**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on   
FFY 2021**

**American Samoa**

U.S. Department of Education seal

**PART C DUE   
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

This Annual Performance Report (APR) describes how the American Samoa (AS) Part C program, under the American Samoa Department of Health, carried out early intervention services for zero to three population with special needs during the reporting period of July 1, 2021 to June 30, 2022. The AS Part C program maintains a unitary system and its Lead Agency is the Department of Health. There is only one Part C program who is both the State and Local for the territory of American Samoa who staffs 8 government employees (2 who are EI providers, a data entry tech, an administrative assistant, a child-find coordinator, an SSIP Coordinator, a program manager, and the program coordinator) and 4 contracted specialists (Occupational, Physical, Speech therapist, and a psychologist). This APR was put together collaboratively by the Part C stakeholders and then submitted to its Interagency Coordinating Council for their review and certification.

Additional information related to data collection and reporting

Despite the restrictions due to the COVID-19 pandemic, The American Samoa Part C program aggressively continued its efforts to provide services to the children and families it served. COVID-19 affected American Samoa a little later than other parts of the world, so in this reporting period, the data was slightly impacted by restrictions of COVID-19.

**General Supervision System**

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

The AS EI Program (ASEIP) submitted its General Supervision systems document to OSEP in previous SPP/APR submissions and should be on file. The information is as follow:  
  
The ASEIP submitted its General Supervision systems document to OSEP in previous SPP/APR submissions and should be on file. The information is as follow:  
  
Quality Assurance/Compliance Chart Review   
  
The Helping Hands (HH) Program Manager/Compliance Officer conducts chart reviews of four randomly selected charts of each Service Coordinator (SC)/Service Provider (SP) per month for a total of 12 charts reviewed per quarter. Although randomly selected, efforts will be made to ensure that charts are representative of the SC/SP as well as age groups and disability categories. Chart information will be cross referenced with database for reliability.   
  
Group Supervision  
  
Weekly staff meetings are conducted to discuss clinical issues, programmatic updates, case consultations, and present weekly service/caseload reports. Part C Coordinator and Compliance officer will be present at weekly staff meetings. Compliance officer will have time during weekly staff meetings to discuss specific findings of noncompliance, correction of noncompliance and other issues related to ongoing compliance monitoring.   
  
Staff development: Part C Coordinator and Program Manager/Compliance Officer carry out quarterly staff development sessions with service coordinators and service providers. Possible topics/exercises include:  
Natural environments and family-centered service delivery models  
IDEA regulations and changes  
Documentation   
Team building  
Sharing information on specific diagnoses/disorders  
Assessment/Evaluation procedures   
  
\*Other training and PD will be identified and implemented as needed. This could include professional trainings, both onsite and off-island and individualized training based on identified staff’ needs.   
  
Individual Clinical Supervision:  
  
Compliance officer/Program Manager performs individual supervision meetings with SC/SP after monthly chart reviews and home visits and on an “as needed” basis. This supervision can include the following:  
Review of individual cases  
Review task list and develop future task list, when necessary  
  
\*All supervision will be documented in administrative files. The administrative files will include:  
Dates and descriptions of staff development topics  
Supervision notes from individual and group supervision  
Task lists, including dates assigned and completed  
  
Weekly Service/Caseload Reports   
  
Each staff who provides services to HH families’ track the number of home visits/services completed and names of each child visited/serviced during each week. Each staff has weekly targets and monthly goals. Targets are reported weekly to the group at staff meetings. The Helping Hands Program Manager/Compliance Officer cross checks home visits listed on Weekly Service Reports with progress notes on the database. The HH Program Manager/Compliance Officer totals weekly targets to verify if monthly goals have been met. HH Staff Members who miss their monthly goals by 25% or more receive written notice.   
  
IFSP Reviews  
  
The HH Program Manager/Compliance Officer reviews all IFSPs that are developed for proper completion and for quality assurance. Service Coordinators are expected to submit each IFSP after development to the Program Manager/Compliance Officer for review. Service Coordinators receive individual written and verbal feedback promptly after the review.  
  
IFSP Data Entry  
  
Each newly developed IFSP or IFSP with changes is forwarded to the Helping Hands Data Manager for input into the database.  
   
Supervised Home Visits   
  
The HH Program Manager/Compliance Officer will accompany SCs/SPs on selected home visits. Each service provider and service coordinator will participate in a supervised home visit each month.   
  
Verification of Contractors/Contract Services:   
  
Contractors submit invoices for services provided to the Program Manager/Compliance Officer for initial review and approval. The Program Manager/Compliance Officer reviews the progress notes and evaluation reports submitted for quality assurance. Upon completion of this review process, the Program Manager/Compliance Officer forwards the invoice documentation to the proper Service Coordinator to file in child charts. If an issue is found during this review process, the Program Manager/Compliance will forward the invoice and documents back to the service provider for correction.   
  
Upon completion of the initial review, the service provider invoice and documents are submitted to the program fiscal officer for fiscal review and approval. The fiscal officer may return to the service provider if an issue is found, i.e. question regarding amounts or totals reflected on invoice.   
  
Once the fiscal review, the service provider invoice is submitted to the Part C Coordinator for final review and approval. The invoice is then routed to necessary American Samoa government agencies for final payment processing.   
  
Exit Record Review:  
  
Data Consultant reviews all exit records to ensure that all required documents are in the physical chart and properly synchronized with the database. An audit form is used to document the results of the audit and all audited charts are returned to the Program Manager/Compliance Officer for final review. The Program Manager/Compliance Officer will review the documentation and determine if action will be taken in regards to any issues found. In an effort to manage the exit audit process a data field has recently been added to the child record in the database to record the exit audit date.   
  
Quarterly APR Indicator Data Review:  
  
APR Indicator data reports are generated on a quarterly basis to evaluate performance on APR indicators and to identify possible noncompliance. The Program Manager/Compliance Officer works closely with the Data Consultant to generate necessary reports. The Program Manager/Compliance Officer will review all reports and develop a summary related to each indicator. This summary will include any noncompliance identified, progress/improvements from previous quarter, correction of previous noncompliance, slippage from previous quarter, corrective action plans for any noncompliance identified. The Program Manager/Compliance Officer will review the summary with the Part C Coordinator and will also report such findings to program staff during staff meetings. The Program Manager/Compliance Officer will also conduct individual meetings with necessary program staff to discuss findings of quarterly reviews and corrective action plan.   
  
Family Survey  
  
In an effort to effectively measure family involvement, the American Samoa Early Intervention Program (ASEIP) administers the Family Survey tool developed by the Early Childhood Outcomes Center (ECO). A survey is conducted to all families who exit the program who have been receiving services for six consecutive months. During the 90-day transition meeting, the Program Manager/Compliance Officer meets with the parent and/or caregiver to administer the family survey. The family survey is available both in English and Samoan and families are given the option to mail back the survey or deliver the survey at a later time. The Program Manager/Compliance Officer reviews each survey and examines specific responses which may indicate concerns with family involvement and concerns regarding services received by families. Upon completion of the family survey review, the Program Manager/Compliance Officer forwards the completed family surveys to the Data Consultant for data entry and analysis. The Program Manager/Compliance Officer uses information gathered from the family survey review to develop training priorities and program improvement activities. This information is reported to the Part C Coordinator and program staff and a plan is developed to implement necessary trainings and improvement activities to address results of the family survey reviews.

**Technical Assistance System:**

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

The American Samoa Part C Program continues to receive technical assistance primarily from its OSEP contact as well as OSEP funded projects with data collections, data analysis, and the use of data to implement evidence based practices for the improvement of child and family outcomes. These TA centers include the IDEA Early Childhood Data Systems (DaSy) and the Early Childhood TA center (ECTA). In addition, these TA's also provide various support to the Program Coordinator in the preparation of the Annual Performance Report and the Grant Application via monthly calls, emails, and supporting documents for any questions, program related inquiries or clarifications that the Coordinator might have or need. These TA centers have provided extensive support to the American Samoa's efforts to the continued development and implementation of it's SSIP through monthly calls providing direct TA and providing various training resources towards SSIP activities as well as target settings for the upcoming years. The American Samoa Part C program also participated in webinars and learning collaboratives/community of practices which provided an on-going opportunity to hear how other programs are doing and what strategies/ideas they are utilizing that AS Part C could use to potentially enhance its system.

