

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

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

**For reporting on  
FFY 2023**

**Guam**



**PART C DUE  
February 3, 2025**

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

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

This Executive Summary includes a description of Guam's Part C State Performance Plan (SPP) and Annual Performance Report (APR) for FFY 2023. A description of Guam's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement in the development and review of the SPP and APR, and how Guam will report the APR to the public is provided separately within this introduction section of Guam's Part C FFY 2023 SPP/APR.

#### Additional information related to data collection and reporting

For relevant FFY 2023 APR Indicators, information is provided on the data collection and reporting that were impacted by Super Typhoon Mawar which devastated the island in May 2023. Wherever applicable, Guam Part C reported on the impact of performance, data completeness and the validity and reliability of the data. If there was an impact, an explanation of how this natural disaster specifically affected Guam's ability to collect the data for each impacted Indicator; and the steps Guam took to mitigate the impact of Super Typhoon Mawar on the data collection and reporting.

#### General Supervision System

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

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

Guam Department of Education (GDOE) serves as the Lead Agency responsible for the general supervision of early intervention services (EIS) provided for infants and toddlers with disabilities and their families on Guam. GDOE is the provider of the EIS through the Division of Special Education Guam Early Intervention Services (GEIS). To ensure oversight of the EIS, GDOE monitors the Division's GEIS for correct implementation of the IDEA Part C requirements on Guam.

Under the supervision of the Office of the Superintendent, GDOE Compliance Monitoring Office (CMO) is responsible for implementing Guam's Integrated Monitoring System, which includes comprehensive monitoring that comprises of offsite and onsite monitoring activities.

Through offsite monitoring, GEIS is monitored annually utilizing program data reports to identify and correct noncompliance with the Part C IDEA SPP compliance indicators and related requirements. Onsite monitoring assists the CMO in determining the program's strengths and weaknesses with the implementation of IDEA and related policies and procedures. Onsite monitoring activities include file reviews, observations, and interviews with program personnel and parents. Beginning 2025-2026, onsite/focused monitoring for GEIS will be conducted at least once every three years.

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

For identifying child specific noncompliance, offsite monitoring looks at all children enrolled in the GEIS and onsite/focused monitoring begins by randomly selecting 10% of the population of children found eligible for EIS.

When verifying correction of any identified noncompliance, child specific noncompliance must be corrected, unless the child is no longer within the jurisdiction of the program.

Additionally, GEIS must demonstrate correct implementation of the identified area of noncompliance by correctly implementing the applicable compliance requirement through subsequent data on the specified timeline for correction. Program data reports for the subsequent data (new files) must reflect 100% compliance in the identified area of noncompliance, consistent with OSEP Q&A 23-01.

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

The GDOE Division of Special Education is responsible for collecting and reporting valid and reliable monitoring, SPP/APR, and IDEA 618 data. For monitoring, CMO receives program reports from the Special Education Database (SpEdDb) system managed by the Division of Special Education Data Office.

The SpEdDb was created in 1999 using FileMaker Pro software. This system is a standalone database. The SpEdDb requires a daily save of the entire data base to preserve entries for future use. This is necessary because the database does not have historical information. The SpEdDb has no online capacity and is a client (PC machine) based program. Almost all data from this system is downloaded into Excel formatted files to be used and shared on a regular schedule or on a 'by request' basis.

#### **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 are issued by individual number of instances of noncompliance by the GEIS.

#### **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).**

Not Applicable.

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.

If the Division's GEIS fails to fully correct all areas of noncompliance and/or implement improvement activities identified in the written notice of findings, the Superintendent of Education or Deputy Superintendent of Educational Support & Community Learning will administer a range of progressive sanctions, pursuant to Personnel Rules and Regulations.

**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.**

Not Applicable. The Division's GEIS is the one provider responsible for the EIS for eligible infants and toddlers with disabilities and their families.

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

With technical assistance from the National Center for Systemic Improvement (NCSI), GDOE CMO is currently working to update the written general supervision procedures, consistent with OSEP QA 23-01. GDOE CMO anticipates the availability of the updated general supervision procedures in the near future. Currently, CMO has posted the 618 dispute resolution tables and other related documents on the GDOE Division of Special Education website: <https://gdoe.net/District/Department/2-Special-Education/2681-Dispute-Resolution.html>

#### **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.**

GDOE has a technical assistance system with mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance, and support to early interventionists and other early childhood service providers. Technical assistance (TA), training and support are provided based on program needs in improving services for low-incidence areas, improving child outcomes, coaching for families, and any other areas identified through a needs-assessment or through the SPP/APR.

The technical assistance, training, and support are based on program needs identified in improving timely services, child and family outcomes, and transition planning. GEIS was able to access resources through OSEP-funded TA Centers and Resources such as the DaSY Center, IDEA Data Center, Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Fiscal Reporting (CIFR), and through the University of Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS).

During this reporting period, GEIS continued to receive TA support from CEDDERS and from the Guam Department of Public Health and Social Services: Preschool Development Grant (birth-Five) on the Learn the Signs, Act Early (LTSAE): 4-Key Steps for Early Identification, Ages and Stages Questionnaire Developmental Screening, and Teaching Strategies: Training for Infants, Toddlers, and Twos. Other collaborative TA and professional development was provided through partnership with the GDOE on the Social & Emotional Learning: Conscious Discipline Training, and the Autism Diagnostic Observation Schedule, - Second Edition (ADOS-2) virtual and on-site training sessions.

GEIS has mechanisms in place to evaluate the effectiveness of the technical assistance, training, and supports provided. One strategy that the Program is using to measure the impact of the training are self-assessment surveys that are disseminated before and after the training to determine the levels of understanding and competencies of the providers. In addition, there are follow-up observations to see if there are changes in the implementation of evidence-based practices. The Program uses other methods of evaluation such as, the review of data compiled from the training evaluations, observations, and feedback from parents, service providers, Guam Early Learning Council (GELC), and the Part C Guam Interagency Coordinating Council (GICC) members. These mechanisms are placed to ensure the timely delivery of high quality, evidence-based technical assistance and support to the GEIS program.

#### **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.**

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

As part of GDOE's State Strategic Plan, several goals were developed to improve educational outcomes for all students. One such goal is that GDOE instructional personnel will meet high standards for qualifications and ongoing professional development and will be held accountable for all assigned responsibilities.

There is normally a total of 9 professional development days in the GDOE School Calendar. The nine (9) professional development days are designated specifically to focus on the state-wide initiatives. Since the GEIS is a part of the GDOE Division of Special Education, as much as possible, the designated professional development days are utilized to assist the early intervention service providers to improve outcomes for infants and toddlers and their families. GEIS may utilize these days to continue with direct services, as well. This is to ensure that services are not compromised, when participating in other training activities offered by other early childhood serving agencies.

GEIS reports on a quarterly basis to the Guam Early Learning Council (GELC) which represents all early childhood serving agencies. GEIS continues to partner and collaborate with all early childhood serving agencies in planning for professional development activities. The Department of Public Health and Social Services – Division of Children's Wellness (DPHSS-DCW) Preschool Development Grant (PDG) Birth to Five project continues to be an excellent collaborative initiative in supporting shared professional development activities. These professional development training activities include – a) Teaching Strategies to include the Creative Curriculum: Training for Infants, Toddlers, and Twos, and the Ready Rosie family engagement resource; b) Strengthening Families/Protective Factors Framework- Parent Café; c) Learn The Signs. Act Early: 4 Key Steps for Early Identification; and (d) other GELC early childhood initiatives.

Additional collaborative TA and professional development was provided through partnership with the GDOE on the Conscious Discipline training and with the Guam Early Hearing Detection and Intervention (EHDI) Project in training and webinars on supporting families of children who are deaf or hard of hearing, and through partnership with the GDOE on the Social & Emotional Learning: Conscious Discipline Training, and the ADOS-2 virtual and on-site training sessions.

GEIS continues to receive training and support through technical assistance from the CEDDERS to build confidence and competencies of the service providers and to ensure evidence-based strategies or models are implemented with fidelity. These models include: 1) Routines Based Intervention, 2) Early Childhood Coaching, having expanded the strategies by using the Early Start Denver Model (ESDM) Family Coaching and the ESDM, "Help Is In Your Hands," parent modules, and 3) Infusing and Using Child and Family Outcomes throughout the IFSP process. GEIS continues to monitor and evaluate these strategies through the implementation of the Early Childhood Coaching Functional Outcomes, Learning, Action, Reflection, and End Planning (FLARE) plans during home visiting sessions, direct observations, and assessments of the coaching practices using the Guam Early Childhood Coaching Fidelity Checklists.

In addition, GEIS continues to facilitate the Family Learning Sessions on evidence-based strategies to support a child's expressive language skills. The focus of these learning sessions is to provide opportunities for parents to apply these strategies and to share their learning with other families. In addition, service providers share the additional tools and resources when working with infants and toddlers and their families during regularly scheduled home visiting sessions.

#### **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.**

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

August 2, 2024: During the Division's Orientation session held at the beginning of the school year, all compliance Indicators were reviewed with personnel consisting of teachers and service providers, of whom included parents of children with disabilities, to review and discuss ways in which Part C could meet timely services, the 45-Day timeline, and transition services for children exiting the Part C program and who may be eligible to receive services from the Part B program.

September 25, 2024: During a regularly scheduled Guam Interagency Coordinating Council (ICC) meeting, performance data for the FFY 2023 SPP/APR was reviewed with the members. In addition, the Part C Coordinator shared the need to provide a baseline and targets for children who are At-Risk when reporting on Child Outcomes for Indicator 3 as the previous SPP/APRs did not include a baseline and targets for this population. As a result, OSEP is requiring Guam Part C to provide this data for Indicator 3 in its FFY 2023 SPP/APR submission. During the ICC meeting, comparison data on each of the Outcomes and the applicable Summary Statements was presented to the members --- separate data for each population and aggregated data. Stakeholders engaged in a lengthy discussion and concluded the differences were minimal when comparing the data for Just At-Risk children, data for children with disabilities, and data for the aggregate population. In the end, stakeholders agreed to aggregate the data for Just-At Risk and children with disabilities for each of the outcomes and summary statements for Indicator 3. This decision included using FFY 2023 as the baseline year for the aggregated data, along with using the same targets previously determined for children with disabilities for the subsequent submissions of the FFY 2024 and FFY 2025 SPP/APRs for Guam Part C.

October 12, 2024: During a GEIS monthly staff meeting, performance data for Indicators 1 through 8, was reviewed with the Service Coordinators and Service Providers. A healthy discussion ensued surrounding the performance data, especially, for Indicator 3 and Indicator 11, as child outcomes data (3B) is used also for the State Identified Measurable Result (SiMR) in the SSIP. A more detailed description of the engagement can be found in Indicator 3.

October 24, 2024: This hybrid stakeholder session focused on the Compliance Indicators. Stakeholders who were in attendance included parents, members from the Guam Interagency Coordinating Council (ICC), Part C personnel and other interested community members. Stakeholders were pleased with the performance data presented and shared some ideas GEIS could implement to address families who are not as responsive to the steps and measures taken to meet the 45-Day Timeline, in particular. Although Part C met the compliance target for Indicator 7, there was still a high number of delays attributed to parent delays.

November 4, 2024: This hybrid stakeholder session focused on Indicators 2, 4, 5, and 6. Stakeholders in attendance included parents, members from the ICC, GEIS personnel and other interested community members. Stakeholders discussed the trend data presented for the number of children served in the program, along with the results of the family outcomes survey. Although the response rate for this FFY 2023 was a vast improvement from the FFY 2022 response rate for Indicator 4, stakeholders all agreed that every parent's input is important and the program should look into the reasons for why the remaining parents were not able to provide feedback on the outcomes survey for families.

December 2, 2024: This hybrid stakeholder session focused on Indicator 3, Child Outcomes. Stakeholders were highly engaged in the discussion surrounding the performance data for this particular indicator as there was "slippage" reported for each of the outcomes. A more detailed description of the engagement and the explanation of "slippage" is provided in the narrative section under Indicator 3 of this FFY 2023 SPP/APR.

January 10, 2025: A session with personnel from the GEIS was held to review the performance data for Indicator 11, the State Systemic Improvement Plan. GEIS personnel engaged in a discussion in small groups, and then in larger groups to review their findings after reviewing the results from the various tools utilized for the SSIP. The small group sessions also included reviewing the implementation plans to determine if the activities conducted during this FFY 2023 reporting period were completed or if they would be on-going. A more detailed description can be found in the SSIP Indicator 11.

January 11, 2025: A large stakeholder session was held both in-person and online to review the FFY 2023 SPP/APR in its entirety. Flyers and email notices were sent to families, service providers, Division personnel, community partners and agencies who provide services to children and families,

along with members from the Guam ICC.

January 24, 2025: A virtual session was held with members from the Leadership Team of the Guam Early Learning Council to review and discuss the FFY 2023 SPP/APR. Stakeholders were particularly interested in how Part C would be able to increase the number of infants and toddlers served as reported in Indicator 5, along with increasing the number of home visits after reviewing the data for Indicator 11, which revealed a large number of cancellations for home visits. Stakeholders offered ideas with how to encourage family engagement and involvement through accommodations and incentives that could be afforded to families. Some examples of the accommodations for consideration would be to schedule meetings out in the community instead of in the homes, and provide incentives such as gas coupons and food vouchers.

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

YES

**Number of Parent Members:**

22

**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.**

At each input sessions, infographics and trend data was used to provide a visual depiction of each indicator as a mechanism for increasing greater understanding. Stakeholders were asked to do the following: 1) Review trend and performance data for each indicator; 2) Upon review, if there was slippage in the performance, drill down data was provided so stakeholders could engage in discussions surrounding the reasons for delay or slippage; 3) Review the improvement activities determined for each Indicator; and 4) Provided suggestions and recommendations to address the slippage or delay in order to improve outcomes. Stakeholders who attended the virtual sessions and in-person sessions included parents, service providers, members of the GICC, the Guam Early Learning Council (GELC) members, community partners, and the GEIS SSIP Core Leadership team. At each session, stakeholders were acknowledged for their presence and participation at the meeting, with emphasis on how their recommendations on any of the improvement activities will improve the outcomes for infants and toddlers with disabilities and their families.

**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 State Performance Plan/Annual Performance Report is a very technical report and may be difficult to understand. To engage its stakeholders in meaningful discussions surrounding the SPP/APR, Part C employed the following activities to ensure input is received from its parents and families, personnel, partner agencies, and interagency coordinating council members to support the development of implementation activities designed to increase the capacity of diverse groups of parents in support of improving outcomes for infants and toddlers with disabilities and their families:

- SPP Indicators were grouped in related clusters so stakeholders could review smaller pieces of information instead of the entire report at one time. The Parent Café model was utilized when breaking the groups into clusters;
- SPP/APR Infographics were developed so stakeholders could better understand and visually see how early childhood outcomes data are compiled and used for services to infants and toddlers and their families, including infographics for each of the Part C Indicators;
- Stakeholder sessions were conducted both in-person and virtually, along with hybrid presentations so parents and families could actively engage in discussions surrounding the strategies implemented for each of the Part C Indicators;
- Stakeholders were provided with materials in the form of handouts and PowerPoints so they could follow along in the discussions;
- Part C employed the premise of "Leading by Convening" to ensure all stakeholders are at the table and that each of their voices are heard in order to promote meaningful engagement;
- Sessions were conducted virtually and in-person to assist families in understanding how their children grow and develop, specifically providing strategies and supports in improving expressive language and communication (SPP Indicator 11: SSIP SIMR);
- Participation in the Village Play Time events, in collaboration with other early childhood programs, promoted child find activities to boost the number of infants and toddlers and their families served by Part C. These events were held in various villages, representing northern, central, and southern regions of the island, to reach underserved populations; and
- Participation in Community Fair events, in collaboration with other early childhood programs, such as the Check-Me-Out Fair (Child Find), Village Play Time (VPT) and the Early Learning Convenings. These events were held in the community, such as the shopping mall, to promote Child Find and awareness of early childhood programs, inclusive of Part C.

**Soliciting Public Input:**

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

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies and evaluating progress was done through flyers, email announcements and through announcements on social media.

Additionally, all information was shared during separate quarterly meetings with the GICC and the GELC. Throughout the entire stakeholder process and presentations of the SPP/APR, stakeholders were apprised of the progress in each of the Indicators.

Stakeholders were instructed and encouraged to provide their input at each stakeholder session, with the knowledge that the deadline to provide stakeholder input and recommendations was on or before January 30, 2025.

By February 3, 2025, the first submission of the FFY 2023 SPP/APR will be provided to GICC and GELC members, with the understanding that revisions may be made upon OSEP's review and recommendations for clarification during the week or period of clarification anticipated in April 2025.

**Making Results Available to the Public:**

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

The Guam Department of Education is the Lead Agency for the Guam Early Intervention System. As required, Guam's Part C Program will report annually to the public as soon as practicable, but no later than 120 days following Guam's submission of the APR. Guam will post the generated SPP/APR pdf version for public posting and the OSEP Determination Letter and Response Table on the GDOE website at [www.gdoe.net](http://www.gdoe.net) (select "GDOE Directory," under Division Links, select "Guam Early Intervention Systems," under Grants and Reports, click on "Guam Part C State Performance Plan and Annual Performance Report"), including any revisions if Guam has revised its SPP. Guam posts its complete SPP and all APRs on the GDOE website.

The link to the site is as follows: <https://www.gdoe.net/District/Department/3-Guam-Early-Intervention-Services/2658-STATE-PERFORMANCE-IMPROVEMENT-PLAN-AND-ANNUAL-PERFORMANCE-REPORT.html>

#### **Reporting to the Public:**

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

GEIS reports annually to the public as soon as practicable, but no later than 120 days following the submission of the FFY 2023 SPP/APR.

GEIS will also post a generated SPP/APR pdf version for public posting, along with OSEP's Determination Letter and Response Table on the GDOE website. The link to the site is as follows: <https://www.gdoe.net/District/Department/3-Guam-Early-Intervention-Services/2658-STATE-PERFORMANCE-IMPROVEMENT-PLAN-AND-ANNUAL-PERFORMANCE-REPORT.html>

### **Intro - Prior FFY Required Actions**

Guam's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In Guam's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required Guam to work with appropriate entities. The Department directed Guam 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. Guam must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which Guam received assistance; and (2) the actions Guam took as a result of that technical assistance.

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

As a result of Guam Part C's determination of "Needs Assistance" in 2023 and 2024, the Department advised Guam of its available sources of technical assistance, including OSEP-funded technical assistance centers, and required Guam to work with appropriate entities. The Department directed Guam 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. Guam must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which Guam received assistance; and (2) the actions Guam took as a result of that technical assistance.

During this FFY 2023 SPP/APR reporting period, Guam Part C availed itself of the technical assistance and support from the following OSEP-funded technical assistance centers such as the Center for IDEA Early Childhood Data Systems (DaSY), the Early Childhood Technical Assistance Center (ECTA), and the Partner Support Center (PSC) for the required IDEA 618 data submissions to EDPass; the Center for IDEA Fiscal Reporting (CIFR); and through the University of Guam Center for Excellence in Developmental Disabilities, Education, Research, and Service (Guam CEDDERS).

Furthermore, in October 2020, GDOE was awarded an OSEP State Personnel Development Grant (SPDG): Project Hita Para Mo'na to support its system's professional development improvements, especially during these uncertain times and the impact of the COVID-19 pandemic. Technical assistance for the implementation of Project Hita Para Mo'na is through the partnership established with one of Guam's local parent organizations, Autism Community Together (ACT); Guam's higher education technical assistance provider and preservice program, University of Guam CEDDERS and School of Education; and the national special education leadership organization, the National Association of State Directors of Special Education (NASDSE). Guam Part B completed its fourth year of implementation of the SPDG in October 2024 and entered its fifth year November 1, 2024.

Lastly, Guam Part C participated in a project titled Collective Impact Model for Part C (CIM-C), whereby Guam received technical assistance and support to address the strategies and improvement activities the program employs to improve its processes for initial IFSP referrals and to decrease the number of delays stemming from parent delays. The project additionally focuses on increasing child find efforts for Part C. This technical assistance was initiated in February 2024 and is on-going.

### **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 Guam'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 Guam's SPP/APR documents.

