencies: Big Apple Therapy Associates LLC, Sunny Days Early Childhood Developmental Services, Inc., and Virtua Health Systems. 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 through a review of more current data, and the DOH verified each individual agency was now implementing the regulatory requirements. 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.

The State verified correction of the source of noncompliance listed in Column B by reviewing updated service coordination documentation and subsequent data reviews of the SCU from the Early Intervention Management System (EIMS). The State confirmed that corrective actions were implemented, including improved communication and follow-up procedures, and that subsequent service coordination activities met required timelines for family contact and service authorization. The finding was closed on January 5, 2024.

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 122 out of 125 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. There were 3 children who left the jurisdiction of NJEIS prior to service initiation.

The finding listed in Column B was resolved at the individual level through compensatory developmental intervention services being provided to the child. Documentation of claims data and service verification logs confirmed that all required compensatory services were delivered and that the individual noncompliance was fully corrected.

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

Findings of Noncompliance Identified in FFY 2023

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

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

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:

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

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:

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

In FFY 2023, two agencies were found to have noncompliance for 8B: Gloucester County SCU and Passaic County SCU. The two agencies were given a finding issued on August 27, 2024. DOH required Gloucester County 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. Additionally, one of the agencies, Passaic County SCU, needed a Corrective Action Plan to address concerns including: Infrastructure/staffing; provision of training; and the provision of technical assistance regarding LEA Notification and the state's opt-out policy.

To verify the agencies with previous noncompliance were now correctly implementing the regulatory requirements for transition notification, DOH reviewed subsequent data and verified both agencies had 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; verification of claims and service authorization data.

In summary, DOH identified the responsible agencies, their percentage of noncompliance in each county and determined reasons for delay. DOH reviewed each agencies' policy and procedure revisions and ensured that each agency (Gloucester County SCU and Passaic County SCU) were correctly implementing the specific regulatory notification events. Once each agency provided required policy and procedures in-service training, DOH reviewed updated subsequent data based on a review and verification of timely transition notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

As required, DOH reviewed subsequent data and found Gloucester County SCU verified 100% correction by November 2024. The finding was closed November 01, 2024. Passaic County SCU verified 100% correction by January 2025 and was closed on January 16, 2025.

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:

The DOH ensured compliance by conducting an investigation of data at the child-specific level to verify that each instance of noncompliance was addressed. In FFY 2023, there were five (5) children who did not have notification sent to the LEA. Through the investigation, the five (5) children who were identified, were no longer in the jurisdiction of NJEIS at the time of the inquiry. However, notification to the SEA occurred timely by the lead agency. Subsequent data were reviewed to verify timely notification and their monthly performance was used to track and verify correction of all noncompliance. 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 was operating at 100% compliance for this indicator the finding was closed.

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

DOH accounted for all individual instances of non-compliance identified through the NJEIS database and verified that notification occurred unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2023 APR. The DOH confirmed correction for all five (5) children, which was verified by the monitoring team. 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.

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	0	4	0	0

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

Based on FFY 2023 data, four (4) agencies were found to have noncompliance for 8C. On August 27, 2024, four findings were issued. One to Morris County SCU, one to Passaic County SCU, one to Sussex County SCU, and one to Union County SCU. NJEIS reviewed subsequent data, tracked, and verified correction of the noncompliance. The findings were closed timely after correction was verified in accordance with federal requirements. Morris County SCU and Sussex County SCU both closed timely on November 19, 2024, Union County SCU closed timely on November 26, 2024, and Passaic County closed timely on April 10, 2025. 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 Morris County SCU, Sussex County SCU, Union County SCU, and Passaic County 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 and ensured that Morris County SCU, Sussex County SCU, Union County SCU, and Passaic County 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. These findings were closed timely after correction and were verified to be in accordance with federal requirements.

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:

The DOH verification process for corrections was thorough, involving an investigation of data at 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.

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 which was verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes.

Optional for FFY 2024, and 2025:

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

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

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

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 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
12	1	12	1	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
13	13	100.00%	100%	100.00%	Met target	No Slippage

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

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	13
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)	13
3. Number of findings <u>not</u> verified as corrected within one year	0

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

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	
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
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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.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

12 - Prior FFY Required Actions

None

12 - OSEP Response

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

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:

04/20/26 2:16:15 PM

Determination Enclosures

RDA Matrix

New Jersey 2026 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
79.17%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	18	15	83.33%

2026 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's FFY 2024 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	10,021
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	15,066
Percentage of Children Exiting who are Included in Outcome Data (%)	66.51
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

(b) Data Anomalies: Anomalies in your State's FFY 2024 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 FFY 2024 Outcomes Data to other States' FFY 2024 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 2024 data to your State's FFY 2023 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	2
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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 2024	47.68%	65.75%	59.87%	64.96%	58.35%	79.73%
FFY 2023	32.51%	54.44%	57.38%	54.01%	67.47%	82.88%

(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 2026: Part C."