**Professional Development System:**

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

The American Samoa Early Intervention Program in this reporting period was extremely short staffed. With the absence of an SSIP Coordinator and a child-find coordinator, and one service coordinator going on leave for 6 months for health reasons, the program manager stepped down to take over the caseload and coordinate transitions while the program coordinator takes on the roles and responsibilities of the program manager and SSIP coordinator. The Program Coordinator worked with the TA centers in the development and implementation of its SSIP through monthly calls and various training resources towards SSIP activities, unfortunately a lot of these activities were not carried out due to short staffing and COVID restrictions. The program coordinator is following the comprehensive developmental system that was formalized and updated utilizing evidence based practices. In addition, a week long orientation is provided to any new staff along with months of supervised visits with a current service coordinator, the program manager, and specialists. Every month, a training is provided by one of the program specialists with a topic identified as one of the area of needs for the service providers. These trainings are recorded and uploaded to the program drive for reference or refreshers for the staff. The Early Interventions Online Curriculum modules are a requirement for every new staff to compete. An ongoing supervision system by the ASEIP is utilized to ensure that not only the provision of early intervention services is within a timely manner, but also to assist in achieving improved results for infants and toddlers with disabilities and/or a developmental delay and their families.  
  
More details to systems in place:   
  
Individual Clinical Supervision:  
  
Compliance officer/Program Manager performs individual supervision meetings with service coordinators and service providers after monthly chart reviews and home visits and on an “as needed” basis. This supervision can include the following:  
Review of individual cases  
Review task list and develop future task list, when necessary  
  
\*All supervision will be documented in administrative files. The administrative files will include:  
Dates and descriptions of staff development topics  
Supervision notes from individual and group supervision  
Task lists, including dates assigned and completed  
  
Weekly Service/Caseload Reports (WCRs)   
  
Each staff person who provides home visits/services to Helping Hands families’ track the number of home visits/services completed and names of each child visited/serviced during each week. Each staff person has weekly targets and monthly goals. Targets are reported weekly to the group at staff meetings. The Helping Hands Program Manager/Compliance Officer cross checks home visits listed on Weekly Service Reports with progress notes on the database. The Helping Hands Program Manager/Compliance Officer totals weekly targets to verify if monthly goals have been met. Helping Hands Staff Members who miss their monthly goals by 25% or more receive written notice.   
  
IFSP Reviews  
  
The Helping Hands Program Manager/Compliance Officer reviews all IFSPs that are developed for proper completion and for quality assurance. Service Coordinators are expected to submit each IFSP after development to the Program Manager/Compliance Officer for review. Service Coordinators receive individual written and verbal feedback promptly after the review.  
  
IFSP Data Entry  
  
Each newly developed IFSP or IFSP with changes is forwarded to the Helping Hands Data Manager for input into the database.  
   
Supervised Home Visits   
  
The Helping Hands Program Manager/Compliance Officer will accompany service coordinators and service providers on selected home visits. Each service provider and service coordinator will participate in a supervised home visit each month.   
  
Verification of Contractors/Contract Services:   
  
Contractors submit invoices for services provided to the Program Manager/Compliance Officer for initial review and approval. The Program Manager/Compliance Officer reviews the progress notes and evaluation reports submitted for quality assurance. Upon completion of this review process, the Program Manager/Compliance Officer forwards the invoice documentation to the proper Service Coordinator to file in child charts. If an issue is found during this review process, the Program Manager/Compliance will forward the invoice and documents back to the service provider for correction.   
  
Upon completion of the initial review, the service provider invoice and documents are submitted to the program fiscal officer for fiscal review and approval. The fiscal officer may return to the service provider if an issue is found, i.e. question regarding amounts or totals reflected on invoice.   
  
Upon completion of the fiscal review, the service provider invoice is submitted to the Part C Coordinator for final review and approval. The invoice is then routed to necessary American Samoa government agencies for final payment processing.   
  
Exit Record Review:  
  
Data Consultant reviews all exit records to ensure that all required documents are in the physical chart and properly synchronized with the database. An audit form is used to document the results of the audit and all audited charts are returned to the Program Manager/Compliance Officer for final review. The Program Manager/Compliance Officer will review the documentation and determine if action will be taken in regards to any issues found. In an effort to manage the exit audit process a data field has recently been added to the child record in the database to record the exit audit date.

**Broad Stakeholder Input:**

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

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Children with Special Needs program, Family to Family program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education (Special Education). The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and quarterly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

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

YES

**Number of Parent Members:**

53

**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.**

The American Samoa Part C program in collaboration with the local Family to Family program, hosted a series of parent focused workshops. These workshops were not limited to just parents. All stakeholders were invited. The objectives of these workshops were the importance of family/parent (stakeholders) involvement in child services where Target setting was listed as one of the roles and responsibilities of being a part of the stakeholders group. To ensure all participants understood and fully grasped what target settings encompassed, the American Samoa Part C program presented one indicator per workshop. A description of the indicator was provided along with the historical data (fiscal year, target, and data). The Technical assistants assigned to American Samoa assisted in data analysis and Bar graphs were used as visualization to present the trends of the programs' performance over the past 6 years. Raw data was also provided from previous APRs along with guidelines of setting new targets. The American Samoa program at the end of each Indicator proposed a target and then facilitates an open discussion. A survey was also given out to the stakeholders to compete during the presentation and discussion. In the survey, the stakeholders are given the indicator and description along with the proposed targets. The parents were asked to check yes if they agree with the proposed target and check No if they do not agree with the proposed target. There was a comment box on the surveys to write down their comments, concerns, or any questions they might have had if they were not comfortable sharing their input during the discussion. Surveys were collected and analyzed by the Part C program. Majority of the participants agreed with proposed targets. The AS Part C program with support from its Lead Agency maintained weekly meetings with its core stakeholder group and monthly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group. The American Samoa Part C program also participated in the Department of Education Special Education stakeholders target setting meeting where participated parents, service providers, caregivers, and other agencies inputs were solicited using the same surveys previously mentioned.

**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.**

As mentioned above, a series of parent focused workshops has taken place and this is one of the initiations to increasing the capacity of parents to support the development of implementation of activities to improve child outcomes. One of the topics was conducting Early Intervention Services in the child's Natural Environment. During this workshop, parents were informed of what is considered a Natural Environment and why it is critical to provide services within the Childs Natural Environment. Most of the parents shared that they were under the impression that Natural Environment is strictly at home. Another topic was parent involvement and consistency in the child's Early Intervention services. It was emphasized to the parents that their involvement with their Childs services is the power house to improved outcomes. The American Samoa Part C program will continue to collaborate with the local Family to Family (Family Voices) program in coordinating these parent focused groups. It is the goal of ASEIP to continue to equip not only primary service providers, but most especially parents of children within ASEIP, with various strategies and activities that can help further their child’s development throughout their child’s daily routine and also within their natural environment. Specialists and service providers will continue to train and coach families on various fun and family centered functional activities that could help improve child outcomes.

**Soliciting Public Input:**

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

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Zika program, Children with Special Needs program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education. The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and monthly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

**Making Results Available to the Public:**

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

The American Samoa Part C Program Annual Performance Report for FFY 2016 to FFY 2021 are made available on its website under Resources, Reports and Documents (https://www.helpinghands-as.org/copy-of-services). The AS Part C program also put out a public notice on the local newspaper and on the program website that the FFY 2020 Determinants letter is available on its website and in its office for public review and commenting (https://www.helpinghands-as.org/public-awareness). Also, through public service announcements the public will be informed that the AS Part C FFY 2021 SPP/APR and results of the Target setting, data analysis, and development of improvement strategies will be available for public viewing in its office and through it's Lead Agency and posted on its website once updates are completed.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

The American Samoa Part C Program Annual Performance Report for FFY 2016 to FFY 2021 are made available on its website under Resources, Reports and Documents (https://www.helpinghands-as.org/copy-of-services). The AS Part C program also put out a public notice on the local newspaper and on the program website that the FFY 2020 Determinants letter is available on its website and in its office for public review and commenting (https://www.helpinghands-as.org/public-awareness). Also, through public service announcements the public will be informed that the AS Part C FFY 2021 SPP/APR and results of the Target setting, data analysis, and development of improvement strategies will be available for public viewing in its office and through it's Lead Agency and posted on its website once updates are completed.

## Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.   
  