Guam's determinations for both 2023 and 2024 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 18, 2024 determination letter informed Guam that it must report with its FFY 2023 SPP/APR submission, due February 3, 2025, on: (1) the technical assistance sources from which Guam received assistance; and (2) the actions Guam took as a result of that technical assistance. Guam provided the required information.

OSEP notes that Guam did not provide the web link to information about its general supervision policies, procedures, and process that is made available to the public. Guam reported, "With technical assistance from the National Center for Systemic Improvement (NCSI), GDOE CMO is currently working to update the written general supervision procedures, consistent with OSEP QA 23-01. GDOE CMO anticipates the availability of the updated general supervision procedures in the near future."

The Department imposed Specific Conditions on Guam's IDEA Part C grant awards for the last three or more years. Those conditions are in effect at the time of the Department's 2025 determination.

### **Intro - Required Actions**

Guam's IDEA Part C determination for both 2024 and 2025 is Needs Assistance. In Guam's 2025 determination letter, the Department advised Guam of available sources of technical assistance, including OSEP-funded technical assistance centers, and required Guam to work with appropriate entities.

The Department directed Guam 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. Guam must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which Guam received assistance; and (2) the actions the State took as a result of that technical assistance.

## Indicator 1: Timely Provision of Services

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.00%	96.83%	96.43%	98.50%	91.74%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 SPP/APR Data



Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
84	89	91.74%	100%	98.88%	Did not meet target	No Slippage

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

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

4

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

For this reporting period, there were 89 infants and toddlers with IFSPs. Of the 89 infants and toddlers, 84 infants and toddlers received early intervention services in a timely manner. There were four (4) infants and toddlers who received early intervention services, but are documented as delays due to Exceptional Family Circumstances. These exceptional circumstances were due to families who cancelled their sessions and meetings (3 families); while one family was not responsive to phone calls and written notifications from the Service Provider to schedule services.

The delay for the remaining 1 child who received early intervention services was due to a Program Delay. The criteria used by GEIS to determine "timely" services is 30 days after parent consent. The service for this child was delivered 5 days after the parent consent was received.

To mitigate this situation and to ensure timeliness of future services, the GEIS Program Coordinator met with the Vision Service Providers to develop a Standard Operating Procedure (SOP) to ensure services for infants and toddlers are timely, with the emphasis in complying with this mandate. The VI Service Providers were also in agreement with providing the services through a coaching and consultation model with the GEIS Service Providers, who in turn, could provide coaching to the families during regularly scheduled home visits.

The receipt of timely services is also monitored weekly by the GEIS Program Coordinator to ensure 100% compliance with this mandate.

**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).**

The criteria for "timely" receipt of services is determined by the time period from parent consent to when the IFSP services are actually initiated. For the Guam Early Intervention Systems (GEIS), this time period is 30 days from the consent of the parent. Although services are to be delivered within 30 days of consent, IFSP services are initiated as soon as possible, depending on family circumstances.

On the day a service is provided, the GEIS Service Provider (SP) has the family sign the initial visit intervention plan confirming the delivery of initial services. The Service Provider submits this documentation to the Service Coordinator (SC) who then submits this information to the Data Clerk for entry into the GEIS database. Should the service not be delivered in a timely manner, the SC is required to submit documentation stating the reason(s) for delay.

Additionally, data reports are generated weekly to track the timeliness of services. Monthly reports are also generated for the purposes of individual staff or team meetings to determine the status of cases.

**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 time period in which data were collected is from July 1, 2023 through June 30, 2024.

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

For this FFY 2023, the GEIS database generated a compilation of the data submissions from the Service Coordinators. To confirm the data accurately reflects data for infants and toddlers with IFSPs, there is a manual review of the Service Providers contact logs and intervention plans.

This generated data report for the reporting period 7/1/23 through 6/30/24 lists the infants and toddlers with IFSPs along with the following information per infant and toddler: services recommended for each child's IFSP, the date service is to begin (within 30 days from consent of parent), and the date when service was delivered by the Service Provider.

Additionally, this data report indicates a "flag" on any new service that was not delivered within the required timeline. The assigned SC is responsible for submitting the required documentation indicating when the service was provided and the reason for the delay (exceptional circumstance or program delay) in the timeliness of services.

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

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
27	0	27	0

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

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

GDOE Compliance Monitoring Office (CMO) is responsible for monitoring and verifying correct implementation of Indicator 1 regulatory requirements. CMO reviews the Guam Early Intervention Services (GEIS-the Part C program) Indicator 1 program data reports to verify that GEIS is correctly implementing Indicator 1 regulatory requirements, consistent with OSEP QA 23-01. On a quarterly basis, CMO reviews Indicator 1 program data reports for updated/subsequent data at 100% compliance to determine whether GEIS is correctly implementing Indicator 1 regulatory requirements.

In June 2023, CMO conducted off-site monitoring for Indicator 1 compliance. The off-site monitoring included the time period of the verified timely correction of FFY 2021 findings of noncompliance in March 2023, one year from the FFY 2021 findings of noncompliance issued in March 2022.

The June 2023 Written Notice of Finding of Noncompliance for Indicator 1 was issued to GEIS. The Notice identified 27 individual cases of noncompliance based on the Indicator 1 program data report. GEIS acknowledged the missing dates in the program data report were due to delays in submission of the IFSP documents to the data office. In fact, the 27 individual cases represented 13 children who received all services timely. CMO acknowledged the program's issues with providers submitting their documents timely to update the data system. Given that CMO utilizes the program data reports to identify noncompliance, CMO maintained the noncompliance issued for Indicator 1 to monitor the accuracy of the program data reports.

In FFY 2022, the Indicator 1 compliance data was 91.74% (111/121) compliance, which included 10 individual cases of noncompliance. These 10 individual cases of noncompliance were part of the verified timely correction of FFY 2021 findings of noncompliance in March 2023.

In November 2023, GEIS provided CMO an updated standard operating procedures that ensure program data reports reflect current data and information. CMO acknowledged the program's effort to ensure the data system is updated on a regular basis.

In January 2024 and July 2024, CMO issued Status of Correction of Noncompliance notices to GEIS for the FFY 2022 finding of Indicator 1 noncompliance. Both memos indicated that the review of Indicator 1 data reports were not at 100% compliance for updated data. CMO's verification of correction continued to raise concerns regarding the program data reports not reflecting accurate timelines. GEIS reported the process for inputting data into the system in a timely manner continues to be a challenge.

In September 2024, CMO issued to GEIS the Verified Subsequent Correction Notice for the noncompliance identified in FFY 2022. The notice included verified correction of the individual case of noncompliance and indicated that GEIS demonstrated 100% compliance of updated/subsequent data through a review of the Indicator 1 program data report, which served as evidence of GEIS correctly implementing Indicator 1 regulatory requirements, consistent with OSEP QA 23-01. The one-year timeframe for verified timely correction of the June 2023 finding of noncompliance was June 2024. This verified subsequent correction also confirmed the accuracy of the data system and the program's improvement to ensure IFSP documents are submitted timely to the data office.

In FFY 2023, Indicator 1 compliance data was at 98.88% (88/89) compliance, with only one case of noncompliance. This substantial compliance demonstrated by GEIS was through a review of Indicator 1 data reports with individual file reviews for verification of timelines for accuracy. It should be noted that the verified subsequent correction of FFY 2022 Indicator 1 noncompliance could be attributed to the delay in submitting appropriate documentation for data entry, which was the reason for correction beyond the one-year correction period for timely correction.

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

CMO verifies each individual case of noncompliance identified was corrected through a review of GEIS Indicator 1 program data reports.

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

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

**1 - Prior FFY Required Actions**

Because Guam reported less than 100% compliance for FFY 2022, Guam must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, Guam must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, Guam must describe the specific actions that were taken to verify the correction. If Guam did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why Guam did not identify any findings of noncompliance in FFY 2022.

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

Refer to Indicator 1 Data section for a description of the FFY 2022 written notice of findings of noncompliance and verified timely correction, consistent with OSEP QA 23-01.

**1 - OSEP Response**

## 1 - Required Actions

Because Guam reported less than 100% compliance for FFY 2023, Guam must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, Guam 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, Guam must describe the specific actions that were taken to verify the correction. If Guam 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 Guam did not identify any findings of noncompliance in FFY 2023. If Guam did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the GDOE's issuance of a finding (i.e., pre-finding correction), the explanation must include how Guam verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	100.00%

FFY	2018	2019	2020	2021	2022
Target>=	100.00%	100.00%	99.36%	98.00%	98.00%
Data	99.30%	99.36%	100.00%	100.00%	100.00%

### Targets

FFY	2023	2024	2025
Target >=	99.00%	99.00%	100.00%

### Targets: Description of Stakeholder Input

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

August 2, 2024: During the Division's Orientation session held at the beginning of the school year, all compliance Indicators were reviewed with personnel consisting of teachers and service providers, of whom included parents of children with disabilities, to review and discuss ways in which Part C could meet timely services, the 45-Day timeline, and transition services for children exiting the Part C program and who may be eligible to receive services from the Part B program.

September 25, 2024: During a regularly scheduled Guam Interagency Coordinating Council (ICC) meeting, performance data for the FFY 2023 SPP/APR was reviewed with the members. In addition, the Part C Coordinator shared the need to provide a baseline and targets for children who are At-Risk when reporting on Child Outcomes for Indicator 3 as the previous SPP/APRs did not include a baseline and targets for this population. As a result, OSEP is requiring Guam Part C to provide this data for Indicator 3 in its FFY 2023 SPP/APR submission. During the ICC meeting, comparison data on each of the Outcomes and the applicable Summary Statements was presented to the members --- separate data for each population and aggregated data. Stakeholders engaged in a lengthy discussion and concluded the differences were minimal when comparing the data for Just At-Risk children, data for children with disabilities, and data for the aggregate population. In the end, stakeholders agreed to aggregate the data for Just-At Risk and children with disabilities for each of the outcomes and summary statements for Indicator 3. This decision included using FFY 2023 as the baseline year for the aggregated data, along with using the same targets previously determined for children with disabilities for the subsequent submissions of the FFY 2024 and FFY 2025 SPP/APRs for Guam Part C.

October 12, 2024: During a GEIS monthly staff meeting, performance data for Indicators 1 through 8, was reviewed with the Service Coordinators and Service Providers. A healthy discussion ensued surrounding the performance data, especially, for Indicator 3 and Indicator 11, as child outcomes data (3B) is used also for the State Identified Measurable Result (SiMR) in the SSIP. A more detailed description of the engagement can be found in Indicator 3.

October 24, 2024: This hybrid stakeholder session focused on the Compliance Indicators. Stakeholders who were in attendance included parents, members from the Guam Interagency Coordinating Council (ICC), Part C personnel and other interested community members. Stakeholders were pleased with the performance data presented and shared some ideas GEIS could implement to address families who are not as responsive to the steps and measures taken to meet the 45-Day Timeline, in particular. Although Part C met the compliance target for Indicator 7, there was still a high number of delays attributed to parent delays.

November 4, 2024: This hybrid stakeholder session focused on Indicators 2, 4, 5, and 6. Stakeholders in attendance included parents, members from the ICC, GEIS personnel and other interested community members. Stakeholders discussed the trend data presented for the number of children served in the program, along with the results of the family outcomes survey. Although the response rate for this FFY 2023 was a vast improvement from the FFY 2022 response rate for Indicator 4, stakeholders all agreed that every parent's input is important and the program should look into the reasons for why the remaining parents were not able to provide feedback on the outcomes survey for families.

December 2, 2024: This hybrid stakeholder session focused on Indicator 3, Child Outcomes. Stakeholders were highly engaged in the discussion surrounding the performance data for this particular indicator as there was "slippage" reported for each of the outcomes. A more detailed description of the engagement and the explanation of "slippage" is provided in the narrative section under Indicator 3 of this FFY 2023 SPP/APR.

January 10, 2025: A session with personnel from the GEIS was held to review the performance data for Indicator 11, the State Systemic Improvement Plan. GEIS personnel engaged in a discussion in small groups, and then in larger groups to review their findings after reviewing the results from the various tools utilized for the SSIP. The small group sessions also included reviewing the implementation plans to determine if the activities conducted during this FFY 2023 reporting period were completed or if they would be on-going. A more detailed description can be found in the SSIP Indicator 11.

January 11, 2025: A large stakeholder session was held both in-person and online to review the FFY 2023 SPP/APR in its entirety. Flyers and email notices were sent to families, service providers, Division personnel, community partners and agencies who provide services to children and families, along with members from the Guam ICC.

January 24, 2025: A virtual session was held with members from the Leadership Team of the Guam Early Learning Council to review and discuss the FFY 2023 SPP/APR. Stakeholders were particularly interested in how Part C would be able to increase the number of infants and toddlers served as reported in Indicator 5, along with increasing the number of home visits after reviewing the data for Indicator 11, which revealed a large number of cancellations for home visits. Stakeholders offered ideas with how to encourage family engagement and involvement through accommodations and incentives that could be afforded to families. Some examples of the accommodations for consideration would be to schedule meetings out in the community instead of in the homes, and provide incentives such as gas coupons and food vouchers.

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	115
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	115

#### FFY 2023 SPPI/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
115	115	100.00%	99.00%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

For this reporting period, Guam Part C has met the target for Indicator 2, the number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. Of the 115 infants and toddlers reported in this Indicator, 97.39% (112/115) were receiving their services in the home and 2.61% (3/115) received their services in community-based settings.

## **2 - Prior FFY Required Actions**

None

## **2 - OSEP Response**

## **2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

YES

#### **Targets: Description of Stakeholder Input**

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

August 2, 2024: During the Division's Orientation session held at the beginning of the school year, all compliance Indicators were reviewed with personnel consisting of teachers and service providers, of whom included parents of children with disabilities, to review and discuss ways in which Part C could meet timely services, the 45-Day timeline, and transition services for children exiting the Part C program and who may be eligible to receive services from the Part B program.

September 25, 2024: During a regularly scheduled Guam Interagency Coordinating Council (ICC) meeting, performance data for the FFY 2023 SPP/APR was reviewed with the members. In addition, the Part C Coordinator shared the need to provide a baseline and targets for children who are At-Risk when reporting on Child Outcomes for Indicator 3 as the previous SPP/APRs did not include a baseline and targets for this population. As a result, OSEP is requiring Guam Part C to provide this data for Indicator 3 in its FFY 2023 SPP/APR submission. During the ICC meeting, comparison data on each of the Outcomes and the applicable Summary Statements was presented to the members --- separate data for each population and aggregated data. Stakeholders engaged in a lengthy discussion and concluded the differences were minimal when comparing the data for Just At-Risk children, data for children with disabilities, and data for the aggregate population. In the end, stakeholders agreed to aggregate the data for Just-At Risk and children with disabilities for each of the outcomes and summary statements for Indicator 3. This decision included using FFY 2023 as the baseline year for the aggregated data, along with using the same targets previously determined for children with disabilities for the subsequent submissions of the FFY 2024 and FFY 2025 SPP/APRs for Guam Part C.

October 12, 2024: During a GEIS monthly staff meeting, performance data for Indicators 1 through 8, was reviewed with the Service Coordinators and Service Providers. A healthy discussion ensued surrounding the performance data, especially, for Indicator 3 and Indicator 11, as child outcomes data (3B) is used also for the State Identified Measurable Result (SiMR) in the SSIP. A more detailed description of the engagement can be found in Indicator 3.

October 24, 2024: This hybrid stakeholder session focused on the Compliance Indicators. Stakeholders who were in attendance included parents, members from the Guam Interagency Coordinating Council (ICC), Part C personnel and other interested community members. Stakeholders were pleased with the performance data presented and shared some ideas GEIS could implement to address families who are not as responsive to the steps and measures taken to meet the 45-Day Timeline, in particular. Although Part C met the compliance target for Indicator 7, there was still a high number of delays attributed to parent delays.

November 4, 2024: This hybrid stakeholder session focused on Indicators 2, 4, 5, and 6. Stakeholders in attendance included parents, members from the ICC, GEIS personnel and other interested community members. Stakeholders discussed the trend data presented for the number of children served in the program, along with the results of the family outcomes survey. Although the response rate for this FFY 2023 was a vast improvement from the FFY 2022 response rate for Indicator 4, stakeholders all agreed that every parent's input is important and the program should look into the reasons for why the remaining parents were not able to provide feedback on the outcomes survey for families.

December 2, 2024: This hybrid stakeholder session focused on Indicator 3, Child Outcomes. Stakeholders were highly engaged in the discussion surrounding the performance data for this particular indicator as there was "slippage" reported for each of the outcomes. A more detailed description of the engagement and the explanation of "slippage" is provided in the narrative section under Indicator 3 of this FFY 2023 SPP/APR.

January 10, 2025: A session with personnel from the GEIS was held to review the performance data for Indicator 11, the State Systemic Improvement Plan. GEIS personnel engaged in a discussion in small groups, and then in larger groups to review their findings after reviewing the results from the various tools utilized for the SSIP. The small group sessions also included reviewing the implementation plans to determine if the activities conducted during this FFY 2023 reporting period were completed or if they would be on-going. A more detailed description can be found in the SSIP Indicator 11.

January 11, 2025: A large stakeholder session was held both in-person and online to review the FFY 2023 SPP/APR in its entirety. Flyers and email notices were sent to families, service providers, Division personnel, community partners and agencies who provide services to children and families,



along with members from the Guam ICC.

January 24, 2025: A virtual session was held with members from the Leadership Team of the Guam Early Learning Council to review and discuss the FFY 2023 SPP/APR. Stakeholders were particularly interested in how Part C would be able to increase the number of infants and toddlers served as reported in Indicator 5, along with increasing the number of home visits after reviewing the data for Indicator 11, which revealed a large number of cancellations for home visits. Stakeholders offered ideas with how to encourage family engagement and involvement through accommodations and incentives that could be afforded to families. Some examples of the accommodations for consideration would be to schedule meetings out in the community instead of in the homes, and provide incentives such as gas coupons and food vouchers.

As noted in the stakeholder description for September 25, 2024, Guam Part C engaged in a discussion with its stakeholders during a regularly scheduled GICC meeting. Stakeholders were informed that in its FFY 2022 SPP/APR, Guam Part C did not provide baseline and targets for its At-Risk population. As the program includes in its eligibility criteria infants and toddlers who are At-Risk, the measurement for Indicator 3 requires baseline and targets for At-Risk infants and toddlers, unless the program decides to aggregate the data for all infants and toddlers receiving early intervention services.

During the September 25, 2024 ICC meeting, stakeholders had the opportunity to review data for children with disabilities, children who are At-Risk, and combined data for children with disabilities and at-risk children for each child outcome and accompanying summary statements. Stakeholders noted there were no differences in the performance data. One stakeholder also commented that it would be easier to track performance data for all infants and toddlers reported in Indicator 3, than to have separate targets for children with disabilities and children who are At-Risk. In the end, all stakeholders agreed to aggregate performance data on all infants and toddlers that are served under the Part C Program and to use the same targets determined for children with disabilities for the aggregated data as this would be the best road taken.

**Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

Aggregated Performance Data

#### Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2023	Target>=	70.00%	66.00%	36.17%	40.59%	45.01%
A1	42.86%	Data	56.86%	60.38%	36.17%	55.26%	52.00%
A1 ALL	2023	Target>=	70.00%				
A1 ALL	42.86%	Data	100.00%			100.00%	
A2	2023	Target>=	76.00%	66.30%	45.59%	50.25%	54.32%
A2	23.16%	Data	56.10%	55.84%	45.59%	39.58%	42.42%
A2 ALL	2023	Target>=	76.00%				
A2 ALL	31.13%	Data	100.00%		100.00%	100.00%	100.00%
B1	2023	Target>=	75.00%	65.50%	46.30%	49.90%	53.50%
B1	45.05%	Data	58.18%	60.34%	46.30%	60.00%	47.37%
B1 ALL	2023	Target>=	75.00%				
B1 ALL	45.05%	Data	100.00%		0.00%	100.00%	66.67%
B2	2023	Target>=	64.00%	54.00%	39.71%	43.22%	45.86%
B2	10.53%	Data	48.78%	42.86%	39.71%	33.33%	31.82%
B2 ALL	2023	Target>=	64.00%				
B2 ALL	19.81%	Data	100.00%		87.50%	100.00%	92.31%
C1	2023	Target>=	70.00%	59.00%	46.00%	48.52%	51.04%
C1	32.18%	Data	50.00%	55.17%	46.00%	55.26%	50.00%
C1 ALL	2023	Target>=	70.00%				
C1 ALL	32.18%	Data	100.00%		0.00%	100.00%	100.00%
C2	2023	Target>=	70.00%	61.00%	47.06%	50.26%	52.69%
C2	20.00%	Data	50.00%	55.84%	47.06%	43.75%	30.30%
C2 ALL	2023	Target>=	70.00%				
C2 ALL	28.30%	Data	100.00%		87.50%	100.00%	100.00%

#### Targets

FFY	2023	2024	2025
Target A1 >=	49.43%	53.85%	58.28%

Target A1 ALL >=	49.43%	53.85%	58.25%
Target A2 >=	58.29%	62.26%	66.50%
Target A2 ALL >=	58.29%	62.26%	66.50%
Target B1 >=	57.10%	60.70%	64.50%
Target B1 ALL >=	57.10%	60.70%	64.50%
Target B2 >=	48.50%	51.14%	53.78%
Target B2 ALL >=	48.50%	51.14%	53.78%
Target C1 >=	53.56%	56.08%	58.62%
Target C1 ALL >=	53.56%	56.08%	58.62%
Target C2 >=	55.12%	57.55%	60.00%
Target C2 ALL >=	55.12%	57.55%	60.00%

**Outcome A: Positive social-emotional skills (including social relationships)**

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1	1.05%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	43	45.26%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	29	30.53%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4	4.21%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	18	18.95%

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1	0.94%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	43	40.57%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	29	27.36%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4	3.77%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	29	27.36%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	33	77	52.00%	49.43%	42.86%	N/A	N/A
A2. The percent of infants and toddlers who were functioning	22	95	42.42%	58.29%	23.16%	N/A	N/A

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
within age expectations in Outcome A by the time they turned 3 years of age or exited the program							

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	33	77		49.43%	42.86%	N/A	N/A
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	33	106	100.00%	58.29%	31.13%	N/A	N/A

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1	1.05%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	49	51.58%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	35	36.84%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6	6.32%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4	4.21%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1	0.94%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	49	46.23%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	35	33.02%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6	5.66%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	15	14.15%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	41	91	47.37%	57.10%	45.05%	N/A	N/A
B2. The percent of infants and toddlers who were	10	95	31.82%	48.50%	10.53%	N/A	N/A

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program							

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	41	91	66.67%	57.10%	45.05%	N/A	N/A
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	21	106	92.31%	48.50%	19.81%	N/A	N/A

**Outcome C: Use of appropriate behaviors to meet their needs**

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1	1.05%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	58	61.05%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	17	17.89%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	11	11.58%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8	8.42%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1	0.94%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	58	54.72%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	17	16.04%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	11	10.38%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	19	17.92%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	28	87	50.00%	53.56%	32.18%	N/A	N/A
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they	19	95	30.30%	55.12%	20.00%	N/A	N/A

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
turned 3 years of age or exited the program							

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	28	87	100.00%	53.56%	32.18%	N/A	N/A
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	30	106	100.00%	55.12%	28.30%	N/A	N/A

#### FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	141
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.	35
Number of infants and toddlers with IFSPs assessed	106

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The Guam Early Intervention System used multiple sources of information to determine the status of the early childhood outcomes. Most of the information is collected as part of the development of the child's IFSP; therefore, collecting child assessment information is part of the IFSP development process and not an added step.

The following information is considered in determining a child's status relating to the three early childhood outcomes:

The summary information for child outcomes is expected to consider the child's functioning in his or her natural environment. Information from the family and service providers in contact with the child is considered in deciding the rating for each outcome.

Various types of information are used in determining the child's status relative to the child outcomes. These may include, but not be limited to: parent input or observation; Service Provider input/observation; the Hawaii Early Learning Profile (HELP); the Guam Early Learning Guidelines; the Developmental Assessment of Young Children – 2nd Edition (DAYC-2); and from related service providers.

Information about each outcome is reflected in the child's IFSP Present Levels of Functional Performance across typical settings and situations that make up the child's daily routines.

Infants and toddlers exiting with less than 6 months of service did not participate in exit surveys. Exit data is collected just prior to exiting the program.

Provide additional information about this indicator (optional).

In summary, after reviewing the data, stakeholders drilled down the following information --- that the average age of enrollment into early intervention is at 19 months of age and the average amount of early intervention services received is 14.4 months. Overall, the stakeholders concluded that the data indicates that children are not accessing services in the first year of life. Additionally, for this reporting period, about half of the staff have been with GEIS for less than 2 years. Professional development, therefore, continues to be a priority to ensure that providers have adequate to advanced levels of confidence and understanding of the evidence-based practices that are used to support the infants and toddlers and their families. Stakeholders discussed and agreed to the following improvement strategies:

Frequency: The GEIS Core Team discussed the number of monthly services provided to 28 children and verified the frequency of home visits documented on the IFSP and the actual numbers of home visits provided on the Child's Case Notes. Of the 28 cases reviewed, 13 IFSPs with Case Notes were verified noting a range of 33% to 92% home visiting services provided. The Team discussed a high number of visits cancelled by parents. Of

a total of 347 home visits for the 13 IFSPs reviewed, 36.60% or 127/347 home visits were cancelled by the parents. The Core Team agreed to develop a data report that monitors the number of home visits completed and the number identified in the IFSP. In addition, a Continuous Quality Improvement (CQI) team will convene to review the procedures and practices for collecting and reporting the number of IFSP services achieved and not achieved. If the services were not achieved, documentation must be provided, specifically explaining why not. Furthermore, the CQI Team will discuss strategies for promoting how important each visit is in supporting the child and family outcomes and priorities.

**Provider's Competencies:** Stakeholders reviewed the self-assessment tools that measure the Service Providers and Service Coordinator level of understanding and confidence on early childhood evidence-based practices. Based on the data results, the areas of low performance based on the DEC practices were Transition 1, Team Collaboration #2 and # 4, Instruction #2 and #13, and Assessment #11. The Stakeholders agreed that targeted professional development sessions will be scheduled in efforts to increase levels of understanding and confidence of Service Providers and Service Coordinators on these evidence-based practices. Other training events will address the following topics: Embedding the Child Outcomes in the IFSP Process and Trauma Informed Care for Infants and Toddlers.

**Parent Competencies:** Stakeholders agreed to continue to provide targeted parent training on the six evidence-based practices identified in the Babbles, Bubbles, and BOO Table. The focus of this training is to provide parents with applied practice in using tips and ideas to support their child's expressive language and overall development within their daily routines. In addition, the Program will continue to participate in early childhood outreach activities in efforts to identify children at an earlier aged by promoting the 4 Key Steps of Early Identification: Developmental Monitoring/ Surveillance, Developmental Screening, Referral to GEIS, and Receipt of Early Intervention Services.

**Resources:** Stakeholders discussed providing parents with additional online resources that will support child development. This will include, for example, local videos that were developed demonstrating families actively engaging their children within daily routines and across different settings. These videos will be available on the Guam DOE website and could be accessed via YouTube. In addition, families will continue to have access to short videos that are sent to families through weekly emails from Teaching Strategies: Ready Rosie that was implemented in Fall 2023.

### **3 - Prior FFY Required Actions**

Guam did not provide the baseline or targets for just at-risk infants and toddlers, as required by the Measurement Table. Guam must provide the required baseline and targets through FFY 2025 in the FFY 2023 SPP/APR.

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

For this FFY 2023 SPP/APR, Guam Part C provided an explanation with how the program would address the prior required actions noted in the FFY 2022 SPP/APR. During a stakeholder session in September 25, 2024, stakeholders were provided disaggregated and aggregated data for both infants and toddlers with disabilities and At-Risk infants and toddlers. Stakeholders were engaged in discussions with the program about this drill down and decisions were made with how GEIS would address the requirement of providing baseline and targets for the At-Risk population for the remaining reporting years of the SPP/APR. In the end, stakeholders agreed to include At-Risk children data with data for children with disabilities. Baseline data for this population would be data reported in this FFY 2023; and targets for this population would follow suit, using the targets determined for children with disabilities for FFY 2024 and FFY 2025. Additional information is provided in the section titled "Targets: Description of Stakeholder Input."

### **3 - OSEP Response**

Guam has revised the baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

Guam established its FFY 2023-2025 targets for A1ALL, A2ALL, B1ALL, B2ALL, C1ALL and C2ALL, and OSEP accepts those targets.

### **3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2005	Target>=	96.50%	98.00%	88.20%	89.00%	90.00%
A	91.00%	Data	94.87%	100.00%	88.24%	100.00%	92.59%
B	2005	Target>=	94.00%	98.00%	94.10%	94.60%	95.10%
B	84.00%	Data	97.44%	90.91%	94.12%	97.06%	96.30%
C	2005	Target>=	97.00%	100.00%	94.10%	94.60%	95.10%
C	79.00%	Data	100.00%	95.45%	94.12%	100.00%	96.30%

## Targets

FFY	2023	2024	2025
Target A>=	91.00%	92.00%	93.00%
Target B>=	95.60%	96.10%	96.60%
Target C>=	95.60%	96.10%	96.60%

### Targets: Description of Stakeholder Input

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

August 2, 2024: During the Division's Orientation session held at the beginning of the school year, all compliance Indicators were reviewed with personnel consisting of teachers and service providers, of whom included parents of children with disabilities, to review and discuss ways in which Part C could meet timely services, the 45-Day timeline, and transition services for children exiting the Part C program and who may be eligible to receive services from the Part B program.

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December 2, 2024: This hybrid stakeholder session focused on Indicator 3, Child Outcomes. Stakeholders were highly engaged in the discussion surrounding the performance data for this particular indicator as there was "slippage" reported for each of the outcomes. A more detailed description of the engagement and the explanation of "slippage" is provided in the narrative section under Indicator 3 of this FFY 2023 SPP/APR.

January 10, 2025: A session with personnel from the GEIS was held to review the performance data for Indicator 11, the State Systemic Improvement Plan. GEIS personnel engaged in a discussion in small groups, and then in larger groups to review their findings after reviewing the results from the



various tools utilized for the SSIP. The small group sessions also included reviewing the implementation plans to determine if the activities conducted during this FFY 2023 reporting period were completed or if they would be on-going. A more detailed description can be found in the SSIP Indicator 11.

January 11, 2025: A large stakeholder session was held both in-person and online to review the FFY 2023 SPP/APR in its entirety. Flyers and email notices were sent to families, service providers, Division personnel, community partners and agencies who provide services to children and families, along with members from the Guam ICC.

January 24, 2025: A virtual session was held with members from the Leadership Team of the Guam Early Learning Council to review and discuss the FFY 2023 SPP/APR. Stakeholders were particularly interested in how Part C would be able to increase the number of infants and toddlers served as reported in Indicator 5, along with increasing the number of home visits after reviewing the data for Indicator 11, which revealed a large number of cancellations for home visits. Stakeholders offered ideas with how to encourage family engagement and involvement through accommodations and incentives that could be afforded to families. Some examples of the accommodations for consideration would be to schedule meetings out in the community instead of in the homes, and provide incentives such as gas coupons and food vouchers.

#### FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	146
Number of respondent families participating in Part C	119
Survey Response Rate	81.51%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	116
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	119
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	114
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	119
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	115
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	119

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	92.59%	91.00%	97.48%	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)	96.30%	95.60%	95.80%	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)	96.30%	95.60%	96.64%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

#### Response Rate

FFY	2022	2023
Survey Response Rate	21.77%	81.51%

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

The metric used to determine representativeness was the ECTA Center representativeness calculation. The calculator uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10). The ECTA Center calculator is excel-based, that it automatically indicates whether the difference between the target population data and the respondent data is statistically significant. For both the ethnicity and geographic location data, the ECTA Center calculator indicated that the respondent data were representative of the target population.

It should be noted that the ECTA Center excel-based calculator indicated a caution in using the calculator for determining representativeness for small cell sizes in subgroups less than 35.

**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.**

For this FFY 2023 reporting period, there were a total of 146 surveys distributed with 119 families who responded. Using these numbers, the response rate for Indicator 4 was 81.51% (119/146), which is an increase of 59.74% from the FFY 2022 response rate of 21.77%.

GEIS conducted an analysis of the demographics of the infants and toddlers for whom families responded in order to determine the representativeness of its respondent population. To begin, all families receiving early intervention services for a minimum of 6 months were provided the survey. The survey was distributed using a variety of means which included receiving a hard copy of the survey. For better ease of access, a QR Code was also included in the survey, in addition to a link that families could open on their smart phones or computers. It should also be noted that with stakeholder input, GEIS combined the two surveys typically disseminated to families throughout the year. Stakeholders noted that having to respond to two very similar surveys – an annual survey and a 6-month survey – was a bit cumbersome and quite confusing especially when the questions were very similar. Upon review of both surveys, stakeholders decided to keep the relevant questions that would respond to the respective Indicators, most especially Indicator 4: Family Outcomes.

In looking at the data from the respondent population and using the calculations from the ECTA Calculator, the 119 respondents were representative of the target population of infants and toddlers receiving GEIS services when examining the breakdown by the OSEP ethnicity categories of Pacific Island, Asian, Two or More Races, and White. The breakdown of the data is as follows:

Total Asian = 24.66% (36/146); Respondents = 83.33% (30/36); Non-Respondents 16.67% (6/36)  
Total Pacific Islander = 59.59% (87/146); Respondents = 82.76% (72/87); Non-Respondents = 17.24% (15/87)  
Total Two or More Races = 10.96% (16/146); Respondents = 76.19% (16/21); Non-Respondents = 23.81% (5/21)  
Total White = 0.68% (1/146); Respondents= 0.50% (1/2); Non-Respondents= 0.50% (1/2)

GEIS also conducted a review of the geographic location of the respondent population. This review indicated that the 119 respondents were representative of the geographic location of the infants and toddlers receiving services from GEIS. The geographic location reviewed included the regions of the island in which the infants and toddlers reside: Northern Region, Central Region, and Southern Region. The comparison data for the geographic locations are as follows:

Northern Region = 52.05% (76/146); Respondents = 84.21% (64/76); Non-Respondents= 15.79% (12/76)  
Central Region = 29.45% (43/146); Respondents = 79.07% (34/43); Non-Respondents= 20.93% (9/43)  
Southern Region = 18.49% (27/146); Respondents = 77.78% (21/27); Non-Respondents= 22.22% (6/27)

It should be noted that the ECTA Calculator cautioned GEIS with the following message: "Since your data are representative overall, caution must be taken with interpreting representativeness tests for each individual subgroup. The test will be extremely sensitive to small differences and therefore will much more likely result in showing subgroups as not representative."

**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)**

**YES**

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

For this reporting year, GEIS employed various options to increase the response rate year over year, particularly for those groups that are underrepresented. The strategies used included a change in the standard operating procedures for disseminating, collecting, reporting and monitoring the return rate of the surveys.

To begin, GEIS met with stakeholders comprised of its personnel and a parent representative to review the two surveys disseminated throughout the reporting period. For several years, GEIS disseminated an annual survey and a 6-month review survey to its families. Upon review of both surveys, Stakeholders determined that many of the questions posed in the surveys were repetitive. Based on the review, stakeholders decided to remove the repetitive questions and combine both surveys into one concise survey, taking care to ensure the questions in the survey answered the measurements in Indicator 4: Family Outcomes and the SSIP.

Other steps taken to increase the response rate year over year, stakeholders determined that the survey will not be distributed annually, but over a designated period of time (2-3 months), ensuring that the surveys will be distributed to the parents of infants and toddlers receiving services for a minimum of six months. For better ease and tracking purposes, the surveys were packaged in an envelope for the Service Coordinators who were charged with disseminating the surveys to their families during home visits which could be conducted in-person or virtually. Various means of distribution included a hard copy of the survey which could be given during an in-person home visit. If the visits were done online, a QR Code and link to the survey was provided to the families so they could access the survey on their smart phones or computers. All options to access the survey were provided as the QR Code and link was also included in the hard copy survey. Additionally, the tracking system developed included a special code assigned to the Service Coordinator and family.

The submission of the surveys was monitored very closely by the Part C Data Manager. A weekly report was generated and posted on the Data Wall to

display the number of surveys submitted and the number of surveys pending by each Service Coordinator. Incentives in the form of gas coupons were given to families who completed and submitted their surveys.

The response rate for this FFY 2023 was 81.51% (119/146) of the surveys distributed. This was an increase of 59.74% from the FFY 2022 response rate of 21.77%.

GEIS employed these steps or Levels of Attempts as part of its strategies for monitoring and tracking survey returns:

Step 1: Service Coordinators will distribute one survey to the families of infants and toddlers during the designated time period (annually during the first week in March).

Step 2: Service Coordinators will distribute a second round of surveys for one more month after the designated time period to families who were not able to complete and submit the survey.

If response rates are low, GEIS will use the following three-tiered follow-up strategies if the initial Levels of Attempts are not successful:

Level 1: The Data Manager reviews a report of all submitted surveys and sends email reminders to service coordinators about families who have not yet completed the survey. Service coordinators are responsible for contacting parents via phone or email to encourage completion.

Level 2: The Data Office prepares hard copies of the surveys for families who still have not submitted their responses. These surveys are distributed during home visits, with the request that parents complete the surveys. Once collected, surveys are submitted to the Data Office.

Level 3: The Program Coordinator and administrative staff make phone calls to parents, explaining the importance of their feedback and encouraging them to complete the survey. If necessary, staff will deliver the survey to families and wait for them to complete it, or they will invite families to come into the office to complete and submit the survey. Families are provided with incentives for completing the survey.

When reviewing the overwhelming increase in this year's response rate, however, stakeholders surmised that the constant monitoring and weekly reports displayed on the Data Wall were effective strategies in getting the surveys distributed and submitted for this FFY 2023.

**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.**

During the designated time period for distribution, GEIS Service Coordinators disseminated 146 surveys to parents of infants and toddlers receiving services for a minimum of 6 months. The surveys were disseminated to parents through the assigned Service Coordinators who meet their families during a home visit, either in-person or virtually. In addition, the surveys were distributed using various modes such as hard copies, a QR Code and a link that families could access using their smart phones or computers.

Using the ECTA Family Outcomes Response Rate and Representativeness Calculator, the race/ethnicity data, along with the geographic location data show that of the respondents are representative of the demographics of children receiving services from GEIS.

Upon review of the race/ethnicity data, the respondents were representative of the OSEP race/ethnicity categories GEIS reports in its Child Count: Asian – 24.66% (36/146); Pacific Islander – 59.59% (87/146); Two or More Races – 10.96% (16/146); and White – 0.68% (1/146).

In the review of geographic location, the respondents represented the Regions where the majority of infants and toddlers served reside. The 119 respondents that were from the different regions of the island include: 52.05% (76/146) families in the Northern Region of Guam; 29.45% (46/146) from the Central Region; and 18.49% (27/146) from families living in the Southern Region of the island.

Based on the dissemination process throughout the year, the race/ethnicity and the geographic location of respondents, GEIS did not identify any nonresponse bias. The levels of attempts and standard operating procedures described in the Analysis and the Strategies sections will continue to be used in subsequent years for completing the family surveys.

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

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

None

#### **4 - OSEP Response**

#### **4 - Required Actions**

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	1.13%

FFY	2018	2019	2020	2021	2022
Target >=	1.55%	1.31%	0.95%	1.00%	1.05%
Data	1.13%	0.86%	0.96%	0.17%	0.53%

### Targets

FFY	2023	2024	2025
Target >=	1.10%	1.13%	1.15%

### Targets: Description of Stakeholder Input

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

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#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	6
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	2,073

#### FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6	2,073	0.53%	1.10%	0.29%	Did not meet target	Slippage

#### Provide reasons for slippage, if applicable

For this FFY 2023 SPP/APR, Guam Part C did not meet the 1.10% target with its performance of 0.29% (6/2073). This performance is also considered a slippage of 0.24% from the FFY 2022 performance of 0.53%. The slippage in meeting this target can be attributed to the low number of infants and toddlers from birth to 1 with IFSPs identified during this period. The GEIS program conducted a drill down of the data to determine the root causes for not identifying and/or providing services to this population.