2026 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (3)	Score
Indicator 1: Timely service provision	86.14%	N/A	1
Indicator 7: 45-day timeline	99.48%	N/A	2
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	100.00%	YES	2
Indicator 8C: Timely transition conference	97.37%	YES	2
Indicator 12: General Supervision	100	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	72.73%		0
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/FFY2024-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 FFY 2024 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2024 Outcomes Data (C3) and the total number of children your State reported in its FFY 2024 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 2024 in the State's FFY 2024 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 2024 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2024 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 2020 – FFY 2023 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 2024 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 2024

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.49	3.27	-1.78	4.76
Outcome B\ Category a	1.29	2.82	-1.52	4.11
Outcome C\ Category a	1.29	2.8	-1.51	4.09

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	9.04	6.36	42.52
Outcome A\ Category c	22.25	13.92	-5.6	50.09
Outcome A\ Category d	26.34	9.71	6.92	45.76
Outcome A\ Category e	25.48	16.58	-7.68	58.64
Outcome B\ Category b	26.03	9.37	7.29	44.78
Outcome B\ Category c	30.64	13.31	4.01	57.26
Outcome B\ Category d	29.87	8.22	13.44	46.31
Outcome B\ Category e	12.16	9.18	-6.19	30.51
Outcome C\ Category b	22.37	9.63	3.1	41.64
Outcome C\ Category c	24.39	14.01	-3.63	52.41
Outcome C\ Category d	32.05	8.74	14.58	49.53
Outcome C\ Category e	19.89	14.88	-9.87	49.66

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 FFY 2024 Outcomes Data

Number of Infants and Toddlers with IFSP's Assessed in your State	10,021
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	582	2,044	806	1,587	5,002
Performance (%)	5.81%	20.40%	8.04%	15.84%	49.92%
Scores	0	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	295	2,486	730	3,419	3,091
Performance (%)	2.94%	24.81%	7.28%	34.12%	30.85%
Scores	1	1	1	1	0

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	131	1,687	213	2,334	5,656
Performance (%)	1.31%	16.83%	2.13%	23.29%	56.44%
Scores	1	1	1	1	0

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

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

Comparing Your State’s FFY 2024 Outcomes Data to Other States’ FFY 2024 Outcome Data

This score represents how your State’s FFY 2024 Outcomes data compares to other States’ FFY 2024 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 2024

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	48.11%	35.40%	55.43%	29.71%	54.53%	33.99%
90	79.69%	72.29%	81.28%	63.82%	82.81%	75.29%

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 2024

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 (%)	47.68%	65.75%	59.87%	64.96%	58.35%	79.73%
Points	0	1	1	2	1	2

Total Points Across SS1 and SS2	7
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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 2024 Outcomes Data to your State's FFY 2023 Outcomes Data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2023) is compared to the current year (FFY 2024) 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 2024 and FFY 2023 summary statements.

e.g., $C3A \text{ FFY}2024\% - C3A \text{ FFY}2023\% = \text{Difference in proportions}$

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

$\text{Sqrt}([(FFY2023\% * (1-FFY2023\%)) / FFY2023N] + [(FFY2024\% * (1-FFY2024\%)) / FFY2024N]) = \text{Standard Error of Difference in Proportions}$

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

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

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

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

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

0 = statistically significant decrease from FFY 2023 to FFY 2024

1 = No statistically significant change

2 = statistically significant increase from FFY 2023 to FFY 2024

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 2023 N	FFY 2023 Summary Statement (%)	FFY 2024 N	FFY 2024 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	5,321	32.51%	5,019	47.68%	15.17	0.0095	15.9037	<.0001	YES	2
SS1/Outcome B: Knowledge and Skills	7,675	57.38%	6,930	59.87%	2.49	0.0082	3.0515	0.0023	YES	2
SS1/Outcome C: Actions to meet needs	4,605	67.47%	4,365	58.35%	-9.12	0.0102	-8.9712	<.0001	YES	0
SS2/Outcome A: Positive Social Relationships	9,890	54.44%	10,021	65.75%	11.31	0.0069	16.4061	<.0001	YES	2
SS2/Outcome B: Knowledge and Skills	9,890	54.01%	10,021	64.96%	10.95	0.0069	15.8325	<.0001	YES	2
SS2/Outcome C: Actions to meet needs	9,890	82.88%	10,021	79.73%	-3.15	0.0055	-5.7048	<.0001	YES	0

Total Points Across SS1 and SS2	8
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Your State's Performance Change Score	2
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**Data Rubric
New Jersey**

FFY 2024 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 2024 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: 7/30/25	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	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 2026 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 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	Due Date
Part C Child Count and Setting	FS902, FS903*, FS904*, FS905	7/30/2025
Part C Exiting	FS901	2/18/2026
Part C Dispute Resolution	FS906, FS907, FS908	11/19/2025

* if applicable

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 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	18
(1.1) Complaints with reports issued.	11
(1.1) (a) Reports with findings of noncompliance.	10
(1.1) (b) Reports within timelines.	8
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	2
(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.	2
(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.	1

Section C: Due Process Complaints

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

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

New Jersey

These data were extracted on the close date:

11/19/2025

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 2026 will be posted in June 2026. 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 16, 2026

Honorable Raynard E. Washington
Acting Commissioner
New Jersey Department of Health
55 North Willow Street
Trenton, NJ 08625

Dear Acting Commissioner Washington:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 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) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

New Jersey's 2026 determination is based on the data reflected in New Jersey's "2026 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 2026: 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 2026, as it did for Part C determinations in 2016-2025. (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 2026, 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 2024 data. You may access the results of OSEP's review of New Jersey's SPP/APR and other relevant data by accessing the *EDFacts* Metadata and Process Systems (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) "2026 Data Rubric Part C," which shows how OSEP calculated the New Jersey's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the New Jersey's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

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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.

As noted above, New Jersey's 2026 determination is Needs Assistance. A State's 2026 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 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

New Jersey's determination for 2025 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 \(IDEA\)](#), 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 2025 SPP/APR submission, due February 1, 2027, 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 Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part C data 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). States and Entities 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 and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities 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 2024 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,



Erin McHugh
Deputy Director
Office of Special Education Programs

cc: New Jersey Part C Coordinator