The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

**Response to actions required in FFY 2020 SPP/APR**

The American Samoa Part C Program receives technical assistance primarily from its OSEP contact as well as OSEP funded projects with data collections, data analysis, and the use of data to implement evidence based practices for the improvement of child and family outcomes. These TA centers include the IDEA Early Childhood Data Systems (DaSy), the Early Childhood TA center (ECTA), and the Centers for IDEAD Fiscal reporting (CIFR). In addition, these TA centers have provided extensive support to the American Samoa's efforts to the continued development and implementation of it's SSIP through monthly calls providing direct TA and providing various training resources towards SSIP activities. These TA's also provide various support to the Program Coordinator in the preparation of the Annual Performance Report and the Grant Application via monthly calls, emails, texts, and supporting documents for any questions, program related inquiries or clarifications that the Coordinator might have or need. The American Samoa Part C program also participated in webinars and learning collaborative/community of practices which provided an on-going opportunity to hear how other programs are doing and what strategies/ideas they are utilizing that AS Part C could use to potentially enhance its system.

## Intro - OSEP Response

American Samoa has not publicly reported on the FFY 2021 (July 1, 2021-June 30, 2022), FFY 2020 (July 1, 2020-June 30, 2021), FFY 2019 (July 1, 2019-June 30, 2020) and FFY 2018 (July 1, 2018-June 30, 2019) performance of its program or on the targets in the American Samoa's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of the IDEA. The American Samoa Part C Program reported its Annual Performance Report for FFY 2016 to FFY 2021 are made available on its website, however American Samoa did not post a complete copy of the it's SPP/APR on its website as required.   
  
American Samoa did not, as required, attach a signed copy of their 2023 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. OSEP notes that American Samoa must submit the SICC form to confirm whether the SICC is supporting American Samoa's submission of the FFY 2021 SPP/APR or submitting its own SICC annual report (and if so, the SICC must submit the annual report in a format that complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508)).  
  
American Samoa's determinations for both 2021 and 2022 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 22, 2022 determination letter informed American Samoa that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which American Samoa received assistance; and (2) the actions American Samoa took as a result of that technical assistance. American Samoa provided the required information.  
  
The Department imposed Specific Conditions on American Samoa's IDEA Part C grant awards for the last three or more years.

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 87.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 59 | 59 | 100.00% | 100% | 100.00% | Met target | No Slippage |

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

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

0

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

**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 American Samoa Part C Program's criteria for "timely" receipt of early intervention services is 30 days from the IFSP start date. Every child who received an IFSP receives early intervention services within 30 days of the IFSP start date. As noted above, this reporting period of July 1, 2021 to June 30, 2022, there were 0 documented delays attributable to exceptional family circumstances. AS Part C program continues to provide services to meet every child and families availability as well as provide compensatory services.

**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).**

July 1, 2021 to June 30, 2022

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

During the reporting period of July 1, 2021 to June 30, 2022, there was a total of 59 children with IFSPs. All 59 children with IFSPs received EI services in a timely manner. As noted above, there are no documented delays attributable to exceptional family circumstances.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 60.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 95.40% | 95.50% | 95.60% | 95.60% | 95.60% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.70% | 95.80% | 95.90% | 96.00% | 96.10% |

**Targets: Description of Stakeholder Input**

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Children with Special Needs program, Family to Family program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education (Special Education). The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and quarterly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 33 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 33 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 33 | 33 | 100.00% | 95.70% | 100.00% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Children with Special Needs program, Family to Family program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education (Special Education). The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and quarterly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

The AS Part C program continues to aggressively promote early intervention in the community increasing awareness of EI services through various public service announcements for early identification prior to the age of 2 years old. Additionally, the AS Part C continues its efforts to educate the community/parents through various media outlets (radio and newspaper) advertisements to include television appearances and on its website on the importance of early intervention.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2012 | Target>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| **A1** | 100.00% | Data | 100.00% | 100.00% | 87.50% | 100.00% | 91.67% |
| **A2** | 2012 | Target>= | 91.04% | 91.05% | 91.06% | 85.00% | 91.05% |
| **A2** | 91.00% | Data | 72.00% | 100.00% | 75.00% | 83.33% | 83.33% |
| **B1** | 2012 | Target>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| **B1** | 100.00% | Data | 100.00% | 100.00% | 91.67% | 100.00% | 90.00% |
| **B2** | 2012 | Target>= | 87.04% | 87.05% | 87.06% | 87.06% | 87.06% |
| **B2** | 87.00% | Data | 76.00% | 93.75% | 83.33% | 100.00% | 91.67% |
| **C1** | 2012 | Target>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| **C1** | 100.00% | Data | 100.00% | 93.75% | 91.67% | 100.00% | 91.67% |
| **C2** | 2012 | Target>= | 87.04% | 87.05% | 87.06% | 87.06% | 87.06% |
| **C2** | 87.00% | Data | 80.00% | 93.75% | 83.33% | 83.33% | 84.62% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Target A2>= | 91.05% | 91.06% | 91.06% | 91.07% | 91.07% |
| Target B1>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Target B2>= | 87.07% | 87.08% | 87.09% | 87.10% | 87.11% |
| Target C1>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Target C2>= | 87.07% | 87.08% | 87.09% | 87.10% | 87.11% |

**FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

20

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

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 3 | 15.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 0 | 0.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1 | 5.00% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 16 | 80.00% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 0 | 0.00% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 17 | 20 | 91.67% | 100.00% | 85.00% | Did not meet target | Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 16 | 20 | 83.33% | 91.05% | 80.00% | Did not meet target | Slippage |

**Provide reasons for A1 slippage, if applicable**

The American Samoa Part C program during the reporting period of July 1, 2021 to June 30, 2022 conducted regular team meetings where each child that received an IFSP was rated using the Child Outcomes Summary process at entry and when exited. The data reported here represents kids who received early intervention services for 6 months or more. Each child's COS rating was determined by using standardized tools, professional findings, as well as family input on their child's progress or performance at entry and exit.   
  
As reported above, there is a slippage in A1, reasons attributed to this slippage includes kids referred to the AS Part C program late (i.e referred between 24 to 33 months) not allowing for sufficient time with the Part C program to provide early intervention services to yield significant improvement to the level of age expectation. Data also includes kids with significant limitations as a result of their disability and although their performance outcome scores improved, they were not at age expectation. It is important to note that the 3 children that did not improve functioning had medical diagnosis of Cerebral palsy, meningitis at birth, and one was diagnosed with autism.   
  
It is also important to note that it was during this reporting period that the COVID restrictions occurred and face-to-face services were on hold for a while so the program mainly used telehealth to conduct the services. Some families refused face-to-face services due to concerns of the virus spreading and telehealth was not readily available for some of the families. American Samoa was unique in the time the COVID spread within its community later compared to the other parts of the world. So as the other parts of the world were slowly going back to normal, American Samoa was started its COVID restrictions.   
  
Although there is a slippage this reporting period, the ASEIP anticipated such results within the implementation of COS user enhancement skills to score and rate each Part C child at entry and exit. The ASEIP recognized the need to focus efforts to EI staff capacity building activities in order to allow EI Staff to accurately and confidently assess all potentially eligible and eligible Part C children. In addition, through these capacity building acitivities EI staff will be able to provide adequate support to families of eligible and potentially eligible Part C children. As a result, ratings on the COS are effective of the enhanced knowledge of EI staff and families to confidently utilize the COS.   
  
The ASEIP is currently utilizing this data towards ongoing program improvements to ensure improving child outcomes.

**Provide reasons for A2 slippage, if applicable**

As reported above, there is a slippage in A1, reasons attributed to this slippage includes kids referred to the AS Part C program late (i.e referred between 24 to 33 months) not allowing for sufficient time with the Part C program to provide early intervention services to yield significant improvement to the level of age expectation. Data also includes kids with significant limitations as a result of their disability and although their performance outcome scores improved, they were not at age expectation. It is important to note that the 3 children that did not improve functioning had medical diagnosis of Cerebral palsy, meningitis at birth, and one was diagnosed with autism. The other 1 child reported to have improved functioning to a level nearer to same-aged peers but did not reach it was due to over-reporting by parent when the child entered the program. Some of the activities that the service providers were not able to observe during eligibility assessment were reported by mom that child is able to do at home. As the providers went into the homes to start services, it was observed that the child was not able to perform some of the activities as reported by the parent.   
  