Upon review of data compiled for this reporting period, Guam noted the number of parent refusals with the Birth to 1 population for services even after being referred and/or evaluated for possible services. Most notable were the number of families refusing services if their babies were in the Neonatal Intensive Care Unit (NICU) at the local hospital. Referrals to GEIS would come in from the local hospital for the GEIS Service Coordinators (SC) to contact the families so they could complete a Child Intake for the purposes of evaluating and providing support and services, where needed. The families of these babies would often decline services from GEIS stating they would prefer to wait until their babies were discharged from the hospital. Wanting to honor the wishes of families, the SCs would terminate the referrals and place these children on a "monitoring list," whereby periodic checks would be made with the families to gauge the desire to either initiate the referral process or implement the services for their child and family even after an IFSP was developed.

To target this, the GEIS developed a process in partnership with the Guam Memorial Hospital Authority (GMHA) called the Developmental Evaluation Process (DEP) whereby the focus would be on the family; services would be offered to the family instead of services to the newborn infant in the NICU. This shift in focus is because the newborn in the NICU is being cared for by the medical team assigned to the infant. Additionally, because this newborn is in the NICU, this newborn child is potentially eligible for services under the eligibility criteria, "Bio Risk," due to low birth weight and an established condition identified at birth. Based on this eligibility criteria, an IFSP could be initiated with the focus on family outcomes, with the SC assigned as the Service Provider. Once the newborn baby transitions from Hospital to Home, new team members would be added and another IFSP would be developed to include child outcomes. This DEP will be implemented beginning March 2025 and will be monitored closely to determine if the number of infants from Birth to 1 increases in the next reporting period.

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

For this FFY 2023 SPP/APR reporting period, there were 6 infants and toddlers ages birth to 1 with IFSPs. With its performance of 0.29%, Guam Part C did not meet the FFY 2023 target of 1.1% for this reporting year and it is considered a slippage of 0.24% percentage points.

Using the Part C Child Find Funnel Chart Tool provided by the Center for IDEA Early Childhood Data Systems (DaSy), Guam Part C conducted a root cause analysis of the child find identification rates, from referral through exit, for infants and toddlers from Birth to 1 who were referred during this reporting period.

For the FFY 2023 reporting period, there were a total of 132 infants from Birth to 1 who were referred for early intervention services. The primary referrals sources identified were: 89 by Hospital; 24 by Bureau of Child Care Administration & Child Protective Services; 8 from Clinics; 4 from parents; 5 from Department of Public Health; 1 from Women Infant and Child (WIC); and 1 from a source identified as "Other."

Of the 132 infants, 25.76% (34/132) were evaluated; 74.24% (98/132) referrals were terminated. Of those terminated, 18 babies scored above the cutoff and the child's development appeared to be on schedule based on the results of a developmental screening; 41 was due to parents' refusal of services; 26 was due to no response; 9 was due to unable to locate; 3 were deceased; and 1 moved off-island. Additionally, of the 41 refusals for services, the following data was reviewed: Reasons for Termination, Age at Entry, Ethnicity, Geographic Location, and Primary Language.

Reasons for Termination: Of the 41 referrals, 14 parents requested to wait until the baby is released from the hospital; 9 parents indicated no concerns; 4 parents requested to wait and will call back if needed; 1 parent refused moving forward with the referral; 1 parent only wanted a hearing screening; 1 parent did not want to move forward with the referral because she paid for the Audiological evaluation out of pocket; 1 moved; 1 did not indicate a reason for refusal; and 1 was deceased. There were also nine parents that did not share their reasons for terminating the referral.

Age at Referral: Of the 41 referrals that were terminated, 22 babies were newborns; five (5) babies were 1-month of age; six (6) babies were 2-months of age; one (1) baby was 3-months of age; one (1) baby was 5-months of age; one (1) baby was 6-months of age; three (3) babies were 7-months of age; one (1) baby was 8-months months of age; and one (1) baby was 11-months of age. Based on the Child Count by Age of Referral, the average age of referral was 21 months.

Ethnicity: Of the 41 referrals that were terminated, 21 babies are Chamorros, 10 are Chuukese, 4 are Pohnpeian, 2 are Yapese, and 2 are Filipinos. 2 parents did not include their ethnicity.

Geographic Location: Of the 41 referrals terminated, there were 11 babies from the Northern Districts from the villages of Dededo (7), Yigo (3) and Harmon (1); 18 babies are from the Central District from the villages of Barrigada (7), Tamuning (3), Mongmong-Toto-Maite (2), Hagåtña (2), Mangilao (3), Chalan Pago (1); and from the Southern Districts from the villages of Yona (4), Agat (1), and Santa Rita (2). There were 6 parents who did not identify the village of residence.

Language Spoken: Of the 41 referrals that were terminated, 33 parents indicated the primary language spoken is English, 4 indicated Chuukese, 1 indicated Chamorro, and 1 indicated Pohnpeian as their primary language spoken. There were 2 referrals that did not indicate a primary language spoken.

Additionally, of the 132 referrals, 34 babies had evaluations completed of which 10 families refused early intervention services for their babies, while 24 babies had their initial IFSP meetings and are enrolled for early intervention services. The following are reasons why the 10 babies did not complete the IFSP process: Two (2) families moved off-island; one (1) family had a baby who was eligible, but not in need of services; four (4) families had babies who were not eligible for Part C services; two (2) parents refused early intervention services; and one (1) family could not be located.

Furthermore, should families need services from an interpreter or translator, the assigned Service Coordinator submits the Language Interpreter/Translator Evaluation Form to the contracted vendor requesting these services. The GEIS Administrative Officer is also included in this request so these services could be procured.

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

Based on Stakeholder input, the following strategies and improvement activities will be implemented in an effort to increase the number of infants from Birth to 1 year served:

1. Continue to monitor the pilot of the DEP process using a Continuous Quality Improvement (CQI) model. The CQI may include the GMHA nursery supervisor, the GMHA Social Worker, and the GEIS Service Coordinators/Providers. The CQI process will allow the Team to review data of newborns and their families by accessing early intervention services prior to the newborns' discharge from the hospital and will make any changes DEP process, as needed.

2. Provide training for physicians and other health care providers on the importance of developmental monitoring/surveillance and developmental and

behavioral screening in partnership with Guam's Act Early Ambassador and the Hawaii's American Academy of Pediatrics President / Hawaii's Act Early Ambassador. This training will provide updated information on the CDC Learn The Signs, Act Early resources, and materials.

3. Continue to support Child Find and public awareness activities through community outreach activities such as the Village Play Time events.

4. Since Guam's culture is that of an oral culture, the early childhood partners agreed to fund radio and television public awareness campaigns on the importance of early identification in multiple languages such as Chuukese, Pohnpeian, Yapese, and Palauan.

## **5 - Prior FFY Required Actions**

None

## **5 - OSEP Response**

## **5 - Required Actions**

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.56%

FFY	2018	2019	2020	2021	2022
Target >=	2.03%	2.03%	1.61%	1.61%	1.63%
Data	1.65%	1.81%	1.62%	1.24%	2.12%

#### Targets

FFY	2023	2024	2025
Target >=	1.63%	1.65%	1.65%

#### Targets: Description of Stakeholder Input

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

August 2, 2024: During the Division's Orientation session held at the beginning of the school year, all compliance Indicators were reviewed with personnel consisting of teachers and service providers, of whom included parents of children with disabilities, to review and discuss ways in which Part C could meet timely services, the 45-Day timeline, and transition services for children exiting the Part C program and who may be eligible to receive services from the Part B program.



September 25, 2024: During a regularly scheduled Guam Interagency Coordinating Council (ICC) meeting, performance data for the FFY 2023 SPP/APR was reviewed with the members. In addition, the Part C Coordinator shared the need to provide a baseline and targets for children who are At-Risk when reporting on Child Outcomes for Indicator 3 as the previous SPP/APRs did not include a baseline and targets for this population. As a result, OSEP is requiring Guam Part C to provide this data for Indicator 3 in its FFY 2023 SPP/APR submission. During the ICC meeting, comparison data on each of the Outcomes and the applicable Summary Statements was presented to the members --- separate data for each population and aggregated data. Stakeholders engaged in a lengthy discussion and concluded the differences were minimal when comparing the data for Just At-Risk children, data for children with disabilities, and data for the aggregate population. In the end, stakeholders agreed to aggregate the data for Just-At Risk and children with disabilities for each of the outcomes and summary statements for Indicator 3. This decision included using FFY 2023 as the baseline year for the aggregated data, along with using the same targets previously determined for children with disabilities for the subsequent submissions of the FFY 2024 and FFY 2025 SPP/APRs for Guam Part C.

October 12, 2024: During a GEIS monthly staff meeting, performance data for Indicators 1 through 8, was reviewed with the Service Coordinators and Service Providers. A healthy discussion ensued surrounding the performance data, especially, for Indicator 3 and Indicator 11, as child outcomes data (3B) is used also for the State Identified Measurable Result (SiMR) in the SSIP. A more detailed description of the engagement can be found in Indicator 3.

October 24, 2024: This hybrid stakeholder session focused on the Compliance Indicators. Stakeholders who were in attendance included parents, members from the Guam Interagency Coordinating Council (ICC), Part C personnel and other interested community members. Stakeholders were pleased with the performance data presented and shared some ideas GEIS could implement to address families who are not as responsive to the steps and measures taken to meet the 45-Day Timeline, in particular. Although Part C met the compliance target for Indicator 7, there was still a high number of delays attributed to parent delays.

November 4, 2024: This hybrid stakeholder session focused on Indicators 2, 4, 5, and 6. Stakeholders in attendance included parents, members from the ICC, GEIS personnel and other interested community members. Stakeholders discussed the trend data presented for the number of children served in the program, along with the results of the family outcomes survey. Although the response rate for this FFY 2023 was a vast improvement from the FFY 2022 response rate for Indicator 4, stakeholders all agreed that every parent's input is important and the program should look into the reasons for why the remaining parents were not able to provide feedback on the outcomes survey for families.

December 2, 2024: This hybrid stakeholder session focused on Indicator 3, Child Outcomes. Stakeholders were highly engaged in the discussion surrounding the performance data for this particular indicator as there was "slippage" reported for each of the outcomes. A more detailed description of the engagement and the explanation of "slippage" is provided in the narrative section under Indicator 3 of this FFY 2023 SPP/APR.

January 10, 2025: A session with personnel from the GEIS was held to review the performance data for Indicator 11, the State Systemic Improvement Plan. GEIS personnel engaged in a discussion in small groups, and then in larger groups to review their findings after reviewing the results from the various tools utilized for the SSIP. The small group sessions also included reviewing the implementation plans to determine if the activities conducted during this FFY 2023 reporting period were completed or if they would be on-going. A more detailed description can be found in the SSIP Indicator 11.

January 11, 2025: A large stakeholder session was held both in-person and online to review the FFY 2023 SPP/APR in its entirety. Flyers and email notices were sent to families, service providers, Division personnel, community partners and agencies who provide services to children and families, along with members from the Guam ICC.

January 24, 2025: A virtual session was held with members from the Leadership Team of the Guam Early Learning Council to review and discuss the FFY 2023 SPP/APR. Stakeholders were particularly interested in how Part C would be able to increase the number of infants and toddlers served as reported in Indicator 5, along with increasing the number of home visits after reviewing the data for Indicator 11, which revealed a large number of cancellations for home visits. Stakeholders offered ideas with how to encourage family engagement and involvement through accommodations and incentives that could be afforded to families. Some examples of the accommodations for consideration would be to schedule meetings out in the community instead of in the homes, and provide incentives such as gas coupons and food vouchers.

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	115
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	6,190

#### FFY 2023 SPPI/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
115	6,190	2.12%	1.63%	1.86%	Met target	No Slippage

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

For this FFY 2023 SPP/APR reporting period, there were 115 infants and toddlers ages birth to 3 with IFSPs. With its performance of 1.86%, Guam Part C met the target of 1.63% for this reporting year.

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

For this FFY 2023 SPP/APR reporting period, there were 115 infants and toddlers ages birth to 3 with IFSPs. With its performance of 1.86%, Guam Part C met the FFY 2023 target of 1.63% for this reporting year.

Using the Part C Child Find Funnel Chart Tool provided by the Center for IDEA Early Childhood Data Systems, Guam Part C conducted a root cause

analysis of the child find identification rates for infants and toddlers Birth to Three. The results of the analysis are as follows:

For the FFY 2023 reporting period, there were a total of 349 infants and toddlers from Birth to 3 who were referred for early intervention services. The primary referrals sources identified were: 111 from the Hospital; 48 from Bureau of Child Care Administration & CPS; 79 from Clinics; 77 from parents; 19 from Department of Public Health- Community Health Centers; 8 from Women Infant and Child (WIC); 1 from Project Bisita - I Familia Home Visiting; 1 from Alee Shelter; 1 from Department of Education; 1 from a Child Care Center; and 3 from Other Sources.

Of the 349 infants, 37.54% (131/349) were evaluated; 62.46% (218/349) referrals were terminated. Of those terminated, 52 babies scored above the cutoff and the child's development appeared to be on schedule based on the results of a developmental screening; 81 were terminated due to parents' refusal of services; 55 were terminated due to no responses; 13 were terminated because the families were hard to locate; 3 were terminated because the infant was deceased; 11 moved off-island; and 3 were referred to Part B. Of the 81 parents who refused services, the following data was reviewed: Reasons for Termination, Age at Entry, Ethnicity, Geographic Location, and Primary Language:

Reasons for Termination: Of the 81 referrals, 16 parents requested to wait until the baby is released from the hospital; 15 parents indicated no concerns; 9 parents requested to wait and will call back if needed; 5 parents refused to move forward with the referral process; 1 parent only wanted a hearing screening; 1 refused because she paid for the Audiological evaluation out of pocket; 1 family could not be located; 3 parents indicated they are busy; 2 families moved off-island; 1 infant was deceased; 2 families indicated they were having family issues; and 25 parents did not document their reasons for refusing services.

Age at Referral: Of the 81 referrals that were terminated, 40 babies were between the ages of 0 to 11-months of age, 27 were between 12 to 23 months of age, and 14 were between 24 and 36 months of age. Based on the Child Count by Age of Referral, the average age of referral is 20 months of age.

Ethnicity: Of the 81 referrals that were terminated, 37 infants and toddlers are Chamorros, 15 are Chuukese, 6 are Pohnpeian, 4 are Yapese, 2 are White, 2 Palauan, and 8 are Filipinos. There were 7 referrals that did not include their ethnicity.

Geographic Location: Of the 81 referrals terminated, there were 26 infants and toddlers from the Northern Districts from the villages of Dededo (19), Yigo (6) and Harmon (1); 29 infants and toddlers are from the Central District from the villages of Barrigada (9), Tamuning (4), Mongmong-Toto-Maite (4), Hagåtña (2), Agaña Heights (1), Mangilao (8), and Chalan Pago (1); and 12 infants and toddlers from the Southern Districts from the villages of Yona (5), Agat (4), and Santa Rita (3). There were 14 referrals that did not indicate a geographic location.

Language Spoken: Of the 81 referrals that were terminated, parents indicated the following primary language spoken: English (70), Chuukese (6), Chamorro (1), and Pohnpeian (1). There were 3 referrals that did not indicate a primary language spoken.

Additionally, of the 349 referrals, 131 children were evaluated with a result of 13 children not eligible for Part C and 1 child eligible but not in need of services. Furthermore, there were 117 children that have an IFSP and were enrolled for early intervention services. Of the 117 enrolled in GEIS, 6 children moved, 2 children could not be located, and 8 parents refused services within 1 to 2 months from the initial IFSP meeting. Of the 8 parents that refused services, one parent indicated that they are currently busy and a member of their family is sick, while the other 7 parents did not provide a reason for terminating IFSP services. Overall, there were 101 infants and toddlers evaluated and enrolled for early intervention services for FFY 2023.

Furthermore, should families need services from an interpreter or translator, the assigned Service Coordinator submits the Language Interpreter/Translator Evaluation Form to the contracted vendor requesting these services. The GEIS Administrative Officer is also included in this request so these services could be procured.

Based on Stakeholder input, the following strategies and improvement activities will be implemented in an effort to increase the number of infants from Birth to 3 years served:

1. Continue to monitor the pilot of the DEP process using a Continuous Quality Improvement (CQI) model. The CQI may include the GMHA nursery supervisor, the GMHA Social Worker, and the GEIS Service Coordinators/Providers. The CQI process will allow the Team to review data of newborns and their families by accessing early intervention services prior to the newborns' discharge from the hospital and will make any changes DEP process, as needed.
2. Provide training for physicians and other health care providers on the importance of developmental monitoring/surveillance and developmental and behavioral screening in partnership with Guam's Act Early Ambassador and the Hawaii's American Academy of Pediatrics President / Hawaii's Act Early Ambassador. This training will provide updated information on the CDC Learn The Signs Act Early resources and materials.
3. Continue to support Child Find and public awareness activities through community outreach activities such as the Village Play Time events.
4. Since Guam's culture is that of an oral culture, the early childhood partners agreed to fund radio and television public awareness campaigns, focusing on the importance of early identification in multiple languages such as Chuukese, Pohnpeian, Yapese, and Palauan.

## **6 - Prior FFY Required Actions**

None

## **6 - OSEP Response**

## **6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	70.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.90%	97.98%	94.90%	72.85%	82.86%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

#### FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
51	125	82.86%	100%	100.00%	Met target	No Slippage

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

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

74

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

For this FFY 2023 SPP/APR, there were a total of 125 infants and toddlers who were evaluated and assessed for whom an initial IFSP was required to be conducted. Of the 125 infants and toddlers, 51 were conducted within the 45-Day Timeline.

There were 74 infants and toddlers whose documented delays were due to exceptional family circumstances (64 parent delays and 10 exceptional circumstances). The reasons for the parent delays stem from parents cancelling sessions and meetings (55 parents); parents requesting for a hold on services (5 parents); 3 parents who were a no-show for the scheduled meetings; and 1 parent who initially provided incorrect contact information.

There were also 10 exceptional circumstances due to the aftermath of Super Typhoon Mawar. These 10 families were displaced from their homes and were hard to locate. The GEIS SCs utilized the help of the village Mayors to locate these families. This strategy has proven helpful as many of the families sought assistance from their village Mayors in the form of shelter and food distribution.

A breakdown of the 74 infants and toddlers and the range of days after the 45-Day Timeline are as follows:

- 1 to 15 days after the 45-Day Timeline: 33 parent delays; 3 exceptional circumstances
- 16 to 30 days after the 45-Day Timeline: 14 parent delays; 0 exceptional circumstances
- 31 to 45 days after the 45-Day Timeline: 12 were parent delays; 3 were exceptional circumstances
- 46+ days after the 45-Day Timeline: 5 were parent delays; 4 were exceptional circumstances

**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 time period in which data was collected for Indicator 7 is from July 1, 2023 through June 30, 2024.

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

Though our verification process, there were 125 infants and toddlers to be evaluated and assessed for whom an initial IFSP meeting was required to be conducted within the 45-day timeline.

There were 74 infants and toddlers whose documented delays were due to exceptional family circumstances (64 parent delays and 10 exceptional circumstances). The reasons for the parent delays stem from parents cancelling sessions and meetings (55 parents); parents requesting for a hold on services (5 parents); 3 parents who were a no-show for the scheduled meetings; and 1 parent who initially provided incorrect contact information.

There were also 10 exceptional circumstances due to the aftermath of Super Typhoon Mawar. These 10 families were displaced from their homes and were hard to locate. The GEIS SCs utilized the help of the village Mayors to locate these families. This strategy has proven helpful as many of the families sought assistance from their village Mayors in the form of shelter and food distribution.

A breakdown of the 74 infants and toddlers and the range of days after the 45-Day Timeline are as follows:

- 1 to 15 days after the 45-Day Timeline: 33 parent delays; 3 exceptional circumstances
- 16 to 30 days after the 45-Day Timeline: 14 parent delays; 0 exceptional circumstances
- 31 to 45 days after the 45-Day Timeline: 12 were parent delays; 3 were exceptional circumstances
- 46+ days after the 45-Day Timeline: 5 were parent delays; 4 were exceptional circumstances

Guam met the 100% compliance for this indicator for this FFY 2023 SPP/APR reporting period.