Although there is a slippage this reporting period, the ASEIP anticipated such results within the implementation of COS user enhancement skills to score and rate each Part C child at entry and exit. The ASEIP recognized the need to focus efforts to EI staff capacity building activities in order to allow EI Staff to accurately and confidently assess all potentially eligible and eligible Part C children. In addition, through these capacity building acitivities EI staff will be able to provide adequate support to families of eligible and potentially eligible Part C children. As a result, ratings on the COS are effective of the enhanced knowledge of EI staff and families to confidently utilize the COS.   
  
It is also important to note that it was during this reporting period that the COVID restrictions occurred and face-to-face services were on hold for a while so the program mainly used telehealth to conduct the services. Some families refused face-to-face services due to concerns of the virus spreading and telehealth was not readily available for some of the families. American Samoa was unique in the time the COVID spread within its community later compared to the other parts of the world. So as the other parts of the world were slowly going back to normal, American Samoa was started its COVID restrictions.   
  
The ASEIP is currently utilizing this data towards ongoing program improvements to ensure improving child outcomes.

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 3 | 15.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 0 | 0.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1 | 5.00% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 16 | 80.00% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 0 | 0.00% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 17 | 20 | 90.00% | 100.00% | 85.00% | Did not meet target | Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 16 | 20 | 91.67% | 87.07% | 80.00% | Did not meet target | Slippage |

**Provide reasons for B1 slippage, if applicable**

The American Samoa Part C program during the reporting period of July 1, 2021 to June 30, 2022 conducted regular team meetings where each child that received an IFSP was rated using the Child Outcomes Summary process at entry and when exited. The data reported here represents kids who received early intervention services for 6 months or more. Each child's COS rating was determined by using standardized tools, professional findings, as well as family input on their child's progress or performance at entry and exit.   
  
As reported above, there is a slippage in A1, reasons attributed to this slippage includes kids referred to the AS Part C program late (i.e referred between 24 to 33 months) not allowing for sufficient time with the Part C program to provide early intervention services to yield significant improvement to the level of age expectation. Data also includes kids with significant limitations as a result of their disability and although their performance outcome scores improved, they were not at age expectation. It is important to note that the 3 children that did not improve functioning had medical diagnosis of Cerebral palsy, meningitis at birth, and one was diagnosed with autism.   
  
It is also important to note that it was during this reporting period that the COVID restrictions occurred and face-to-face services were on hold for a while so the program mainly used telehealth to conduct the services. Some families refused face-to-face services due to concerns of the virus spreading and telehealth was not readily available for some of the families. American Samoa was unique in the time the COVID spread within its community later compared to the other parts of the world. So as the other parts of the world were slowly going back to normal, American Samoa was started its COVID restrictions.   
  
Although there is a slippage this reporting period, the ASEIP anticipated such results within the implementation of COS user enhancement skills to score and rate each Part C child at entry and exit. The ASEIP recognized the need to focus efforts to EI staff capacity building activities in order to allow EI Staff to accurately and confidently assess all potentially eligible and eligible Part C children. In addition, through these capacity building acitivities EI staff will be able to provide adequate support to families of eligible and potentially eligible Part C children. As a result, ratings on the COS are effective of the enhanced knowledge of EI staff and families to confidently utilize the COS.   
  
The ASEIP is currently utilizing this data towards ongoing program improvements to ensure improving child outcomes.

**Provide reasons for B2 slippage, if applicable**

The American Samoa Part C program during the reporting period of July 1, 2021 to June 30, 2022 conducted regular team meetings where each child that received an IFSP was rated using the Child Outcomes Summary process at entry and when exited. The data reported here represents kids who received early intervention services for 6 months or more. Each child's COS rating was determined by using standardized tools, professional findings, as well as family input on their child's progress or performance at entry and exit.   
  
As reported above, there is a slippage in A1, reasons attributed to this slippage includes kids referred to the AS Part C program late (i.e referred between 24 to 33 months) not allowing for sufficient time with the Part C program to provide early intervention services to yield significant improvement to the level of age expectation. Data also includes kids with significant limitations as a result of their disability and although their performance outcome scores improved, they were not at age expectation. It is important to note that the 3 children that did not improve functioning had medical diagnosis of Cerebral palsy, meningitis at birth, and one was diagnosed with autism.   
  
It is also important to note that it was during this reporting period that the COVID restrictions occurred and face-to-face services were on hold for a while so the program mainly used telehealth to conduct the services. Some families refused face-to-face services due to concerns of the virus spreading and telehealth was not readily available for some of the families. American Samoa was unique in the time the COVID spread within its community later compared to the other parts of the world. So as the other parts of the world were slowly going back to normal, American Samoa was started its COVID restrictions.   
  
Although there is a slippage this reporting period, the ASEIP anticipated such results within the implementation of COS user enhancement skills to score and rate each Part C child at entry and exit. The ASEIP recognized the need to focus efforts to EI staff capacity building activities in order to allow EI Staff to accurately and confidently assess all potentially eligible and eligible Part C children. In addition, through these capacity building acitivities EI staff will be able to provide adequate support to families of eligible and potentially eligible Part C children. As a result, ratings on the COS are effective of the enhanced knowledge of EI staff and families to confidently utilize the COS.   
  
The ASEIP is currently utilizing this data towards ongoing program improvements to ensure improving child outcomes.

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 1 | 5.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1 | 5.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1 | 5.00% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 17 | 85.00% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 0 | 0.00% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 18 | 20 | 91.67% | 100.00% | 90.00% | Did not meet target | Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 17 | 20 | 84.62% | 87.07% | 85.00% | Did not meet target | No Slippage |

**Provide reasons for C1 slippage, if applicable**

The American Samoa Part C program during the reporting period of July 1, 2021 to June 30, 2022 conducted regular team meetings where each child that received an IFSP was rated using the Child Outcomes Summary process at entry and when exited. The data reported here represents kids who received early intervention services for 6 months or more. Each child's COS rating was determined by using standardized tools, professional findings, as well as family input on their child's progress or performance at entry and exit.   
  
As reported above, there is a slippage in A1, reasons attributed to this slippage includes kids referred to the AS Part C program late (i.e referred between 24 to 33 months) not allowing for sufficient time with the Part C program to provide early intervention services to yield significant improvement to the level of age expectation. Data also includes kids with significant limitations as a result of their disability and although their performance outcome scores improved, they were not at age expectation. It is important to note that the 3 children that did not improve functioning had medical diagnosis of Cerebral palsy, meningitis at birth, and one was diagnosed with autism.   
  
It is also important to note that it was during this reporting period that the COVID restrictions occurred and face-to-face services were on hold for a while so the program mainly used telehealth to conduct the services. Some families refused face-to-face services due to concerns of the virus spreading and telehealth was not readily available for some of the families. American Samoa was unique in the time the COVID spread within its community later compared to the other parts of the world. So as the other parts of the world were slowly going back to normal, American Samoa was started its COVID restrictions.   
  
Although there is a slippage this reporting period, the ASEIP anticipated such results within the implementation of COS user enhancement skills to score and rate each Part C child at entry and exit. The ASEIP recognized the need to focus efforts to EI staff capacity building activities in order to allow EI Staff to accurately and confidently assess all potentially eligible and eligible Part C children. In addition, through these capacity building acitivities EI staff will be able to provide adequate support to families of eligible and potentially eligible Part C children. As a result, ratings on the COS are effective of the enhanced knowledge of EI staff and families to confidently utilize the COS.   
  
The ASEIP is currently utilizing this data towards ongoing program improvements to ensure improving child outcomes.

**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 | 30 |
| 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. | 5 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

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

YES

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

The ECO Child Outcomes Summary Form, Outcomes Rating Scale, and Outcomes rating Calculation.  
  
The EI Outcomes Measurement tool is based on the Early Childhood Outcomes (ECO) Center’s COS form.   
  
Measurement:  
  
Initial Rating: The initial rating on child status is recorded at the Initial IFSP meeting and/or prior to initiation of services.  
  
Exit Rating: The exit rating on child status is collected at the Exit IFSP or within three (3) months preceding exit from the program.  
  
On-Going Data collection:  
  
For each of the three (3) EI Child Outcomes, the IFSP team assigns an initial and exit rating to each child. A rating compares the child’s status to  
typical development and progress is calculated by comparing entry and exit ratings.  
  
The rating is based on a combination of the following sources:  
1. Developmental evaluation and/or assessment(s);  
2. Professional opinion;  
3. Parent input; and  
4. Level of achievement of IFSP outcomes relevant to the child outcome  
  
Reporting:  
  
AS EI program enters the EI Child Outcomes ratings into its database and the Program Coordinator generates a report to be reviewed by the LEA.  
  
How data is analyzed:  
  
The Part C LA uses the ratings for each outcome area for each child who received services for at least six months to analyze the change in  
development from entry to exit. The calculator developed by ECO is used to determine each outcome area:  
  
1. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COS form has not  
been answered as “Yes” at exit, then the child is counted in category (a).  
  
2. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COS form has  
been answered “Yes” at exit, but the child’s development is not enough to move the child’s functioning closer to typically developing peers,  
the child is counted in category (b).  
  
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level  
expectations), then they will be counted in category (c).  
  
4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at  
age level expectations, then the children will be counted in category (d).  
  
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then  
children will be counted in category (e).

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

## 3 - Prior FFY Required Actions

American Samoa did not list the procedures used to gather data for this indicator. The State must provide the required information for FFY 2021 in the FFY 2021 SPP/APR.

**Response to actions required in FFY 2020 SPP/APR**

The ECO Child Outcomes Summary Form, Outcomes Rating Scale, and Outcomes rating Calculation.  
  
The EI Outcomes Measurement tool is based on the Early Childhood Outcomes (ECO) Center’s COS form.   
  
Measurement:  
  
Initial Rating: The initial rating on child status is recorded at the Initial IFSP meeting and/or prior to initiation of services.  
  
Exit Rating: The exit rating on child status is collected at the Exit IFSP or within three (3) months preceding exit from the program.  
  
On-Going Data collection:  
  
For each of the three (3) EI Child Outcomes, the IFSP team assigns an initial and exit rating to each child. A rating compares the child’s status to  
typical development and progress is calculated by comparing entry and exit ratings.  
  
The rating is based on a combination of the following sources:  
1. Developmental evaluation and/or assessment(s);  
2. Professional opinion;  
3. Parent input; and  
4. Level of achievement of IFSP outcomes relevant to the child outcome  
  
Reporting:  
  
AS EI program enters the EI Child Outcomes ratings into its database and the Program Coordinator generates a report to be reviewed by the LEA.  
  
How data is analyzed:  
  
The Part C LA uses the ratings for each outcome area for each child who received services for at least six months to analyze the change in  
development from entry to exit. The calculator developed by ECO is used to determine each outcome area:  
  
1. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COS form has not  
been answered as “Yes” at exit, then the child is counted in category (a).  
  
2. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COS form has  
been answered “Yes” at exit, but the child’s development is not enough to move the child’s functioning closer to typically developing peers,  
the child is counted in category (b).  
  
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level  
expectations), then they will be counted in category (c).  
  
4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at  
age level expectations, then the children will be counted in category (d).  
  
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then  
children will be counted in category (e).

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2006 | Target>= | 85.40% | 85.50% | 85.60% | 85.60% | 85.60% |
| A | 67.70% | Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| B | 2006 | Target>= | 83.40% | 83.50% | 83.60% | 83.60% | 83.60% |
| B | 61.30% | Data | 94.44% | 100.00% | 100.00% | 100.00% | 100.00% |
| C | 2006 | Target>= | 83.40% | 83.50% | 83.60% | 83.60% | 83.60% |
| C | 80.60% | Data | 94.44% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 85.70% | 85.80% | 85.90% | 86.00% | 86.10% |
| Target B>= | 83.70% | 83.80% | 83.90% | 84.00% | 84.10% |
| Target C>= | 83.70% | 83.80% | 83.90% | 84.00% | 84.10% |

**Targets: Description of Stakeholder Input**

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Children with Special Needs program, Family to Family program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education (Special Education). The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and quarterly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 20 |
| Number of respondent families participating in Part C | 18 |
| Survey Response Rate | 90.00% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 18 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 18 |
| 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 | 18 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 18 |
| 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 | 18 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 18 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 100.00% | 85.70% | 100.00% | 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) | 100.00% | 83.70% | 100.00% | 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) | 100.00% | 83.70% | 100.00% | 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 |
| 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 |

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 89.47% | 90.00% |

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

This reporting period, the American Samoa Part C program continued to conduct surveys over the phone and will continue to do so over the years. In previous years, when surveys were physically given to parents, there was a high number of returned surveys with multiple answers circled for the same questions, discrediting those surveys.  
  
The ECO Family Outcomes Survey was utilized. In person or phone surveys are feasible survey distribution methods for families of clients receiving Part C services for often a lot of them do not have personal postal boxes because they are unable to pay for a postal box. American Samoa only has one post office where all mail is sent and received. The American Samoa (AS) Part C Program therefore, has over the years solicited partner agencies assistance to conduct in person or over the phone surveys. In this reporting period, the AS Part C program partnered with the local EHDI program to conduct these surveys. This method and partnership has yielded a better return compared to mailing surveys and surveys conducted by the AS Part C program themselves. It is important to note that the local EHDI program known as Helping Babies Hear, reported that Parents seemed very comfortable responding freely to the surveys because of the anonymity of the call as compared to a service provider from Part C calling to conduct the survey.   
  
For FFY 2021, the ASEIP will continue partnership with the local EHDI program to ensure tracking through program staff follow up with all families to increase the responses of  
surveys and have representativeness. The tracking system will be closely monitored by the ASEIP Program Coordinator and the SSIP Coordinator to ensure it is completed. The ASEIP Part C will explore adding demographic questions to the surveys and possibly translate the surveys into other languages; the current surveys are conducted in the Samoan and English languages.

**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 this reporting period, a total of 30 children exited the AS Part C services and 20 of those kids were in Part C for 6 or more months. Surveys were distributed to all 20 families and are completed anonymously; therefore, the program staff are to follow-up with all families to complete the survey. The response rate for this year’s family outcomes survey is 90%. Those 20 families were contacted and 18 were successfully surveyed and completed. Some of the reasons for the unsuccessful contact attempts range from family moved off-island, disconnected phone numbers, changed phone numbers, or not returned calls. The highest responding race was Native Hawaii or other pacific islander (samoan) with a response rate of 90%. Its important to note that all 20 families to which surveys were distributed to were pacific islanders (Samoan, Tongans, and Fijian). American Samoa EI program Hawaii will work with its TA providers to explore ways to better track survey distribution (e.g., methods like QR code surveys, race and ethnicity of families that received and completed surveys; race and ethnicity of families where surveys were undeliverable or nonresponsive, and  
steps taken if a survey was undeliverable. ASEIP will also work towards translating its survey in other languages (i.e Tongan; Fijian; Chinese, etc.) and possibly including demographic information on the survey.

**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.**

Those surveyed were families of children who have exited the AS Part C program during this reporting period and who received Part C services for at least 6 months. All families who met this criteria were contacted by our surveyors to request their participation in the surveys. Surveys are conducted at the end of each month as families meeting this criteria exit the program. The AS Part C program provides services throughout the island, therefore the number is representative of different districts, villages, and races/ethnicities, ever served by the AS Part C program. Additionally, those surveys is representative of families of kids with various disabilities including children who are born premature and being monitored for potential developmental delays.

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

The AS Part C program provides services throughout the island, therefore the number is representative of different districts, villages, and races/ethnicities, ever served by the AS Part C program. Additionally, those surveys is representative of families of kids with various disabilities including children who are born premature and being monitored for potential developmental delays.

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

## 4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, American Samoa must analyze the response rate to identify potential non-response bias, and identify steps to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities, as required by the Measurement Table.   
  
In the FFY 2021, SPP/APR American Samoa must describe the metric used to determine representativeness, as required by the Measurement Table.

**Response to actions required in FFY 2020 SPP/APR**

During this reporting period, a total of 30 children exited the AS Part C services and 20 of those kids were in Part C for 6 or more months. Surveys were distributed to all 20 families and are completed anonymously; therefore, the program staff are to follow-up with all families to complete the survey. The response rate for this year’s family outcomes survey is 90%. Those 20 families were contacted and 18 were successfully surveyed and completed. Some of the reasons for the unsuccessful contact attempts range from family moved off-island, disconnected phone numbers, changed phone numbers, or not returned calls. The highest responding race was Native Hawaii or other pacific islander (samoan) with a response rate of 90%. Its important to note that all 20 families to which surveys were distributed to were pacific islanders (Samoan, Tongans, and Fijian). American Samoa EI program Hawaii will work with its TA providers to explore ways to better track survey distribution (e.g., methods like QR code surveys, race and ethnicity of families that received and completed surveys; race and ethnicity of families where surveys were undeliverable or nonresponsive, and  
steps taken if a survey was undeliverable. ASEIP will also work towards translating its survey in other languages (i.e Tongan; Fijian; Chinese, etc.) and possibly including demographic information on the survey.