All GEIS Service Coordinators meet with their IFSP teams monthly to discuss the status of cases. Printouts of cases, which indicate the 45-day "flag" date, are provided to service coordinators weekly and monthly so that SCs are alerted to the timeline requirement. Service Coordinators and service providers are required to submit all contact logs of cases to the Data Office at the end of the month to provide documentation of their efforts in their work with families, which includes strategies and action plans that describe how they work with families as early as possible so evaluations and IFSPs can be conducted within the required timelines.

**Provide additional information about this indicator (optional).****Correction of Findings of Noncompliance Identified in FFY 2022**

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

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

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	17	17	0

## **FFY 2021**

### **Findings of Noncompliance Verified as Corrected**

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

GDOE Compliance Monitoring Office (CMO) is responsible for monitoring and verifying correct implementation of Indicator 7 regulatory requirements. CMO reviews the Guam Early Intervention Services (GEIS-the Part C program) Indicator 7 program data reports to verify that GEIS is correctly implementing Indicator 7 regulatory requirements, consistent with OSEP QA 23-01. On a quarterly basis, CMO reviews Indicator 7 program data reports for updated/subsequent data at 100% compliance to determine whether GEIS is correctly implementing Indicator 7 regulatory requirements.

In FFY 2021, CMO conducted off-site monitoring for Indicator 7 compliance. The off-site monitoring included a review of Indicator 7 program data report for the period of July 1, 2021– March 8, 2022. In March 2022, a Written Notice of Finding of Noncompliance for Indicator 7 was issued to GEIS. The Notice identified 17 individual cases of noncompliance based on the Indicator 7 program data report. The Notice listed the 17 individual cases and indicated that the completion of the 45-timeline and/or reason for delay were not documented.

In April 2023, January 2024, and July 2024, CMO issued to GEIS the Failure to Correct notices for the noncompliance identified in March 2022. The April 2023 Notice indicated that CMO was able to verify the 17 individual cases were corrected, but GEIS has not been able to demonstrate correct implementation of Indicator 7 regulatory requirements through a review of updated/subsequent data at 100% compliance, consistent with OSEP QA 23-01.

The FFY 2022 compliance data of 82.86% (116/140) included 24 individual cases of noncompliance that were part of the updated data review for the FFY 2021 findings of noncompliance, which was the reason for not issuing new findings of noncompliance for Indicator 7 in FFY 2022. The FFY 2023 compliance data of 100% (125/125) demonstrated correct implementation of Indicator 7 regulatory requirements. However, the CMO January 2024 and July 2024 Failure to Correct notices included missing reasons for delay or dates of completion. GEIS reported the process for inputting data into the system in a timely manner has been a challenge.

In September 2024, CMO issued to GEIS the Verified Subsequent Correction Notice for the noncompliance identified in FFY 2021. The notice included verified correction of the individual case of noncompliance and indicated that GEIS demonstrated 100% compliance of updated/subsequent data through a review of the Indicator 7 program data report, which served as evidence of GEIS correctly implementing Indicator 7 regulatory requirements, consistent with OSEP QA 23-01. The one-year timeframe for verified timely correction of the FFY 2021 finding of noncompliance was March 2023.

In FFY 2023, Indicator 7 compliance data was at 100% (125/125) compliance. This 100% compliance demonstrated by GEIS was through a review of the Indicator 7 data report with individual file reviews for verification of timelines for accuracy. It should be noted that the verified subsequent correction of FFY 2021 Indicator 7 noncompliance could be attributed to the delay in submitting appropriate documentation for data entry.

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

CMO verifies each individual case of noncompliance identified was corrected through a review of GEIS Indicator 7 program data reports. The April 2023 Failure to Correct Notice indicated that CMO was able to verify the 17 individual cases identified in FFY 2021 were corrected through a review of the GEIS Indicator 7 program data reports.

## **7 - Prior FFY Required Actions**

Because Guam reported less than 100% compliance for FFY 2022, Guam must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, Guam must demonstrate, in the FFY 2023 SPP/APR, that the remaining 17 uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, Guam must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, Guam must describe the specific actions that were taken to verify the correction. If Guam did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why Guam did not identify any findings of noncompliance in FFY 2022.

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

In the Indicator Data section, Guam provided an explanation of why Guam did not identify any findings of noncompliance in FFY 2022.

## **7 - OSEP Response**

## **7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	89.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.68%	100.00%	100.00%	100.00%	100.00%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

#### FFY 2023 SPP/APR Data

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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
103	107	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.

4

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

There were four (4) toddlers exiting Part C who had their initial IFSP with transition steps and services when they were 33 months of age or older at entry. The transition steps were included in their IFSPs and LEA Notifications were provided to the Part B program because each toddler was potentially eligible for Part B services.

These 4 toddlers had documented delays attributed to exceptional family circumstances for their initial IFSP, as reported in Indicator 7 of this FFY 2023 SPP/APR. The exceptional family circumstances documented included: 4 parents who cancelled session/meetings.

#### 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 time period in which the data were collected was July 1, 2023 through June 30, 2024.

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

Data for Indicator 8A reports the percent of children "who received services and exited at the transition planning age" with timely planning to support the child's transition to preschool and other appropriate community service by their 3rd birthday. To ensure the data accurately reflects data for infants and toddlers with IFSPs for this reporting period, transition data submitted by the Service Coordinators is reviewed on a weekly basis and through a reported generated monthly. Data is reviewed to ensure there is written documentation of completion of 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. Any documentation of exceptional circumstances causing a delay in completing the initial IFSP at least 90 days prior to the child's 3rd birthday is also submitted to GEIS Data Office.

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

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

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

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

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

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**



## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

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

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

#### FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
90	90	100.00%	100%	100.00%	Met target	No Slippage

#### Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

#### Describe the method used to collect these data.

The Guam Department of Education (GDOE) is a unitary system; it is both the State Education Agency and the Lead Education Agency. GDOE is also the Lead Agency responsible for administration of Part C and Part B 619 Preschool. There was evidence that the LEA representative through the Part B Preschool Program was notified of the potential Part B eligibility for all children who received services from GEIS and were referred to Part B for potential eligibility.

A referral from GEIS is submitted to Part B to notify the program of a child who may be potentially eligible for Part B services. The GEIS Service Coordinator is responsible for submitting the referral and written documentation to the Data Office indicating the date of notification to the Part B program. A report is then generated monthly indicating the date of the notification. The GEIS Program Coordinator reviews reports monthly and verifies the data via monthly staffing with GEIS Service Coordinators and, when necessary, a file folder review.

Data for Indicator 8B reports the percent of children exiting GEIS where notification to the SEA and LEA occurred within the required Part C regulation timeline for children potentially eligible for Part B preschool services. Data compiled includes verification of data for the reporting period and not submitted 618 data. Based on the data report obtained from documentation submitted by the service coordinators, 100% (90/90) of the children who received GEIS services and were referred to the LEA (Part B) for potential Part B eligibility.

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

NO

#### 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 time period in which the data were collected is from July 1, 2023 through June 30, 2024.

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

There was a total of ninety-four (94) notifications submitted to Part B. Of these 94 notifications, there were four (4) children who were not counted in the percentage of children timely transition planning due to their age at the time of the initial IFSP, which was greater than 33 month of age.

The LEA representative through the Part B Preschool Program was notified of the number of toddlers receiving services under the GEIS program for 100% (90/90) of the children who received GEIS services and were referred to Part B for potential Part B eligibility.

The GEIS does not have an opt-out option for families.

The GEIS Program Coordinator reviews reports monthly and verifies data through monthly staff meetings with personnel and, when necessary, through a file folder review. This is useful in tracking progress or slippage for all Indicators, inclusive of Indicator 8. Furthermore, data is provided weekly to all GEIS personnel and is also displayed on a "Data Wall" that displays the progress all Compliance Indicators under Part C.

These weekly and monthly data reports assist GEIS with program improvement strategies and to determine and/or identify where or if technical assistance is needed.

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

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

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

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

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

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response****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 =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	70.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	93.65%	97.50%	96.00%	100.00%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

#### FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
73	91	100.00%	100%	96.70%	Did not meet target	Slippage

#### Provide reasons for slippage, if applicable

For this FFY 2023 SPP/APR reporting period, Guam Part C did not meet the 100% compliance target for this Indicator with its performance of 96.70%. This slippage is attributed to a Program Delay, in which a Service Coordinator was late in scheduling the transition conference meetings for these three (3) toddlers.

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

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

0

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

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

15

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

For this FFY 2023 SPP/APR reporting period, there were 15 documented delays due to exceptional family circumstances. The reasons for the delay stem from the following:

- Thirteen (13) families were either a "no show" or cancelled the meetings for their children; and
- Two (2) delays were due to exceptional circumstances as a result of the aftermath of Super Typhoon Mawar. These families were hard to locate as they lost their homes and were displaced.

The remaining three (3) toddlers were program delays due to a GEIS Service Coordinator who did not schedule the meetings timely.

#### 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 time period in which the data was collected is from July 1, 2023 through June 30, 2024.

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

There were 91 children with notifications to the LEA. Of the 91 toddlers with disabilities exiting Part C who were potentially eligible for Part B, the following is reported:

- 73 toddlers had transition conference meetings that occurred at least 90 days, and at the discretion of the parties not more than 90 days prior to the toddler's 3rd birthday;
- 15 toddlers had transition conference meetings scheduled that were delayed due to exceptional family circumstances; and
- 3 toddlers had transition conferences not done timely due to program delays.

To ensure the data accurately reflects the data for infants and toddlers with IFSPs for the full reporting period, the GEIS Service Coordinator submits the referrals to the GEIS Data Office indicating the date of notification to the Part B Program. A weekly, along with a monthly report, is generated indicating the dates of the notification.

The GEIS Program Coordinator reviews these weekly and monthly reports to verify the reported data. Based on the weekly reports, emails are sent out

to each SC to inquire about the status of any pending toddlers to ensure there is timeliness in meeting the requirements for Indicator 8C. Staff meetings are also held to review the monthly reports, and when necessary, a file folder review is conducted to ensure the data reported accurately reflects what is in the child's folder.

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

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

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

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

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

**8C - Prior FFY Required Actions**

None

**8C - OSEP Response**

**8C - Required Actions**

Because Guam reported less than 100% compliance for FFY 2023, Guam must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, Guam 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, Guam must describe the specific actions that were taken to verify the correction. If Guam 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 Guam did not identify any findings of noncompliance in FFY 2023. If Guam did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to Guam's issuance of a finding (i.e., pre-finding correction), the explanation must include how Guam verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

## 9 - Indicator Data

### Not Applicable

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

NO

**Select yes to use target ranges.**

Target Range not used

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

NO

### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	0

### Targets: Description of Stakeholder Input

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

August 2, 2024: During the Division's Orientation session held at the beginning of the school year, all compliance Indicators were reviewed with personnel consisting of teachers and service providers, of whom included parents of children with disabilities, to review and discuss ways in which Part C could meet timely services, the 45-Day timeline, and transition services for children exiting the Part C program and who may be eligible to receive services from the Part B program.

September 25, 2024: During a regularly scheduled Guam Interagency Coordinating Council (ICC) meeting, performance data for the FFY 2023 SPP/APR was reviewed with the members. In addition, the Part C Coordinator shared the need to provide a baseline and targets for children who are At-Risk when reporting on Child Outcomes for Indicator 3 as the previous SPP/APRs did not include a baseline and targets for this population. As a result, OSEP is requiring Guam Part C to provide this data for Indicator 3 in its FFY 2023 SPP/APR submission. During the ICC meeting, comparison data on each of the Outcomes and the applicable Summary Statements was presented to the members --- separate data for each population and aggregated data. Stakeholders engaged in a lengthy discussion and concluded the differences were minimal when comparing the data for Just At-Risk children, data for children with disabilities, and data for the aggregate population. In the end, stakeholders agreed to aggregate the data for Just-At Risk and children with disabilities for each of the outcomes and summary statements for Indicator 3. This decision included using FFY 2023 as the baseline year for the aggregated data, along with using the same targets previously determined for children with disabilities for the subsequent submissions of the FFY 2024 and FFY 2025 SPP/APRs for Guam Part C.

October 12, 2024: During a GEIS monthly staff meeting, performance data for Indicators 1 through 8, was reviewed with the Service Coordinators and Service Providers. A healthy discussion ensued surrounding the performance data, especially, for Indicator 3 and Indicator 11, as child outcomes data (3B) is used also for the State Identified Measurable Result (SiMR) in the SSIP. A more detailed description of the engagement can be found in Indicator 3.

October 24, 2024: This hybrid stakeholder session focused on the Compliance Indicators. Stakeholders who were in attendance included parents, members from the Guam Interagency Coordinating Council (ICC), Part C personnel and other interested community members. Stakeholders were pleased with the performance data presented and shared some ideas GEIS could implement to address families who are not as responsive to the steps and measures taken to meet the 45-Day Timeline, in particular. Although Part C met the compliance target for Indicator 7, there was still a high number of delays attributed to parent delays.

November 4, 2024: This hybrid stakeholder session focused on Indicators 2, 4, 5, and 6. Stakeholders in attendance included parents, members from the ICC, GEIS personnel and other interested community members. Stakeholders discussed the trend data presented for the number of children served in the program, along with the results of the family outcomes survey. Although the response rate for this FFY 2023 was a vast improvement from the FFY 2022 response rate for Indicator 4, stakeholders all agreed that every parent's input is important and the program should look into the reasons for why the remaining parents were not able to provide feedback on the outcomes survey for families.

December 2, 2024: This hybrid stakeholder session focused on Indicator 3, Child Outcomes. Stakeholders were highly engaged in the discussion surrounding the performance data for this particular indicator as there was "slippage" reported for each of the outcomes. A more detailed description of the engagement and the explanation of "slippage" is provided in the narrative section under Indicator 3 of this FFY 2023 SPP/APR.

January 10, 2025: A session with personnel from the GEIS was held to review the performance data for Indicator 11, the State Systemic Improvement Plan. GEIS personnel engaged in a discussion in small groups, and then in larger groups to review their findings after reviewing the results from the various tools utilized for the SSIP. The small group sessions also included reviewing the implementation plans to determine if the activities conducted during this FFY 2023 reporting period were completed or if they would be on-going. A more detailed description can be found in the SSIP Indicator 11.

January 11, 2025: A large stakeholder session was held both in-person and online to review the FFY 2023 SPP/APR in its entirety. Flyers and email notices were sent to families, service providers, Division personnel, community partners and agencies who provide services to children and families, along with members from the Guam ICC.

January 24, 2025: A virtual session was held with members from the Leadership Team of the Guam Early Learning Council to review and discuss the FFY 2023 SPP/APR. Stakeholders were particularly interested in how Part C would be able to increase the number of infants and toddlers served as reported in Indicator 5, along with increasing the number of home visits after reviewing the data for Indicator 11, which revealed a large number of cancellations for home visits. Stakeholders offered ideas with how to encourage family engagement and involvement through accommodations and incentives that could be afforded to families. Some examples of the accommodations for consideration would be to schedule meetings out in the community instead of in the homes, and provide incentives such as gas coupons and food vouchers.

## Historical Data

Baseline Year	Baseline Data

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

## Targets

FFY	2023	2024	2025
Target>=			

## FFY 2023 SPP/APR Data



3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0				N/A	N/A

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

As reported in the SY2023-2024 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints, there were "0" resolution sessions and "0" resolution sessions resolved through settlement agreements as there were no due process complaints filed during this reporting period.

Per OSEP's instructions, states are not required to establish baseline or targets if the number of resolution sessions is less than 10. Guam Part C, therefore, has not established a baseline or determined targets for Indicator 9.

Additionally, Guam Part C follows the due process hearing procedures established by Guam Part B.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

Guam reported fewer than ten resolution sessions held in FFY 2023. Guam is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

## 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

## 10 - Indicator Data

Select yes to use target ranges

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.

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

August 2, 2024: During the Division's Orientation session held at the beginning of the school year, all compliance Indicators were reviewed with personnel consisting of teachers and service providers, of whom included parents of children with disabilities, to review and discuss ways in which Part C could meet timely services, the 45-Day timeline, and transition services for children exiting the Part C program and who may be eligible to receive services from the Part B program.

September 25, 2024: During a regularly scheduled Guam Interagency Coordinating Council (ICC) meeting, performance data for the FFY 2023 SPP/APR was reviewed with the members. In addition, the Part C Coordinator shared the need to provide a baseline and targets for children who are At-

Risk when reporting on Child Outcomes for Indicator 3 as the previous SPP/APRs did not include a baseline and targets for this population. As a result, OSEP is requiring Guam Part C to provide this data for Indicator 3 in its FFY 2023 SPP/APR submission. During the ICC meeting, comparison data on each of the Outcomes and the applicable Summary Statements was presented to the members --- separate data for each population and aggregated data. Stakeholders engaged in a lengthy discussion and concluded the differences were minimal when comparing the data for Just At- Risk children, data for children with disabilities, and data for the aggregate population. In the end, stakeholders agreed to aggregate the data for Just-At Risk and children with disabilities for each of the outcomes and summary statements for Indicator 3. This decision included using FFY 2023 as the baseline year for the aggregated data, along with using the same targets previously determined for children with disabilities for the subsequent submissions of the FFY 2024 and FFY 2025 SPP/APRs for Guam Part C.

October 12, 2024: During a GEIS monthly staff meeting, performance data for Indicators 1 through 8, was reviewed with the Service Coordinators and Service Providers. A healthy discussion ensued surrounding the performance data, especially, for Indicator 3 and Indicator 11, as child outcomes data (3B) is used also for the State Identified Measurable Result (SIMR) in the SSIP. A more detailed description of the engagement can be found in Indicator 3.

October 24, 2024: This hybrid stakeholder session focused on the Compliance Indicators. Stakeholders who were in attendance included parents, members from the Guam Interagency Coordinating Council (ICC), Part C personnel and other interested community members. Stakeholders were pleased with the performance data presented and shared some ideas GEIS could implement to address families who are not as responsive to the steps and measures taken to meet the 45-Day Timeline, in particular. Although Part C met the compliance target for Indicator 7, there was still a high number of delays attributed to parent delays.

November 4, 2024: This hybrid stakeholder session focused on Indicators 2, 4, 5, and 6. Stakeholders in attendance included parents, members from the ICC, GEIS personnel and other interested community members. Stakeholders discussed the trend data presented for the number of children served in the program, along with the results of the family outcomes survey. Although the response rate for this FFY 2023 was a vast improvement from the FFY 2022 response rate for Indicator 4, stakeholders all agreed that every parent's input is important and the program should look into the reasons for why the remaining parents were not able to provide feedback on the outcomes survey for families.

December 2, 2024: This hybrid stakeholder session focused on Indicator 3, Child Outcomes. Stakeholders were highly engaged in the discussion surrounding the performance data for this particular indicator as there was "slippage" reported for each of the outcomes. A more detailed description of the engagement and the explanation of "slippage" is provided in the narrative section under Indicator 3 of this FFY 2023 SPP/APR.

January 10, 2025: A session with personnel from the GEIS was held to review the performance data for Indicator 11, the State Systemic Improvement Plan. GEIS personnel engaged in a discussion in small groups, and then in larger groups to review their findings after reviewing the results from the various tools utilized for the SSIP. The small group sessions also included reviewing the implementation plans to determine if the activities conducted during this FFY 2023 reporting period were completed or if they would be on-going. A more detailed description can be found in the SSIP Indicator 11.

January 11, 2025: A large stakeholder session was held both in-person and online to review the FFY 2023 SPP/APR in its entirety. Flyers and email notices were sent to families, service providers, Division personnel, community partners and agencies who provide services to children and families, along with members from the Guam ICC.

January 24, 2025: A virtual session was held with members from the Leadership Team of the Guam Early Learning Council to review and discuss the FFY 2023 SPP/APR. Stakeholders were particularly interested in how Part C would be able to increase the number of infants and toddlers served as reported in Indicator 5, along with increasing the number of home visits after reviewing the data for Indicator 11, which revealed a large number of cancellations for home visits. Stakeholders offered ideas with how to encourage family engagement and involvement through accommodations and incentives that could be afforded to families. Some examples of the accommodations for consideration would be to schedule meetings out in the community instead of in the homes, and provide incentives such as gas coupons and food vouchers.

## Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

## Targets

FFY	2023	2024	2025
Target>=			

## FFY 2023 SPP/APR Data

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

**Targets**

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target						

**FFY 2023 SPP/APR Data**

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

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

As reported in the SY2023-2024 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests, there were "0" mediation agreements related to due process complaints, "0" mediation agreements not related to due process complaints," and "0" mediations held during this reporting period.

Per OSEP's instructions, States are not required to establish baseline or targets if the number of mediations is less than 10. Guam Part C, therefore, has not established a baseline or determined targets for Indicator 10.

Additionally, Guam Part C follows the due process hearing procedures established by Guam Part B.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

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

**10 - Required Actions**

## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Measurement

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

#### Instructions

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

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

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

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

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

##### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

##### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

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

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

By June 2026, 64.5% of infants and toddlers are “making greater than expected growth” in the acquisition and use of knowledge and skills (including early language/communication) and by the time they exit the Guam Early Intervention System.

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.

At the SSIP stakeholder input session, stakeholders reviewed the Theory of Action and agreed that it aligns with Guam's Part C SiMR. GEIS has included the Theory of Action on the following link: [https://www.gdoe.net/files/user/66/file/GEIS-Theory-of-Action\\_508-Compliant.pdf](https://www.gdoe.net/files/user/66/file/GEIS-Theory-of-Action_508-Compliant.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
2020	46.30%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	57.10%	60.70%	64.50%

FFY 2023 SPP/APR Data

Numerator: # of Children who entered the Program below age expectations in the aquisition and use of knowledge and skills (including early language/communication) and who substantially increased their rate of growth by the time they turned 3 years of age or exited the Program	Denominator: Total # of children who exited the program in Progress Categories a, b, c, and d in Outcome B, the acquisition and use of knowledge and skills (including early language/communicati on					
		FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
41	91	47.37%	57.10%	45.05%	Did not meet target	Slippage

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

Guam Part C's SiMR measurement is: By June 2026, 64.5% of infants and toddlers are "making greater than expected growth" in the acquisition and use of knowledge and skills (including early language/communication) and by the time they exit the Guam Early Intervention System.

For this reporting period, there were 91 infants and toddlers that exited and participated in the outcome measure for Summary Statement 1. Of the 91, forty-one (41/91) or 45.05% of infants and toddlers substantially increased their rate of growth in the acquisition and use of knowledge and skills by the time they turned 3 years of age or exited the program. This is a slippage of 2.32% when compared to FFY 2022 performance of 47.37%.

Stakeholders recommended that the following drill down data be reviewed to determine possible reasons for slippage: age at entry, service time, and disability for children in category "b". As indicated in the reporting, category "b" are children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers by the time they exited the program. There were 49 out of 106 or 46.22% of children who exited in category "b".

Age at Entry: Of the 49 children, there were 10 children who were less than 11 months of age, 20 children between 12 months and 23 months of age, and 19 children between 24 and 36 months of age.

Service Time: Twenty-five (25) children received less than 11 months of early intervention services, 18 received 12 to 23 months of services, and 6 received 23 to 36 months of service.

Disability: Fifteen (15) children had established conditions, 3 with biological risk factors, and 31 were eligible due to developmental delays.

Referral Reasons: Twenty-seven (27) were referred for speech and language; 4 for hearing; 2 for prenatal drug exposure; 2 for prematurity; and 14 labeled as "other."

Overall Summary: Stakeholders discussed that the average age of enrollment into early intervention was 19 months of age with an average of 14.4 months of early intervention services. Overall, the data indicates that children are not accessing services in the first year of life. For this reporting period, about half of the staff have been with GEIS for less than 2 years and therefore, professional development continues to be a priority to ensure that providers have adequate to advanced level of confidence and understanding of the evidence-based practices that are used to support the infants and toddlers and family. Stakeholders discussed and agreed to the following improvement strategies:

Frequency: The Core Team discussed the number of monthly services provided to 28 children and verified the frequency of home visits documented on the IFSP and the actual numbers of home visits documented on the case notes of each child. Of the 28 cases reviewed, 13 IFSPs with case notes were verified noting a range of 33% to 92% home visiting services provided. The Core Team discussed the high number of visits cancelled by parents. Of a total of 347 home visits for the 13 IFSPs reviewed, 127/347, or 36.6%, of home visits were cancelled by the parents. The Core Team agreed to develop a data report that monitors the number of home visits completed and the number identified in the IFSP. In addition, a Continuous Quality Improvement (CQI) team will convene to review the procedures and practices for collecting and reporting the number of IFSP services achieved and not achieved, to include explanations of why expected services were not provided. Furthermore, the CQI Team will discuss strategies for promoting the importance of each visit in supporting child and family outcomes and priorities.

Provider Competencies: Stakeholders reviewed the self-assessment tools that measure the levels of understanding and confidence of Service Providers and Service Coordinators on early childhood evidence-based practices. Based on the data results, the statements identified as low performance on the DEC practices were Transition #1, Team Collaboration #2 and #4, Instruction #2 and #13, and Assessment #11. The Stakeholders agreed that targeted professional development sessions will be scheduled in efforts to increase the levels of understanding and confidence of Service Providers and Service Coordinators on these evidence-based practices. Other training events will address the following topics: Embedding the Child Outcomes in the IFSP Process and Trauma Informed Care for Infants and Toddlers.

Parent Competencies: Stakeholders agreed to continue to provide targeted parent training on the six evidence-based practices identified in the Babbles, Bubbles, and BOO Table. The focus of training is to provide parents with applied practice in using tips and ideas to support their child's expressive language and overall development within their daily routine. In addition, the Program will continue to participate in early childhood outreach activities in efforts to identify children at an earlier age by promoting the 4 Key Steps of Early Identification: Developmental Monitoring/ Surveillance, Developmental Screening, Referral to GEIS, and Receipt of Early Intervention Services.

Resources: Stakeholders discussed providing parents with additional online resources that will support child development. This will include, for example, local videos that were developed demonstrating families actively engaging their children within daily routines and across different settings. These videos will be available on the Guam DOE website and could be accessed via YouTube. In addition, families will continue to have access to short videos that are sent to families through weekly emails from Teaching Strategies: Ready Rosie that was implemented in Fall 2023.

### **Provide the data source for the FFY 2023 data.**

1. CHILD DATA: Individual child data from the Hawaii Early Learning Profile (HELP) is used to determine a child's present level of performance & develop and monitor the IFSP, alongside other sources of information to assess early childhood outcomes. Most information is collected during IFSP development, embedding progress monitoring rather than adding extra steps.

The following information determines a child's status for Indicator 3B-SS1 and Guam's SiMR: By June 2026, 64.5% of infants/ toddlers are "making greater than expected growth" in the acquisition & use of knowledge and skills (including early language/communication) by the time they exit GEIS. Summary information for child outcomes considers a child's functioning in their natural environment. Data collected includes outcome ratings from families and service providers, additional input from SPs/SCs, and HELP data. Information about each outcome is reflected in IFSP present levels of functional performance across daily routines. Infants/toddlers exiting with fewer than six months of service did not participate in exit surveys. Exit data is collected at the last IFSP meeting or final home visit before the child leaves the program.

For this reporting period, 91 infants and toddlers exited and participated in the outcome measure for SS-1. Of these, 41 (45.05%) substantially increased their growth rate in knowledge and skills acquisition by age three or upon exiting the program, a 2.32% decrease from FFY 2022 (47.37%). Based on input from GEIS staff and stakeholders, data collection & review will focus on six HELP expressive language strands to track progress for the GEIS secondary data point: By 2026, 71.9% of children exiting the program will have increased their acquisition and use of knowledge & skills in the area of expressive language using the ECO HELP Checklist.

From SPP FFY 2020 to 2025, stakeholders identified expressive language as the lowest-performing area for infants and toddlers. This, along with high referral rates in language & communication, led GEIS to include a secondary data point. GEIS tracks expressive language progress using items from the HELP strands, focusing on acquisition and use of knowledge. Data is aggregated across six HELP checklist areas: 2-3: Expressive Language; 2-4A: Communicating with Others Gesturally; 2-4B: Communicating with Others Verbally; 2-5: Learning Grammar & Sentence Structure; 2-6: Development of Sounds & Intelligibility; and 2-7: Communicating through Rhythm. GEIS secondary data point is: By 2025, 71.90% of children exiting the program will

have increased in their acquisition & use of knowledge and skills in the area of expressive language using the ECO HELP Checklist. Current data shows progress in all six areas, with an overall average performance of 59%, up from 36% in FFY 2022.

**2. PARENT DATA:** The Program revised its parent survey process, merging Indicator 4 – Parent Involvement and Indicator 11 – SiMR surveys into one Annual Family Feedback Survey for Families of Infants and Toddlers. This change, recommended by stakeholders, aimed to reduce burden & increase response rates, which rose to 81.5% for FFY 2023. The survey captures families' knowledge of community resources and their role in their child's early learning, language, and communication development, providing valuable insights into how to improve services.

Families reported that early intervention services helped them: Know their rights (116/119 or 97.48%); Communicate their child's needs (114/119 or 95.8%); and Support their child's development & learning (115/119 or 96.64%).

Additional findings: 90.76% of parents knew about community resources related to early learning, language/communication & early literacy; 98.32% accessed more community partners to support their child's early learning, language/communication & early literacy; and 97.48% actively supported their child's early learning & literacy development.

**3. SERVICE PROVIDERS/SERVICE COORDINATORS DATA:** The Program assesses providers' knowledge & application of early childhood evidence-based practices (EBPs) that support children & families through self-assessments developed by the Program and coaching observations.

**Service Providers:** A self-assessment was conducted to identify strengths & areas of need in implementing EBPs across these areas: Applying the Foundations of Early Intervention, Understanding Child Development Progressions & the Three Child Outcomes, Using a Primary Provider Approach, Accomplishing the Child Outcome Summary Process with Families, and Implementing the Eleven (11) Division of Early Childhood (DEC) Recommended Practices, which include Assessment, Environment, Family, Team Collaboration, Instruction, Interactions, and Transition. For this reporting period, Service Providers demonstrated an overall confidence & understanding level of 63.67% in the 11 DEC recommended practices.

**Service Coordinators:** A self-assessment was conducted to evaluate strengths & areas of need in implementing EBPs in the following areas: Applying the Foundations of Early Intervention, Understanding Child Development Progressions and the Three Child Outcomes, Using a Primary Provider Approach, Accomplishing the Child Outcome Summary Process with Families, and Applying the Six (6) DEC Recommended Practices specific to Service Coordinators, including Assessment, Family, Team Collaboration, and Transition. The overall performance for Service Coordinators in these eight areas was 34.83%.

**Coaching Observations:** GEIS continues to utilize two tools developed by Rush and Shelden, based on Coaching Practices Rating Scales: Family Centered Practices and Everyday Child Learning Opportunities. Each checklist includes specific domains where practices are evaluated to determine if they were implemented as intended. Also, the Program introduced the Guam Early Childhood Coaching Fidelity Checklist (GECCFC) during this reporting period. Adapted from the Texas Coaching Fidelity Checklist, the GECCFC consists of 31 questions embedded within seven sections: Joint Planning, Reflections, Observations, Action Practice, Feedback, Joint (End) Planning, & Natural Learning Environment Practices. For this reporting period, Service Providers achieved 100% fidelity in practices assessed by the Family Centered Practices and Everyday Child Learning Opportunities checklists. The average performance on the GECCFC was 85%. Overall, the Program achieved an average fidelity rate of 95% in implementing early childhood coaching practices.

**4. COMMUNITY PARTNER DATA:** GEIS conducts two surveys to evaluate early childhood partner collaboration across agencies to provide insights about the nature & quality of relationships and insights on collaborative efforts.

**GEIS Partner Survey:** Tracks cooperative (information and resource sharing), coordinated (mutual capacity-building), & integrated (joint knowledge-sharing) activities. Responses indicating "coordinated" or "integrated" activities were combined to calculate the percentage of community partners who coordinate to promote early language & communication. Results showed 50% of partners engaged in coordinated or integrated efforts to support early language and communication.

**Community Partner Survey:** Assesses administrator support for professional development, fostering connections, and staying informed about community initiatives. Survey results indicated 84.6% of administrators reported providing adequate support to staff/providers in relation to early learning, language, communication, and early literacy. The data from the Community Partner Survey highlights that, while administrators generally provide strong support to their staff, challenges remain in fostering collaboration & coordination among community partners. Addressing these challenges will be essential to strengthening relationships & advancing early childhood initiatives.

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

**CHILD DATA:** GEIS uses multiple sources to determine early childhood outcomes. Most information is gathered during the development of a child's Individualized Family Service Plan (IFSP), integrating progress monitoring into the process.

The following considerations determine a child's status relative to early childhood outcomes:

**Natural Environment:** Child outcomes reflect functioning in their natural environment, incorporating input from family and service providers to determine ratings.

**Diverse Sources:** Assessments utilize multiple data sources, including parent and provider input and observations, HELP, Guam Early Learning Guidelines, and related service provider input.

**Functional Performance:** The IFSP outlines functional performance across daily routines.

**Exit Data:** For children exiting before six months of service, exit surveys are not conducted. Exit data is collected during the final IFSP meeting or last home visit.

Secondary data collection follows the ECO HELP Checklist, aligning expressive language skills with HELP strands. Stakeholders discussed the specific data to address the data point: By 2026, 71.90% of children exiting the program will demonstrate increased acquisition and use of knowledge and skills in the area of expressive language, as measured by the ECO HELP Checklist.

Through rich discussion, the stakeholders agreed to target only expressive language skills in six areas. These areas on the HELP checklist include 2-3: Expressive Language; 2-4A: Communicating with Others Gesturally; 2-4B: Communicating with Others Verbally; 2-5: Learning Grammar and Sentence Structure; 2-6: Development of Sounds & Intelligibility; and 2-7: Communicating through Rhythm. As a result of the input gathered, GEIS will focus on the specific skills pertaining to expressive language. For SPP FFY 2020 to 2025, stakeholders agreed that expressive language be the focus of professional development and set targets to increase performance by 3% each year. For this reporting period, the data has shown improvement in all six areas of expressive language with an overall average performance at 59%. This is an improvement from FFY 2022 at 36%.

GEIS will continue to use items from the HELP strand that most closely relate to the SiMR in the area of expressive language to create the ECO HELP



Checklist. The data is used to support the collection and reporting for GEIS Secondary Data point. This process entails—1) GEIS service providers complete the ECO HELP Checklist for each child that is exiting the program; 2) The ECO Checklist is transmitted to the Data Manager, who inputs the data into the ECO HELP Excel data program. 3) The ECO HELP Data is aggregated, and an ECO HELP Summary Report is provided to the Program Coordinator for review.

**PARENT DATA:** Stakeholders recommended merging GEIS Indicator 4: Annual Parent Survey and the GEIS 6-Month IFSP Review Family Survey into the Annual Family Feedback Survey for Families of Infants and Toddlers. This survey assesses families' knowledge of community resources and their ability to support their child's development, including how EI has helped them know their rights, effectively communicate their child's needs, and know where to go for supports.

The Program analyzed responses to the following survey items to inform performance measures: 1) It was easy to find out about early intervention services available in the community; 2) GEIS has been helpful in connecting my child and family with other services or programs that can help us; 3) It was easy to get my child and family involved with early intervention services; 4) Over the past months/years, GEIS has helped me and/or my family understand the roles of the people who work with my child and family; 5) I know who to call if I have problems with the services and support my child and family are receiving; and (6) I am comfortable asking for the services and support my child and family need.

The survey is disseminated annually in March to all families of children enrolled in GEIS. Service coordinators distribute the surveys during home visits, which may be conducted either in-person or virtually. Surveys are made available in various formats, including hard copies, digital versions, and phone interviews facilitated by service coordinators or GEIS administrative staff. GEIS tracks and monitors the dissemination and submission of all surveys. A "Data Board" is displayed in the GEIS office, showing the number of surveys submitted by each service provider or coordinator. This visual tool provides daily updates and reinforces the importance of obtaining feedback from all parents.

To increase response rates, GEIS follows a three-tiered follow-up strategy one month after the initial attempts:

Level 1: The Data Manager reviews a report of all submitted surveys and sends email reminders to service coordinators about families who have not yet completed the survey. Service coordinators are responsible for contacting parents via phone or email to encourage completion.

Level 2: The Data Office prepares hard copies of the surveys for families who still have not submitted their responses. These surveys are distributed during home visits, with the request that parents complete the surveys. Once collected, surveys are submitted to the Data Office.

Level 3: The Program Coordinator and administrative staff make phone calls to parents, explaining the importance of their feedback and encouraging them to complete the survey. If necessary, staff will deliver the survey to families and wait for them to complete it, or they will invite families to come into the office to complete and submit the survey. Families are provided with incentives for completing the survey.

#### **SERVICE PROVIDER/SERVICE COORDINATOR DATA:**

**Self-Assessment Process.** Each September, service providers and coordinators complete self-assessments rating confidence in DEC evidence-based practices. The Service Provider Self-Assessment consists of 30 questions and providers are asked to rate their levels of confidence in implementing the 11 DEC evidence-based practices. The Service Coordinator's Self-Assessment includes 13 questions focused on 4 DEC practices in the areas of Assessment #11, Family #1 & #4, Team Collaboration #2 & #4, and Transition #1. The Service Coordinators are asked to rate their levels of understanding and confidence in these evidence-based practices. The self-assessments results are analyzed to determine the areas of strengths and needs and prioritize professional development activities to support providers and coordinators.

**Early Childhood Coaching Observation Process.** In January, the GEIS Program Coordinator sends an email requesting each Service Provider to schedule two observations with the Early Childhood Consultant from Guam CEDDERS,

#### **COMMUNITY PARTNER DATA:**

Data is collected from community partners using 2 surveys: 1) The GEIS Partner Survey is disseminated by the Program Coordinator to all community partners via email with a link to access the survey and 2) The Administrators' Survey is conducted by Guam CEDDERS via email, interview, or text. These data are analyzed to determine the types of activities and levels of support provided by administrators in supporting professional development and early childhood initiatives.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

GEIS collects two additional forms of child data, and one additional form of Service Provider and Service Coordinator data used as measures in the SSIP Evaluation Plan. The following data collected is used to assess progress toward the SiMR:

**CHILD DATA.** In the Evaluation Plan, there is Performance Measure F: Percent of children improving on their measurable goals regarding early learning language/communication and early literacy. This data is retrieved from the GEIS Data System, specifically data focused on IFSP progress and performance for children who exited GEIS during this reporting period. Of the 106 children who exited, there was a total number of 213 communication (expressive and receptive language) and cognitive goals. One hundred and forty-four (144) of these goals were met, and sixty-two (62) were emerging. Taken together, the data shows a total of 206 goals met or emerging out of the 213 total number of goals with a performance of 96.71%, regarding the improvement on IFSP communication and cognitive objectives. This percentage shows progress compared to the FFY 2022-2023 performance of 90.09%.

Another measure of child data targets the six areas of the HELP checklist, identifying the percent of skills achieved in the areas of expressive vocabulary, communicating with others (gesturally), communication with others (verbally), grammar and sentence structure, development of sounds and intelligibility, and communicating through rhythm. GEIS secondary data point is: By 2025, 71.90% of children exiting the program will have increased in their acquisition & use of knowledge and confidence on implementing the topics presented in the session. The rating scale was: 1-Not Sure, 2-Some, 3-Adequate, 4-Advanced. The overall average for the 9 sessions indicates that 88.15% of EI/EC providers demonstrate knowledge of evidence-based practices related to early language/ communication and early literacy.

**SERVICE PROVIDER/SERVICE COORDINATOR DATA:** In the Evaluation Plan, there is Performance Measure B: Percent of EI/EC providers demonstrating knowledge of evidence-based practices related to early learning language/communication and early literacy. There were nine professional development sessions held for this reporting period. These sessions included 4 training sessions on Early Childhood Coaching, Introduction to GOLD Assessment, Introduction to Ready Rosie, Creating Nurturing Environments for Infants and Toddlers, and 2 sessions on Guam's Early Childhood Care and Education System. At the end of each session, a training evaluation survey was disseminated to all participants asking them to rate their level of knowledge and confidence on implementing the topics presented in the session. The rating scale was: 1-Not Sure, 2-Some, 3-Adequate, 4-Advanced. The overall average for the 9 sessions indicates that 88.15% of EI/EC providers demonstrate knowledge of evidence-based practices related to early language/ communication and early literacy.