## 4 - OSEP Response

OSEP's response to American Samoa's FFY 2020 SPP/APR required American Samoa to include in the FFY 2021 SPP/APR a description of the metric used to determine representativeness. American Samoa provided none of the required information. American Samoa must describe the metric used to determine representativeness, as required by the Measurement Table.

## 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 E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 0.98% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.01% | 1.02% | 1.03% | 1.03% | 1.00% |
| Data | 0.89% | 0.10% | 0.44% | 0.24% | 0.74% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |

Targets: Description of Stakeholder Input

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Children with Special Needs program, Family to Family program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education (Special Education). The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and quarterly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 4 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 891 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4 | 891 | 0.74% | 1.00% | 0.45% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

As noted above, there is a slippage in the data. It is important to note that the American Samoa live birth count every year in the past 6 years have been declining a lot. It should also be noted that the American Samoa Part C program in the past 6 years mostly received referrals of toddlers in the age group 2 to 3 years old. Some of the referrals of toddlers in the age group of 0-1 were evaluated and determined not eligible for services due to performing age appropriate. Some moved off-island prior to being evaluated, and some were placed on the AS Part C internal monitoring system based on birth history to be re-evaluated after 3-6 months. Also, its important to note that ASEIP collected birth count from the AS Hearing Screening Program who collects all live births data from the territory’s hospital.  
  
The AS part c program continues its daily Child Find efforts in the community Health Clinics, the territorial hospital, through Child care facilities, community health fairs, various public announcements, and through its stakeholders.

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

AS Part C Program collected birth count from the American Samoa Hearing Screening Program who collects all live births data from the territory's hospital (LBJ Tropical Medical Center) and verifies all births in the territory.

## 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 (E*MAPS*)) and Census (for the denominator).

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 1.28% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.31% | 1.32% | 1.33% | 1.33% | 1.29% |
| Data | 1.34% | 0.82% | 0.96% | 0.67% | 1.07% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.29% | 1.29% | 1.30% | 1.30% | 1.30% |

Targets: Description of Stakeholder Input

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Children with Special Needs program, Family to Family program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education (Special Education). The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and quarterly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 33 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 3,189 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 33 | 3,189 | 1.07% | 1.29% | 1.03% | Did not meet target | No Slippage |

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

Currently, the ASEIP's main source of referrals is the Helping Babies Hear (EDHI) program, the pediatrics clinic, walk-in/call in referrals, Maternal Child Health program, and from the MIECHV program. The ASEIP recently has identified a child find coordinator and is intended to have her attend all community health clinics located in each district, specifically the well-baby clinics, the Women Infant and Children (WIC) locations, the territory hospital Pediatric Clinic, into the daycare facilities, and all the other community outreaches.  
  
In addition, during FFY 2021 the ASEIP has also continued to utilize its Monitor status system of categorizing potentially eligible and eligible Part C children. The current ASEIP system has Active Part C infants and toddlers who have IFSPs and the "Monitor" Part C infants and toddlers who have been assessed and determined not needing Part C (no IFSP) service, but the ASEIP and/or the family determined to monitor and follow up with these cases within a specified amount of time (e.g. in 3 months or 6 months). At any time of the reporting period , a "Monitor" case can become "Active" (IFSP'd) if results of assessments show the need for Part C services.   
  
The ASEIP has recognized through the continued implementation of its monitor cases, various areas of professional development needed for its EI staff. Therefore, monthly trainings have been implemented to support the EI staff in effectively delivering services to all Part C children. It should be noted that through the year the AS Part C Program provides services for more than 60 clients as referral coming in as well as kids who are being monitored by the AS Part C Program for being at risk for developmental delays. At any given time, kids on the monitor list can become eligible for EI services after re-evaluation is completed and if results determine child needs an IFSP and family accepts services. The monitor list is maintained by the Part C program as an attempt to prevent lost to follow up as much as possible.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 81.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 96.97% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 24 | 26 | 100.00% | 100% | 96.15% | Did not meet target | Slippage |

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

As noted above, 26 children were evaluated and assessed for whom an initial IFSP meeting was required. Of the 26, 24 were assessed and an IFSP meeting was conducted within the Part C's 45-day timeline; 2 children were delayed. Of the 2, 1 child was delayed due to family circumstances. When the service coordinator called to schedule the intake, parents reported that they are quite busy with their work schedules. Dad had reported that his work time is a little bit more flexible than the mom, but he would like to schedule the assessment and evaluation with mom present. Per dad, the earliest they would be available was March 10th, 2022 (30 days from the day the SC called to schedule). On February 21, 2022, the American Samoa Government declared its COVID-19 Lockdown when it was confirmed that there was a community outbreak. This attributed to further delay on this child as well as the other child that was also delayed when services had to be on hold. On March 21, 2022 the American Samoa Government provided guidance on allowing tiered schedules for government workers and after some consultation within the Part C program, it was agreed to resume services via telehealth for families that consent to it and had equipment to access online services.

**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.**

1

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

As noted above, during this reporting period there are 2 documented delays. 1 attributed to family circumstances and 1 due to COVID-19 Lockdown. When the service coordinator called to schedule the intake, parents reported that they are quite busy with their work schedules. Dad had reported that his work time is a little bit more flexible than the mom, but he would like to schedule the assessment and evaluation with mom present. Per dad, the earliest they would be available was March 10th, 2022 (30 days from the day the SC called to schedule). Service Coordinator explained to dad that there is a 45 day timeline to complete eligibility, but dad continued to insist that he would like for mom to be present and that the date requested is the earliest they will both be available. On February 21, 2022, the American Samoa Government declared its COVID-19 Lockdown when it was confirmed that there was a community outbreak. This attributed to further delay on this child as well as the other child that was also delayed when services had to be on hold. On March 21, 2022 the American Samoa Government provided guidance on allowing tiered schedules for government workers and after some consultation within the Part C program, it was agreed to resume services via telehealth for families that consent to it and had equipment to access online services. Early intervention services were resumed to meet child and families availability.

**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).**

July 1, 2021 to June 30, 2022

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

This data is extracted from the AS Part C's web-based database using a customized report that includes all infants and toddlers referred to Part C during the reporting period of July 1, 2021 to June 30, 2022. Data from this report includes but are not limited to referral dates and IFSP dates for each child referred during this period.  
  
A total of 26 infant and toddlers were evaluated and assessed for whom an IFSP meeting was required to be conducted. Of the 26 infants and toddlers evaluated, 24 had an IFSP meeting conducted within Part C's 45-Day timeline. As noted above, there are 2 documented delays; 1 is attributable to exceptional any family circumstances and 1 due to COVID-19 restrictions.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 7 - Prior FFY Required Actions

None

## 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 = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 92.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 96.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (yes/no)**

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 30 | 30 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**   
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

0

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

**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).**

July 1, 2021 to June 30, 2022

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

The AS Part C utilizes its database to extract customized reports that includes data on each child that exited Part C during the reporting period of July 1, 2021 to June 30, 2022 who should have had an IFSP with transition steps and services. For the reporting period of July 1, 2021 to June 30, 2022, 30 infants and toddlers exiting the AS Part C program had an IFSP with transition steps and services. As noted above, there are 0 documented delays.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 8A - Prior FFY Required Actions

The State reported that it did not identify any findings of noncompliance in FFY 2018 because the State allowed LEAs to correct noncompliance before the issuance of a finding. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction of the noncompliance identified in FFY 2018.

**Response to actions required in FFY 2020 SPP/APR**

The ASEIP did not identify any findings of noncompliance in FFY 2018, although its FFY 2018 data reflects less than 100% compliance. The slippage was due to 2 documented delays attributed to the child's late referral to the program (i.e. child was referred to ASEIP at 32 months old). 1 other documented delay was due to staff circumstances. The Child-Find Coordinator was unable to schedule the child's transition meeting in a timely manner due to an emergency personal leave. This was immediately identified and a corrective supervision meeting between the staff and management team was conducted. Following the corrective management meeting, the Child-Find coordinator was able to schedule and conduct the transition meeting before the child exited the Part C program. The data records and on-site records were cross checked to make sure the noncompliance issue was resolved; all children records have been corrected. Despite the delays, the AS Part C program continued to provide services to meet child and family needs. For individual cases of noncompliance, even though late, all children received an assessment, initial IFSP, and a transition meeting prior to their third birthday.