**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)**

YES

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

In May 2023, the island of Guam experienced Typhoon Mawar, a category 4 storm, that left many families displaced and without necessary resources, such as power and water. The repercussions of the storm and recovery efforts were very stressful for families and the island of Guam as a whole. During this reporting period, there were many families who experienced significant loss that impacted their daily lives, including loss of shelter, food, and income. As a result, these challenges caused families to cancel scheduled home visits as they had to shift their priorities to navigate these struggles. In reviewing the data for this reporting period, stakeholders discussed that the impact of the typhoon may have attributed to the high number of families who were either were "no shows" or cancelled home visiting services.

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

NO

## **Section B: Implementation, Analysis and Evaluation**

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

[https://www.gdoe.net/files/user/13/file/GEIS-SSIP-Evaluation-Plan-Table-Matrix\\_508-Compliant.pdf](https://www.gdoe.net/files/user/13/file/GEIS-SSIP-Evaluation-Plan-Table-Matrix_508-Compliant.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.**

GEIS continues to support infrastructure improvement strategies that are aligned with Guam's SiMR and identified in the Theory of Action (TOA). The following summary provides information on the infrastructure improvement strategies:

**FAMILY SUPPORTS (FS):** Family supports aim to link families with community-based programs and parent support groups that focus on parenting skills, understanding child development, and sharing of strategies to address the child's needs. These supports enable families to have a stronger understanding of typical development, importance of their role in supporting their child's development, and available resources they can use to support their child's acquisition and use of knowledge and skills including early language and communication. Parents are encouraged to participate in community-based parent support groups and learn more effective parenting strategies, which will result in an increase of positive parent and child interaction to help their children grow and learn.

In collaboration with the Guam Early Learning Council (GELC) Leadership Team, the Program expanded the process for community-based parent/family engagement activities, such as Family Learning Sessions, Strengthening Families virtual Parent Café, Village Play Time events that include using the CDC Learn The Signs Act Early developmental monitoring checklist and other resources that promote early learning and development, Teaching Strategies Ready Rosie online parenting tips, and the Library Story hour. This aligns with the intended outcome to link with community-based programs (CBPs) and to focus on sharing tips and ideas to promote the child's expressive language and overall development within the family's daily routine.

When these community outreach events are scheduled, the flyers are disseminated to all parents. In addition, Service Providers will encourage parents to attend these in-person outreach activities and use these events as an opportunity for them to meet other families in their communities and participate in the child-parent interactive activities that promote early learning skills such as reading, math, and physical development. These outreach activities may also be used as in lieu of their home visiting sessions.

**PROFESSIONAL DEVELOPMENT (PD):** The goal of ongoing professional development opportunities is to enhance the capacity of early childhood providers, with a focus on acquiring knowledge and skills, implementing evidence-based practices (EBPs) with fidelity, and using coaching and natural learning environment practices to plan and deliver early intervention services. GEIS has established a standardized, sustainable professional development system to ensure providers have access to training on EBPs that support children's acquisition of knowledge and skills. During this reporting period, professional development activities emphasized evidence-based strategies to promote expressive language development. GEIS identified six specific strategies in this area and provided comprehensive training to all providers. Providers were also encouraged to share these strategies with parents during monthly home visits. Professional development priorities were informed by the results of the Service Provider/Service Coordinator Self-Assessment, which identified levels of understanding and confidence in implementing EBPs that support early learning, communication, and literacy. Development opportunities included virtual and in-person training, as well as independently completed topical modules. Onsite training remains a key focus. For instance, prior to Village Play Time events, all early childhood providers participate in quick, hands-on training sessions. These sessions introduce practical strategies that providers are encouraged to model and apply during the activity.

### **LOCAL PRACTITIONER (LP) SUPPORTS:**

It is critical that early childhood community partners have increased levels of understanding and confidence in early intervention services and supports. This will ensure strong collaboration among community partners and quality provision of appropriate services that promote acquisition of knowledge and skills for infants and toddlers. To achieve this, GEIS providers will work with community partners to coordinate services for children and their families. This will entail understanding of roles and how early intervention services will be delivered to promote acquisition of knowledge and skills in early learning, language / communication, and early literacy. GEIS staff are currently participating as members in the following ELC Work Groups: Early Promotion and Identification, Health and Wellness, Early Learning, and Family Supports in efforts to promote the early childhood initiatives.

GEIS, together with GELC workgroups, participated in two "Early Childhood Convening" trainings with the focus of increased awareness of early childhood serving agencies and programs. Furthermore, all programs reviewed the Standard Operating Procedures (SOPs) and Guam's Island-wide Developmental and Behavioral Screening System (IDBSS). At convening, programs shared their experiences in using the Universal Referral Form (URF) when referring young children, birth to 5, to other early care and education programs. An example presented was from the Women Infant and Children Nutritional Program (WIC), who shared how the URF is completed upon review of the LTSAE development checklist and discussion of the results with the family, leading to a referral to GEIS for further screening and assessment. Another SOP was presented by the Health and Wellness - Multi-Agency Team that supports children who may need services from two or more agencies using a system of care approach. Early Childhood

Programs are encouraged to use the HAW-MAT process when a system of care approach is needed for supporting young children who may have social emotional challenges and is a ward of the State.

**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.**

**FAMILY SUPPORTS:**

Intended Outcomes: GEIS identifies and develops linkages with community-based programs (CBPs) and parent support groups that focus on sharing strategies to address family and child needs.

Short Term: 1) Parents and EI staff are knowledgeable about community-based resources. 2) Parents have skillsets to participate actively in supporting their child's overall development.

Intermediate: 1) Parents will access community-based resources. 2) Parent-child interactions will increase in both quality and quantity to help their child grow and learn.

**Progress to Date:**

Parents have access to community-based parent and family engagement activities such as Village Play Time events that promote parent-child interactive activities that can be implemented in the child's daily routine to promote early learning and development. There were two Family Learning Sessions specifically targeting expressive language and communication skills using the strategies of commenting, narrating, and reading along.

**PROFESSIONAL DEVELOPMENT:**

Intended Outcomes: GEIS identifies, and/or develops, and implements the professional development resources and mechanisms for ongoing support necessary to ensure early intervention service providers, including service coordinators and contracted providers, consistently use coaching and natural learning environment practices when planning and delivering early intervention services.

Short Term: 1) EC providers will have knowledge and skills on evidence-based practices that promote children's acquisition and use of knowledge and skills (including early language/communication and early literacy). 2) EC administrators/supervisors will have knowledge and skills to support EC providers on evidence-based practices within the primary provider and coaching model with fidelity. 3) EC providers will have improved understanding and skills of child outcomes and development, including evidence-based practices to support acquisition and use of knowledge and skills. 4) EC providers will have increased understanding of family needs, with the goal to better communicate with families to improve understanding of the IFSP and acquisition and use of knowledge and skills.

Intermediate Term: 1) EC providers will implement effective evidence-based practices that promote children's acquisition and use of knowledge (including early language/communication and early literacy) when providing interventions and supports to children and families. 2) The quality and quantity of parent-child engagement will improve and increase. 3) EC providers will access coaching/mentoring support to improve understanding and skills of child outcomes and development, including evidence-based practices to support acquisition and use of knowledge and skills.

**Progress To Date:**

GEIS continues to use EBPs to include Early Childhood Coaching; IFSP process; Early Start Denver Model – Family Coaching; Routine-Based Interviews, evidence-based practices identified in the GEIS Babbles, Bubbles, and Boo Crosswalk Document that promotes strategies that improve expressive language, specifically Pause & Wait, Turn Taking, Tuning In, Commenting & Narrating, Singing Songs & Rhymes, and Reading; and Service Coordinator Apprenticeship Training Modules. GEIS continues to use the professional development resources and mechanisms for ongoing support necessary to ensure early intervention service providers and service coordinators and contracted providers consistently use coaching and natural learning environment practices when planning and delivering early intervention services.

**LOCAL PRACTITIONER:**

Intended Outcomes: GEIS improves strategic engagement with all early childhood community partners, including the development of a web-based integrated referral system.

Short Term: 1) EC providers will have knowledge and skills to implement effective strategic engagement with community partners and promote early learning language/communication and literacy. 2) EC providers will have skillsets to effectively implement the SOP with community partners and evidence-based strategies to promote early learning language/communication and early literacy.

Intermediate Term: 1) A collaborative partnership will be in place for EC providers and community partners. 2) EC providers will coordinate services across community partners to better serve young children and their families by providing family driven, individualized, and coordinated service delivery that promotes early learning language/communication and early literacy. 3) Parents will access EC services across community partners that promote early learning language/communication and early literacy that meets the needs of child and family.

**Progress To Date:**

In 2021, the Governor of Guam signed an Executive Order 2021-26: Relative to Establishing the Division of Children's Wellness within the Department of Public Health and Social Services (DPHSS-DCW). On November 9, 2023, and February 15, 2024, DPHSS-DCW, in collaboration with the Preschool Development Grant Birth – Five, Guam's Early Learning Council, and all early childhood serving agencies held two ECCE Convening events. The intended outcome of the convening was to increase understanding of Guam's ECCE system through a Mixed Service Delivery System; to make connections and build relationships with ECCS partners; and to develop a standard process from first contact with families to referral through early childhood transition for school readiness. As a result of the convening, early childhood providers and early childhood programs have agreed to follow the SOP for the island-wide Developmental and Behavioral Screening System and the Health and Wellness - Multi-Agency Team process should a child need a system of care approach in supporting the needs of the child across two or more service agencies. A digital binder was created that included an overview, or brief, of all the programs that provide services and support to young children and their families. Each brief provides the target population, target audience the agency serves, eligibility criteria, services the agency provides, and contact information. Also included in the binders are copies of SOPs that participants and programs can access.

**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.**

Based on stakeholder input, the following improvement strategies were added to the Family Supports, Professional Development and Local Practitioner Implementation Plans:

**FAMILY SUPPORTS:**

There are two improvement strategies for the area of family supports: 1) Update procedures to ensure family training is embedded into the IFSP; and 2) Provide booster training sessions based on the results of the GEIS Annual Family Feedback Survey for Families of Infants and Toddlers. This will improve the quality of discussion with families on tips and ideas to promote expressive language/communication within a child's daily routine.

**PROFESSIONAL DEVELOPMENT:**

There is one improvement strategy for the area of professional development: 1) Update the EC professional development plan that will provide targeted training for service providers on expressive language/communications skills of young children using the HELP ECO checklist, which includes six areas that support expressive language skills.

**LOCAL PRACTITIONER:**

There is one improvement strategy for local practitioners: 1) Provide public awareness information for parents, reinforcing the importance of positively engaging in expressive language of children with a child's daily routine.

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

GEIS continues to provide training to build the confidence and competencies of service providers and to ensure that evidence-based strategies or models are implemented with fidelity. These models include: 1) Routines-Based Intervention, 2) Early Childhood Coaching, which has been expanded to incorporate strategies from the Early Start Denver Model (ESDM) Family Coaching and the ESDM Help Is In Your Hands parent modules, and 3) Infusing and utilizing Child and Family Outcomes throughout the IFSP process. GEIS continues to monitor and evaluate these strategies through the implementation of Early Childhood Coaching (FLARE) plans during home visiting sessions, direct observations, and assessments of coaching practices using the Guam Early Childhood Coaching Fidelity Checklists.

In addition, GEIS continues to provide Family Learning Sessions on evidence-based strategies to support a child's expressive language skills. These sessions focus on providing parents with opportunities to apply the strategies and share their experiences with other families. Service providers also share additional tools and resources when working with infants, toddlers, and their families during regularly scheduled home visiting sessions.

**Provide a summary of each evidence-based practice.**

At the Stakeholder Input Session specifically on gathering input on Indicator 11: Guam's SiMR, the stakeholders reviewed the evidenced based practices and models and agreed to continue implementing the following:

1. In 2013, GEIS created a tool entitled Babbles, Bubbles, and Boo: A Crosswalk Document of Evidence-Based Practices for Expressive Language. This document lists six evidence-based practices that, when intentionally shared with parents along with practical ideas for implementation in a child's daily routines, can positively impact the child's expressive language development. The six strategies highlighted in the Babbles, Bubbles, and Boo document include: Pause and Wait, Tuning In, Commenting and Narrating, Turn Taking, Singing Songs/Rhyming, and Reading Books. GEIS facilitates Family Learning Sessions to provide parents with tips and ideas to support their child's expressive language development. These six evidence-based practices (EBPs) are presented to families during the sessions and are followed up during the next home visiting sessions with the parents. The Family Learning Sessions adopt a "Parent Café" model, which allows parents to share their experiences using the strategies with other parents. Additionally, parents receive a "Refrigerator List" that outlines steps for implementing these strategies at home with their child. During this reporting period, GEIS held two Family Learning Sessions focusing on Commenting and Narrating and Reading Aloud.

2. With changes in GEIS staff, the program prioritized offering four training sessions on Early Childhood Coaching. Eight service providers and service coordinators participated in these sessions. The purpose of these booster coaching sessions was to enhance the capacity of providers and coordinators to use coaching strategies during their interactions with families in natural learning environments. These sessions focused specifically on the five key characteristics of early childhood coaching.

3. Routine-Based Interview practices are supported by three seasoned and experienced service providers within the program. These service providers are each assigned to a team and provide mentoring and coaching for other service providers. All three were trained by Dr. Naomi Younggren, an early childhood consultant with extensive years of experience in the field of early intervention.

4. GEIS staff participated in an Early Start Denver Model (ESDM) training held in January 2024 with Dr. Giacomo Vivanti, which included an introductory workshop conducted virtually and an advanced workshop conducted in person.

5. Based on stakeholder input sessions with GEIS staff, the program reviewed eleven (11) evidence-based practices (EBPs) taken from the Division of Early Childhood (DEC) Practices. These practices provide guidance on activities designed to improve outcomes for infants and toddlers with disabilities and their families, aligning with the SiMR. The eleven (11) EBPs identified are as follows:

Assessment #11: Practitioners report assessment results so that they are understandable and useful to families.

Environment #1: Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

Family #1: Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.

Family #4: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.

Instruction #2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments.

Instruction #13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

Interaction #2: 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.

Interaction #4: Practitioners promote the child's cognitive development by observing, interpreting, and responding intentionally to the child's exploration, play, and social activity by joining in and expanding on the child's focus, actions, and intent.

Team and Collaboration #2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

Team and Collaboration #4: Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.

Transition #1: Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.

6. GEIS targets specific training for service providers and service coordinators on the following DEC practices: Assessment #11, Team Collaboration #2 and #4, Transition #1, and Instruction #2 and #13. Additionally, GEIS will continue the Service Coordinator Apprenticeship training, which will lead to the creation of observational tools to assess the skill sets of Service Coordinators as they work with families throughout the IFSP process.

**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.**

1. The Family Learning Sessions: Babbles, Bubbles, and Boo are virtual interactive events for parents that aim to: 1) share evidence-based practices (EBPs) and strategies that enhance parents' capacity to support and nurture their child's expressive language skills; 2) provide opportunities for families to connect with other parents and exchange tips that have been effective for them; and 3) offer a platform for parents to raise concerns or provide recommendations on how to improve early intervention services and supports.

2. GEIS continues to implement the Early Childhood Coaching model during interactions with families in home visiting sessions. This model is the primary approach used by service providers to enhance parents' capacity to implement strategies that promote early literacy, language, and communication skills within their child's daily routine. GEIS also continues to use the EI Visit Coaching Framework, which provides a structured approach to planning and conducting intervention visits. This framework, referred to as FLARE, consists of the following components:

Functional IFSP Outcomes to Guide Intervention  
Learning More to Ensure a Deeper Understanding  
Action and Trying Strategies  
Reflection and Responsive Feedback  
End Visit Planning for Between and Next Visit Action

3. Routine-Based Interviews (RBI) is a needs assessment and an evidence-based practice designed to help families identify outcomes and goals for their individualized plans, provide a comprehensive description of child and family functioning, and establish an immediate positive relationship between the family and the professional. As previously noted, three seasoned service providers have been trained in RBI and continue to provide ongoing mentoring and support to their peers in implementing this practice.

4. The Early Start Denver Model (ESDM) Family Coaching aims to equip parents and caregivers with tools and strategies to teach and engage their child through play and everyday routines, such as mealtimes, bathing, and dressing. During this reporting period, two GEIS staff members completed advanced training in ESDM with experts in the field. Following the completion of the early childhood coaching training by the GEIS providers, these individuals are scheduled to participate in the ESDM introductory course in Spring 2025.

5. The eleven DEC practices identified align with the coherent strategies that support GEIS's SiMR. These practices are utilized by service providers and service coordinators to engage parents in implementing strategies that support their child's participation in daily routines.

6. The Continuous Quality Improvement (CQI) process will be used to monitor and track the effectiveness of changes in the identified priority areas with the goal of improving performance. The program will develop a CQI plan and implement the Plan-Do-Study-Act (PDSA) process to measure changes in practice based on data collected quarterly.

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

**PM A1 PERFORMANCE DATA:**

Know about services in the community at 74.79%

Know where to go for support to meet my family's needs at 85.75%

Know where to go for support to meet my child's needs at 89.08%

It was easy to find out about early intervention services that are available in the community: 82.35%.

It was easy to get my child and family involved with early intervention services: 96.64%.

GEIS has been helpful in connecting my child and family with other services or programs that can help us: 96.64%.

I am comfortable asking for services and supports that my child and family needs: 97.48%.

I know who to call if I have problems with the services and supports my child and family are receiving: 95.80%.

Over the past months/years, GEIS has helped me and my family understand the roles of people who work with my child and family: 98.32%.

PM A1: Overall Performance - 90.76%; Rating - Strong Performance (3)

PM A2: Percent increase in number/types of community partners accessed by parents/families to support their child's early language/communication and early literacy development.

**PM A2 PERFORMANCE DATA:**

Of the 35 partners listed, families reported 164 connections with agencies/ organization (117 out of 119 respondents or 98.32%).

PM A2: Rating - Strong Performance (3)

PM A3: Percent increase in parents reporting they support their child's early learning language/communication development.

PM A3 PERFORMANCE DATA:

Of the total number of survey items that address this area, families indicated they support child's language and development with an overall average response of 97.48%.

PM A3: Rating - Strong Performance (3)

PM B: Percent of EI/EC providers demonstrating knowledge of evidenced-based practices related to early language/communication and early literacy.

PM B PERFORMANCE DATA:

Of the total number of responses from EI/EC providers that was either a rating of 3-Adequate or 4-Advanced indicating their knowledge and confidence in implementing strategies for each training event, there was an overall average percentage of 88.15%.

PM B: Rating - Moderate Performance (2)

PM C: Percent of community partners coordinating to promote early learning language/communication.

PM C PERFORMANCE DATA:

Cooperative Activities = 46.15%; Coordinated Activities = 15.38%; Integrated = 38.46%;

Overall Percentage = 53.84%

PM C: Rating - Low Performance (1)

PM D: Percent of EI/EC administrators reporting adequate support to EI/EC providers related to early language/communication and early literacy.

PM D PERFORMANCE DATA:

11/15 = 73.33 % of Administrators indicated adequate support

PM D: Rating - Moderate Performance (2)

PM E: Percent of EI/EC providers implementing evidenced-based practices related to early learning language/communication and early literacy with fidelity.

PM E PERFORMANCE DATA:

Six observations were completed this report period documenting fidelity of implementation, with Family Coaching Practices at 100%, Everyday Child Learning Opportunities at 100%, and the Guam Early Childhood Coaching Fidelity Checklist at 85%. Overall performance was at 95%.

PM E: Rating - Strong Performance (3)

PM F: Percent increase of children improving on their measurable goals regarding early language/communication and early literacy.

PM F PERFORMANCE DATA:

Of the 106 children exiting, there was a total of 213 communication and cognitive goals, of which 144 goals were met and 62 were emerging (96.71%).

PM F: Rating - Strong Performance (3)

PM G: Percent increase of children making "greater than expected" growth in acquisition and use of knowledge and skills (including early language/communication) by the time they exit the Guam Early Intervention System.

PM G: PERFORMANCE DATA:

Of the 91 infants and toddlers who exited the program, 41 were reported to have substantially increased their rate of growth in the use of knowledge and skills in language and communication (45.05%).

PM G: Rating - Low Performance (1)

**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.**

GEIS stakeholders agreed to continue implementing the existing SSIP Implementation Plan with minor revisions, such as updating SOPs, adding additional steps to implement activities, and adjusting the timelines.

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

GEIS stakeholders agreed to continue implementing the existing SSIP Implementation Plan with additional activities to meet outcomes under the following coherent strategies:

Local Practitioners #5: Provide training for health care providers on early identification and treatment of young children with disabilities and their families.

Family Supports #5.2: Facilitate parent training initiatives such as Parent Café, Strengthening Families, and Parent Leadership in all areas.

**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.**

With stakeholder input and based on discussions with the SSIP Evaluation Team, GEIS will continue to implement the evaluation tools used to measure the outcomes in the SSIP. GEIS will also monitor the various activities listed in the implementation plans as stakeholders have noted GEIS progressing in the right direction, but needs to continue moving forward, especially with coaching with fidelity and more targeted professional development for providers who feel the need for more training and support.

## Section C: Stakeholder Engagement

### Description of Stakeholder Input

Guam Part C employed several mechanisms to solicit broad stakeholder input on the targets in the SPP/APR and any subsequent revisions that Guam made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP). These mechanisms include the following:

The invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions for Guam's Part C State Performance Plan and Annual Performance Report was sent to parents, service providers, and community partners through flyers and email announcements encouraging their participation in the development of the FFY 2023 SPP/APR/SSIP. The community partners included members of the Guam Interagency Coordinating Council (GICC), which consist of parents, representatives from various agencies, and other programs identified by the Council, Preschool Development Grant Birth-5 Project, Guam Early Learning Council (GELC) leadership and workgroups, and parents of children in the GEIS. The GDOE Public Information Officer (PIO) also sent this invitation out to the community at large through a Public Service Announcement.

Several in-person and virtual meetings were held with smaller focus groups to engage participants in discussions surrounding clusters of indicators so stakeholders could better understand the relationship between the Indicators and the clusters. Indicators were divided into the following clusters: Compliance Clusters (Indicators 1, 7, 8 and 12), Child Outcomes Cluster (Indicator 3), Child Find and Family Involvement Clusters (Indicator 2, 4, 5, and 6), and the SSIP (Indicator 11).

Electronic and hard copies of the SPP/APR and the PPT presentations were provided to all participants for each of the small focus group stakeholder sessions.

Surveys were given to parents and families for the indicator surrounding family outcomes.

Interviews were conducted with personnel from GEIS and the leadership team of the Guam Early Learning Council (GELC).

Additional information provided below include the dates when sessions were conducted:

August 2, 2024: During the Division's Orientation session held at the beginning of the school year, all compliance Indicators were reviewed with personnel consisting of teachers and service providers, of whom included parents of children with disabilities, to review and discuss ways in which Part C could meet timely services, the 45-Day timeline, and transition services for children exiting the Part C program and who may be eligible to receive services from the Part B program.

September 25, 2024: During a regularly scheduled Guam Interagency Coordinating Council (ICC) meeting, performance data for the FFY 2023 SPP/APR was reviewed with the members. In addition, the Part C Coordinator shared the need to provide a baseline and targets for children who are At-Risk when reporting on Child Outcomes for Indicator 3 as the previous SPP/APRs did not include a baseline and targets for this population. As a result, OSEP is requiring Guam Part C to provide this data for Indicator 3 in its FFY 2023 SPP/APR submission. During the ICC meeting, comparison data on each of the Outcomes and the applicable Summary Statements was presented to the members --- separate data for each population and aggregated data. Stakeholders engaged in a lengthy discussion and concluded the differences were minimal when comparing the data for Just At-Risk children, data for children with disabilities, and data for the aggregate population. In the end, stakeholders agreed to aggregate the data for Just-At Risk and children with disabilities for each of the outcomes and summary statements for Indicator 3. This decision included using FFY 2023 as the baseline year for the aggregated data, along with using the same targets previously determined for children with disabilities for the subsequent submissions of the FFY 2024 and FFY 2025 SPP/APRs for Guam Part C.

October 12, 2024: During a GEIS monthly staff meeting, performance data for Indicators 1 through 8, was reviewed with the Service Coordinators and Service Providers. A healthy discussion ensued surrounding the performance data, especially, for Indicator 3 and Indicator 11, as child outcomes data (3B) is used also for the State Identified Measurable Result (SiMR) in the SSIP. A more detailed description of the engagement can be found in Indicator 3.

October 24, 2024: This hybrid stakeholder session focused on the Compliance Indicators. Stakeholders who were in attendance included parents, members from the Guam Interagency Coordinating Council (ICC), Part C personnel and other interested community members. Stakeholders were pleased with the performance data presented and shared some ideas GEIS could implement to address families who are not as responsive to the steps and measures taken to meet the 45-Day Timeline, in particular. Although Part C met the compliance target for Indicator 7, there was still a high number of delays attributed to parent delays.

November 4, 2024: This hybrid stakeholder session focused on Indicators 2, 4, 5, and 6. Stakeholders in attendance included parents, members from the ICC, GEIS personnel and other interested community members. Stakeholders discussed the trend data presented for the number of children served in the program, along with the results of the family outcomes survey. Although the response rate for this FFY 2023 was a vast improvement from the FFY 2022 response rate for Indicator 4, stakeholders all agreed that every parent's input is important and the program should look into the reasons for why the remaining parents were not able to provide feedback on the outcomes survey for families.

December 2, 2024: This hybrid stakeholder session focused on Indicator 3, Child Outcomes. Stakeholders were highly engaged in the discussion surrounding the performance data for this particular indicator as there was "slippage" reported for each of the outcomes. A more detailed description of the engagement and the explanation of "slippage" is provided in the narrative section under Indicator 3 of this FFY 2023 SPP/APR.

January 10, 2025: A session with personnel from the GEIS was held to review the performance data for Indicator 11, the State Systemic Improvement Plan. GEIS personnel engaged in a discussion in small groups, and then in larger groups to review their findings after reviewing the results from the various tools utilized for the SSIP. The small group sessions also included reviewing the implementation plans to determine if the activities conducted during this FFY 2023 reporting period were completed or if they would be on-going. A more detailed description can be found in the SSIP Indicator 11.

January 11, 2025: A large stakeholder session was held both in-person and online to review the FFY 2023 SPP/APR in its entirety. Flyers and email notices were sent to families, service providers, Division personnel, community partners and agencies who provide services to children and families, along with members from the Guam ICC.

January 24, 2025: A virtual session was held with members from the Leadership Team of the Guam Early Learning Council to review and discuss the FFY 2023 SPP/APR. Stakeholders were particularly interested in how Part C would be able to increase the number of infants and toddlers served as reported in Indicator 5, along with increasing the number of home visits after reviewing the data for Indicator 11, which revealed a large number of

cancellations for home visits. Stakeholders offered ideas with how to encourage family engagement and involvement through accommodations and incentives that could be afforded to families. Some examples of the accommodations for consideration would be to schedule meetings out in the community instead of in the homes, and provide incentives such as gas coupons and food vouchers.

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

An invitation to attend the Guam Part C Guam Early Intervention System (GEIS) Stakeholder Input Sessions on Guam's Part C State Performance Plan was sent to parents, service providers, and community partners, encouraging their participation in providing input and recommendations on Guam's FFY 2023-2024 SPP/APR document. These partners included members of the Guam Interagency Coordinating Council (GICC), Guam Early Learning Council (GELC) Leadership, Department of Education – Division of Special Education Leadership Team, GEIS staff and workgroups, and parents of children enrolled in GEIS. The GICC members consist of parents, representatives of various agencies, and other programs identified by the council.

At the September 25, 2024 session, the GEIS Program Coordinator presented the performance of the FFY 2023 SPP/APR, highlighting the indicators that showed improvement, targets met, and areas of slippage. Additionally, the ICC members discussed Indicator 3: Child Outcomes and the need for Guam to report the performance of infants and toddlers who are "at risk." The members agreed to include all infants and toddlers identified as "at risk" alongside all other children exiting the program and participating in the child outcome measure. The ICC also agreed that Guam's eligibility criteria are broad and include "at risk" children, and therefore, these children should be represented in the total count.

A total of 39 stakeholders (including six parents) attended the indicator cluster meetings, in-person or virtually, held on October 24, 2024, focusing on Compliance Indicators; November 4, 2024, focusing on Child Find and Family Outcomes; and December 2, 2024, focusing on Child Outcomes. In addition, a total of 12 stakeholders (including four parents) attended the large stakeholder input session held on January 11, 2025, which was a presentation of all target and compliance indicator data. These sessions used infographics to provide a visual representation of each indicator to enhance stakeholder understanding. Discussions included a review of performance for each indicator and focused on gathering feedback and recommendations for improvement, possible revisions to targets, and explanations of slippage for relevant indicators.

On January 10, 2025, a stakeholder session was held with all GEIS staff to provide feedback and recommendations on the annual performance for Indicator 11: SSIP. Fifteen stakeholders participated in the discussions. The staff engaged in large group discussions about the 11 DEC evidence-based practices and agreed that these practices reflect what providers and coordinators are doing daily to support the SiMR, noting no changes were needed to the 11 DEC practices. Additionally, the staff reviewed the Theory of Action and agreed that it aligns with the SiMR.

Lastly, the staff worked in small groups to review data results from performance measures documented in the evaluation plan. Based on the data analysis, the team reviewed the implementation plan and discussed whether any changes, modifications, or additions were needed to improve outcomes for children and families. This was a very engaging session, with committed staff reflecting on Maya Angelou's quote: "Do the best you can until you know better. Then when you know better, do better."

On January 17, 2025, the Part C Evaluation Team met to review and provide input on the Part C Evaluation Plan Matrix Results for FFY 2023, with six members present. The team reviewed and discussed the nine performance measures documented in the SSIP Evaluation Plan. After discussing the evaluation activities and analyzing the data for each performance measure, the team voted on whether the rating for the performance indicator was validated based on the data presented and assigned the appropriate performance level. All members agreed with the information documented in the SSIP Evaluation Table Summary.

On January 24, 2025, the GEIS Program Coordinator facilitated a presentation on the FFY 2023 SPP/APR performance to the GELC Leadership Team.

On January 31, 2024, the Part C Evaluation Team met again to review the Evaluation Plan Summary, which includes the nine performance measures and performance data for this reporting period. The team reviewed each performance indicator, discussed the evaluation activities and analysis, and confirmed the assigned ratings based on the data analysis. The team concurred with each rating for the performance indicators.

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Stakeholders recommended that, since most of the service providers have been working in the program for two years, targeted professional development sessions are needed on the Child Outcomes Summary (COS) process and embedding the outcomes into the IFSP process. By doing so, the IFSP will continue to monitor progress in the three 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.**

There are no additional activities that will be implemented in the next fiscal year.

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

This is not applicable as there are no anticipated data collection and measures, and expected outcomes for activities related to the SiMR, as there are no additional activities that will be implemented for the next fiscal year.

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

There are no newly identified barriers; therefore, no steps were determined to address any newly identified barriers.

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



**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## Indicator 12: General Supervision

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Data Source

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

#### Measurement

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

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

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	100.00%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

### Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
27	0	0		27

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

There were no Indicator 1 related requirement findings of noncompliance identified in FFY 2022.

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

GDOE Compliance Monitoring Office (CMO) is responsible for monitoring and verifying correct implementation of Indicator 1 regulatory requirements. CMO reviews the Guam Early Intervention Services (GEIS-the Part C program) Indicator 1 program data reports to verify that GEIS is correctly implementing Indicator 1 regulatory requirements, consistent with OSEP QA 23-01. On a quarterly basis, CMO reviews Indicator 1 program data reports for updated/subsequent data at 100% compliance to determine whether GEIS is correctly implementing Indicator 1 regulatory requirements.

In June 2023, CMO conducted off-site monitoring for Indicator 1 compliance. The off-site monitoring included the time period of the verified timely correction of FFY 2021 findings of noncompliance in March 2023, one year from the FFY 2021 findings of noncompliance issued in March 2022.

The June 2023 Written Notice of Finding of Noncompliance for Indicator 1 was issued to GEIS. The Notice identified 27 individual cases of noncompliance based on the Indicator 1 program data report. GEIS acknowledged the missing dates in the program data report were due to delays in submission of the IFSP documents to the data office. In fact, the 27 individual cases represented 13 children who received all services timely. CMO acknowledged the program's issues with providers submitting their documents timely to update the data system. Given that CMO utilizes the program data reports to identify noncompliance, CMO maintained the noncompliance issued for Indicator 1 to monitor the accuracy of the program data reports.

In FFY 2022, the Indicator 1 compliance data was 91.74% (111/121) compliance, which included 10 individual cases of noncompliance. These 10 individual cases of noncompliance were part of the verified timely correction of FFY 2021 findings of noncompliance in March 2023.

In November 2023, GEIS provided CMO an updated standard operating procedures that ensure program data reports reflect current data and information. CMO acknowledged the program's effort to ensure the data system is updated on a regular basis.

In January 2024 and July 2024, CMO issued Status of Correction of Noncompliance notices to GEIS for the FFY 2022 finding of Indicator 1 noncompliance. Both memos indicated that the review of Indicator 1 data reports were not at 100% compliance for updated data. CMO's verification of correction continued to raise concerns regarding the program data reports not reflecting accurate timelines. GEIS reported the process for inputting data into the system in a timely manner continues to be a challenge.

In September 2024, CMO issued to GEIS the Verified Subsequent Correction Notice for the noncompliance identified in FFY 2022. The notice included verified correction of the individual case of noncompliance and indicated that GEIS demonstrated 100% compliance of updated/subsequent data through a review of the Indicator 1 program data report, which served as evidence of GEIS correctly implementing Indicator 1 regulatory requirements, consistent with OSEP QA 23-01. The one-year timeframe for verified timely correction of the June 2023 finding of noncompliance was June 2024. This verified subsequent correction also confirmed the accuracy of the data system and the program's improvement to ensure IFSP documents are submitted timely to the data office.

In FFY 2023, Indicator 1 compliance data was at 98.88% (88/89) compliance, with only one case of noncompliance. This substantial compliance demonstrated by GEIS was through a review of Indicator 1 data reports with individual file reviews for verification of timelines for accuracy. It should be noted that the verified subsequent correction of FFY 2022 Indicator 1 noncompliance could be attributed to the delay in submitting appropriate documentation for data entry, which was the reason for correction beyond the one-year correction period for timely correction.

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

CMO verifies each individual case of noncompliance identified was corrected through a review of GEIS Indicator 1 program data reports.

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

**Findings of Noncompliance Identified in FFY 2022**

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

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

**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 2022**

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

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

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 2022**

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

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

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

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

**Findings of Noncompliance Identified in FFY 2022**

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

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

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:

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

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
27	0	0		27

**FFY 2023 SPP/APR Data**

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	27		100%	0.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	100.00%
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Provide additional information about this indicator (optional)

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

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	27
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)	0

3. Number of findings <u>not</u> verified as corrected within one year	27
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**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):**

4. Number of findings of noncompliance not timely corrected	27
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	27
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	
7. Number of findings <u>not</u> yet verified as corrected	0

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

## 12 - OSEP Response

Guam has established the baseline for this indicator, using data from FFY 2023, but OSEP cannot accept that baseline because Guam's FFY 2023 baseline data reported in the Historical Data table is not consistent with Guam's FFY 2023 data reported in the FFY 2023 SPP/APR Data table.

## 12 - Required Actions

Guam must establish baseline for this indicator in the FFY 2024 SPP/APR.

## 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:

Terese D Crisostomo

#### Title:

Part C Program Coordinator

#### Email:

tdcrisostomo@gdoe.net

#### Phone:

6717771083

#### Submitted on:

04/22/25 3:35:17 PM

## Determination Enclosures

### RDA Matrix

## Guam

### 2025 Part C Results-Driven Accountability Matrix

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

Percentage (%)	Determination
60.42%	Needs Assistance

#### Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	6	2	33.33%
Compliance	16	14	87.50%

#### 2025 Part C Results Matrix

##### I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	106
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	150
Percentage of Children Exiting who are Included in Outcome Data (%)	70.67
<b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation)	2

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

<b>Data Anomalies Score</b> (please see Appendix B for a detailed description of this calculation)	0
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##### II. Child Performance

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

<b>Data Comparison Score</b> (please see Appendix C for a detailed description of this calculation)	0
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###### (b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

<b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation)	N/A
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N/A - The Department has approved the reestablishment of your State's Indicator C3 Outcome Area baseline data for FFY 2023. Because the State has changed its methodology for collecting this data, determining performance change based on the percentages across these two years of data is not a valid comparison. The points are not included in either the numerator or denominator in the overall calculation of the results score.

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	42.86%	23.16%	45.05%	10.53%	32.18%	20.00%
FFY 2022	52.00%	42.42%	47.37%	31.82%	50.00%	30.30%

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



**2025 Part C Compliance Matrix**

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	98.88%	YES	2
Indicator 7: 45-day timeline	100.00%	N/A	2
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	96.70%	N/A	2
Indicator 12: General Supervision	0.00%	YES	0
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

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

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

## Appendix A

### I. (a) Data Completeness:

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

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

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

## Appendix B

### I. (b) Data Quality:

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

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

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

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

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

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

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

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

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

# Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	106
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	1	43	29	4	18
Performance (%)	1.05%	45.26%	30.53%	4.21%	18.95%
Scores	1	0	1	0	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	1	49	35	6	4
Performance (%)	1.05%	51.58%	36.84%	6.32%	4.21%
Scores	1	0	1	0	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	1	58	17	11	8
Performance (%)	1.05%	61.05%	17.89%	11.58%	8.42%
Scores	1	0	1	0	1

	Total Score
Outcome A	3
Outcome B	3
Outcome C	3
Outcomes A-C	9

Data Anomalies Score	0
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## Appendix C

### II. (a) Data Comparison:

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

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

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

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

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

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

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

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

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	42.86%	23.16%	45.05%	10.53%	32.18%	20.00%
Points	0	0	0	0	0	0

Total Points Across SS1 and SS2	0
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Your State's Data Comparison Score	0
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## Appendix D

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

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

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

#### Test of Proportional Difference Calculation Overview

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

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

e.g., C3A FFY2023% - C3A FFY2022% = Difference in proportions

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

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

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

Difference in proportions / standard error of the difference in proportions = z score

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	50	52.00%	77	42.86%	-9.14	0.0904	-1.0114	0.3118	NO	1
SS1/Outcome B: Knowledge and Skills	57	47.37%	91	45.05%	-2.31	0.0842	-0.2747	0.7836	NO	1
SS1/Outcome C: Actions to meet needs	58	50.00%	87	32.18%	-17.82	0.0826	-2.1575	0.031	YES	0
SS2/Outcome A: Positive Social Relationships	66	42.42%	95	23.16%	-19.27	0.0747	-2.5806	0.0099	YES	0
SS2/Outcome B: Knowledge and Skills	66	31.82%	95	10.53%	-21.29	0.0654	-3.2552	0.0011	YES	0
SS2/Outcome C: Actions to meet needs	66	30.30%	95	20.00%	-10.30	0.0699	-1.4742	0.1404	NO	1

Total Points Across SS1 and SS2	3
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Your State's Performance Change Score	N/A
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N/A - The Department has approved the reestablishment of your State's Indicator C3 Outcome Area baseline data for FFY 2023. Because the State has changed its methodology for collecting this data, determining performance change based on the percentages across these two years of data is not a valid comparison. The points are not included in either the numerator or denominator in the overall calculation of the results score.



**Data Rubric**  
**Guam**

FFY 2023 APR (1)

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

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

**APR Score Calculation**

<b>Subtotal</b>	14
<b>Timely Submission Points</b> - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	19

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

#### 618 Data (2)

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

#### 618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

#### Indicator Calculation

A. APR Grand Total	19
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	38.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	38.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

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

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

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

DATE: February 2025 Submission

### SPP/APR Data

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

### Part C 618 Data

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

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

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

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

## Dispute Resolution

### IDEA Part C

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Year 2023-24

#### Section A: Written, Signed Complaints

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

#### Section B: Mediation Requests

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

#### Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(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:

Guam

These data were extracted on the close date:

11/13/2024

## **How the Department Made Determinations**

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

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