## 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 = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 15 | 15 | 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.**

Data was collected in State Database and verified with child files and documentation completed by families who received early intervention services during reporting period.

**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).**

July 1, 2021 to June 30, 2022

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

Data during this reporting period was extracted from the AS Part C database of all kids exiting Part C with IFSPs potentially eligible for transition services. Child records were verified and confirmed using data reports extracted from the program's database.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 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 = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 64.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 95.65% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

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

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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 14 | 14 | 100.00% | 100% | 100.00% | Met target | No Slippage |

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

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

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.**

0

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

**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).**

July 1, 2021 to June 30, 2022

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

Data was extracted from the program's website and utilized to verify documentation in client records.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 8C - Prior FFY Required Actions

The State reported that it did not identify any findings of noncompliance in FFY 2018 because the State allowed LEAs to correct noncompliance before the issuance of a finding. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction of the noncompliance identified in FFY 2018.

**Response to actions required in FFY 2020 SPP/APR**

AS confirms that there are no findings of non-compliance within the reporting period of FFY 2018, although its FFY 2018 data reflects less than 100% compliance. The slippage was due to 2 documented delays attributed to the child's late referral to the program (i.e. child was referred to ASEIP at 32 months old). 1 other documented delay was due to staff circumstances. The Child-Find Coordinator was unable to schedule the child's transition meeting in a timely manner due to an emergency personal leave. This was immediately identified and a corrective supervision meeting between the staff and management team was conducted. Immediately after the corrective meeting, the Child-Find coordinator was able to schedule and conduct transition meetings before the child exited the Part C program. Despite the delays, the AS Part C program continued to provide services to meet child and family needs.

## 8C - OSEP Response

## 8C - Required Actions

# 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 (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

**Provide an explanation of why it is not applicable below.**

The ASEIP has 0 number of resolution sessions in this reporting period.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 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 (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Children with Special Needs program, Family to Family program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education (Special Education). The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and quarterly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |

**FFY 2021 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

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

American Samoa reported fewer than ten mediations held in FFY 2020. American Samoa is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

American Samoa reported fewer than ten mediations held in FFY 2021. American Samoa is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

***Phase III: Implementation and Evaluation***

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

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

The American Samoa Early Intervention Program’s (ASEIP) State Identified Measurable Result (SIMR) as selected collectively by the ASEIP SSIP Leadership team and stakeholders is: Indicator 3 Child Outcome B) Acquiring and Using Knowledge and Skills Summary 2 (the percent of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program).

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

NO

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

NO

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

NO

**Please provide a link to the current theory of action.**

https://drive.google.com/file/d/1eeJ3KAvswr1e\_7p9cPpKB8qewu9pnGuY/view?usp=sharing

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** |
| --- | --- |
| 2013 | 87.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 87.07% | 87.08% | 87.09% | 87.10% | 87.11% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Numerator | Denominator | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 16 | 20 | 91.67% | 87.07% | 80.00% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The American Samoa Part C program during the reporting period of July 1, 2021 to June 30, 2022 conducted regular team meetings where each child that received an IFSP was rated using the Child Outcomes Summary process at entry and when exited. The data reported here represents kids who received early intervention services for 6 months or more. Each child's COS rating was determined by using standardized tools, professional findings, as well as family input on their child's progress or performance at entry and exit.   
  
As reported above, there is a slippage in A1, reasons attributed to this slippage includes kids referred to the AS Part C program late (i.e referred between 24 to 33 months) not allowing for sufficient time with the Part C program to provide early intervention services to yield significant improvement to the level of age expectation. Data also includes kids with significant limitations as a result of their disability and although their performance outcome scores improved, they were not at age expectation. It is important to note that the 3 children that did not improve functioning had medical diagnosis of Cerebral palsy, meningitis at birth, and one was diagnosed with autism.   
  
It is also important to note that it was during this reporting period that the COVID restrictions occurred and face-to-face services were on hold for a while so the program mainly used telehealth to conduct the services. Some families refused face-to-face services due to concerns of the virus spreading and telehealth was not readily available for some of the families. American Samoa was unique in the time the COVID spread within its community later compared to the other parts of the world. So as the other parts of the world were slowly going back to normal, American Samoa was started its COVID restrictions.   
  
Although there is a slippage this reporting period, the ASEIP anticipated such results within the implementation of COS user enhancement skills to score and rate each Part C child at entry and exit. The ASEIP recognized the need to focus efforts to EI staff capacity building activities in order to allow EI Staff to accurately and confidently assess all potentially eligible and eligible Part C children. In addition, through these capacity building activities EI staff will be able to provide adequate support to families of eligible and potentially eligible Part C children. As a result, ratings on the COS are effective of the enhanced knowledge of EI staff and families to confidently utilize the COS.   
  
The ASEIP is currently utilizing this data towards ongoing program improvements to ensure improving child outcomes.

**Provide the data source for the FFY 2021 data.**

This data is extracted from the AS Part C's database using a customized report that includes all infants and toddlers referred to Part C during the reporting period of July 1, 2021 to June 30, 2022. SILAS is a custom data system developed under the CDC cooperative agreement to collect data, generate reports for OSEP requirements and conduct database maintenance activities. Data from this report includes but are not limited to referral dates, IFSP dates for each child referred during this reporting period, the 45 Day Timeline, Active IFSPs, Transition and exit queues etc. During this reporting year, the ASEIP utilized the Child Outcomes Summary (COS) to rate each child’s development during entry, and also when each child exited ASEIP services. The data collected during this reporting year represents children who received early intervention services for 6 months or more. Standardized tools, professional findings, as well as family input on their child’s progress or performance, were utilized to determine each child’s COS. During this reporting period, 16 out of 20 children were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program.

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

During this reporting year, the ASEIP utilized the Child Outcomes Summary (COS) to rate each child’s development during entry, and also when each child exited ASEIP services. The data collected during this reporting year represents children who received early intervention services for 6 months or more. Standardized tools, professional findings, as well as family input on their child’s progress or performance, were utilized to determine each child’s COS.  
  
In addition to the AS Part C data base, data is also collected using pre and post tests, DEC Checklists, and stakeholders inputs. There is an ongoing monthly technical assistance (TA) support for ASEIP SSIP activities via webinars and telephone conferences with the Center for IDEA Early Childhood Data Systems (DaSy), the Early Childhood Technical Assistance (ECTA) Center, and the IDEA Data Center (IDC). The assistance is provided to support the ASEIP in understanding the components of the SSIP, analyzing of data collected, and strategies to improve SSIP activities, reporting requirements and submission.

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

NO

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

YES

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

Although there is a slippage this reporting period, the ASEIP anticipated such results within the implementation of COS user enhancement skills to score and rate each Part C child at entry and exit. The ASEIP recognized the need to focus efforts to EI staff capacity building activities in order to allow EI Staff to accurately and confidently assess all potentially eligible and eligible Part C children. In addition, through these capacity building acitivities EI staff will be able to provide adequate support to families of eligible and potentially eligible Part C children. As a result, ratings on the COS are effective of the enhanced knowledge of EI staff and families to confidently utilize the COS.   
  
The ASEIP is currently utilizing this data towards ongoing program improvements to ensure improving child outcomes.

**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://docs.google.com/document/d/1ZiQvPNfLs8nlQT2-IzN5xwUCdf3NtHiOpGxjsX2\_FlE/edit?usp=sharing

**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.**

During this reporting period, the ASEIP underwent major personnel changes. The current staff members include three administrative staff members, (the ASEIP Program Coordinator, Program Manager, and an Administrative assistant), two Primary Service Providers, a Data Entry tech and four contracted allied health specialists. The four specialists include a full-time Physical Therapist who resides in American Samoa and provides direct coaching for PSPs and a part-time Speech and Language Pathologist (SLP), an Occupational Therapist (OT) and a Psychologist who all reside in the United States and provide coaching and consultations via telehealth. The Program Coordinator is currently working with the ASDOH Personnel division to hire a State Systemic Improvement Plan (SSIP) Coordinator, 2 additional Primary Service Providers, and a Child-Find Coordinator. Due to major short staffing, improvement strategies/activities that were to be employed during this reporting period were not carried out. Regardless, AS Part C continued to build and strengthen community partnership through interagency referrals and programmatic activities.  
  
There is an ongoing monthly technical assistance (TA) support for ASEIP SSIP activities via webinars and telephone conferences with the Center for IDEA Early Childhood Data Systems (DaSy), the Early Childhood Technical Assistance (ECTA) Center, and Centers for IDEA Fiscal Reporting (CIFR). The assistance is provided to support the ASEIP in understanding the components of the Phase III evaluation, analyzing of data collected, and strategies to improve SSIP activities, reporting requirements and submission. There has also been an on going one-on-one supervisions and coaching of the service providers with the family at every service delivery and when requested by the providers.

**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.**

A short term outcome achieved for the Professional Development infrastructure is that EI staff will have an understanding of the foundations of EI services. Pre and posttests from EI Online Curriculum Website was utilized to measure understanding of EI staff on level of understanding of the foundations of EI services before and after training. EI Online Curriculum Training was conducted July 7th, 2021 where 90% (5/6) staff members who attended increase level of understanding from pre to posttest. A short term outcome achieved for Building Community Partnerships is increased collaboration and resource shared. Based on data collected on the the AS Part C web-based database, 95% of referrals to the AS Part C program is from partnering agencies through interagency referrals. Partnering agencies include EHDI, Maternal and Child Health, MIECHV program, Children with Special Health Needs, and the local hospital pediatrics ward.

**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.**

The ASEIP will continue to conduct the following SSIP activities in the upcoming year to improve its SIMR:  
  
- Continue to distribute Providers Needs Assessments for primary service providers to help identify ways to improve upcoming training.  
  
- Continue to conduct Early Intervention Online Curriculum Training, utilizing cultural experiences faced within families’ home with the consent of parents. This will ensure for staff members to better increase the understanding on Early   
Intervention Mission and Key Principles, Foundational Pillars and also Authentic Assessment in Early Intervention.  
  
- Continue rotating schedule by three allied specialists (OT, SLP, PT) to coach Infant Family Educators and help increase service providers’ competence, knowledge and confidence in providing evidence-based practices when providing services within homes of infants and toddlers enrolled in ASEIP.  
  
- Continue Infant Family Educator/Service Coordinator one-on-one coaching/mentoring by specialists and monthly supervision meetings with Program Manager to ensure that quality services are provided within a timely manner.  
  
- Continuous usage of home visit forms, document reviews, phone checklists to ensure that quality services were provided within a timely manner.  
  
- Building Community Partnerships  
- List of Partner Agencies and services to be created and provided to families whose children are found eligible for EI services.  
  
- Continue to distribute ECO Family Outcomes Surveys to newly referred and existing parents to measure the helpfulness of Early Intervention staff members towards families of children with special needs or developmental delays, level of parents’ understanding on the benefits of Early Intervention Services, helpfulness of Early Intervention program in explaining and giving a list of partner agency services during IFSP Meeting.  
  
- Continue the utilization of database, Shared Integrated Link American Samoa (SILAS) to compare the number of referred children who were found eligible for EI services to the number who had an Initial IFSP.  
  
- Monthly meetings with partner agencies/ Aiga Workgroup (Department of Human and Social Services, Early Childhood Education, Maternal Child Health/Aiga Manuia, Helping Babies Hear).  
  
- Cross Training on EI referral, eligibility processes and services training to be continued for partnering agencies.

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

The ASEIP are implementing at least two specific practices to support the SiMR: Child Outcomes Acquiring and Using Knowledge and Skills, the percent of infants and toddlers who were functioning within age expectations by the tine they turned 3 years of age or exited the program:   
  
1). DEC Recommended Checklists  
2). Primary Service Provider Coaching Model

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

1). DEC Recommended Checklists: The DEC Recommended Checklists: Natural Environment Learning Opportunities, Family Centered Practices, Family Capacity Building to not only conduct assessments of primary service providers’ use of evidence-based practices when working with children and families, but also, to identify training topics related to early intervention services and the value of evidence-based practices.   
  
2). Primary Service Provider Coaching Model: The ASEIP continue to use the Primary Service Provider (PSP) Coach Approach, where one team member receives coaching from qualified Specialists. The PSP applies coaching with parents and other primary caregivers to support and strengthen their confidence and competence in promoting child learning and development. To support this practice, Specialists (OT, SLP, PT) continue to provide coaching, mentoring and ongoing training throughout the year to support and strengthen the knowledge of PSPs in providing evidence-based practices within families’ homes. Additionally, Specialists sometimes attend service deliveries, to provide the PSP with hands on training during service delivery. A rotating training schedule will be an ongoing effort to help support PSPs, so that they can offer the best service for infants and toddlers served within the ASEIP. In addition to the rotating specialists’ schedule, PSPs are offered hands-on experiences ( e.g. conduct services with family, in conjunction with training). Additionally, Specialists utilize video clips of service provision in home of families as part of training. The Program Manager and Specialists together provide coaching and quarterly/ or as needed one-on-one mentoring.

**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.**

The utilization of the DEC Recommended Checklists not only identified primary service providers’ usage of evidence-based practices during home visits, but also pointed out primary service providers strengths and also areas they need training towards. Although results of the DEC Recommended Checklists assessments were not met, the ASEIP continue to witness growth and improvement in the performance of primary service providers and their use of evidence-based practices when providing services within families’ homes. The ASEIP find it necessary to continue the usage of DEC Recommended checklists, to mainly help equip the knowledge of primary service providers about the values of evidence-based practices, so that they are able to help parents receive the support they need to enhance their child’s development. In addition to that, it is important to offer the best support so that children are performing age appropriate, or are close to reaching their milestones, by the time they exit early intervention services.  
  
The ASEIP continue to use the Primary Service Provider (PSP) Coach Approach, where one team member receives coaching from qualified Specialists. The PSP applies coaching with parents and other primary caregivers to support and strengthen their confidence and competence in promoting child learning and development. To support this practice, Specialists (OT, SLP, PT) continue to provide coaching, mentoring and ongoing training throughout the year to support and strengthen the knowledge of PSPs in providing evidence-based practices within families’ homes. Additionally, Specialists sometimes attend service deliveries, to provide the PSP with hands on training during service delivery. A rotating training schedule will be an ongoing effort to help support PSPs, so that they can offer the best service for infants and toddlers served within the ASEIP. In addition to the rotating specialists’ schedule, PSPs are offered hands-on experiences ( e.g. conduct services with family, in conjunction with training). Additionally, Specialists utilize video clips of service provision in home of families as part of training. The Program Manager and Specialists together provide coaching and quarterly/ or as needed one-on-one mentoring.

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

American Samoa anticipates on continuing the following strategies and activities to ensure the use of evidence-based practices with fidelity:   
  
DEC Recommended Checklists  
  
The DEC Recommended Checklists: Natural Environment Learning Opportunities, Family Centered Practices, Family Capacity Building to not only conduct assessments of primary service providers’ use of evidence-based practices when working with children and families, but also, to identify training topics related to early intervention services and the value of evidence-based practices.   
  
Four allied specialists will be tasked to observe primary service providers and also assess their use of evidence-based practices during home visits, by utilizing the DEC Recommended Checklists (Natural Environment Learning Opportunities, Family Centered Practices, Family Capacity Building). For each checklist, (Natural Learning Environment, Family Centered Practices and Family Capacity Building) ASEIP projected that 86% of primary service providers will receive a rating of “Most of the Time '' on 5 of 6 items.  
  
The utilization of the DEC Recommended Checklists not only identified primary service providers’ usage of evidence-based practices during home visits, but also pointed out primary service providers strengths and also areas they need training towards. Although results of the DEC Recommended Checklists assessments were not met, the ASEIP continue to witness growth and improvement in the performance of primary service providers and their use of evidence-based practices when providing services within families’ homes. The ASEIP find it necessary to continue the usage of DEC Recommended checklists, to mainly help equip the knowledge of primary service providers about the values of evidence-based practices, so that they are able to help parents receive the support they need to enhance their child’s development. In addition to that, it is important to offer the best support so that children are performing age appropriate, or are close to reaching their milestones, by the time they exit early intervention services.  
  
Primary Service Provider Coaching Model:  
  
The ASEIP continues to use the Primary Service Provider (PSP) Coach Approach, where one team member receives coaching from qualified Specialists. The PSP applies coaching with parents and other primary caregivers to support and strengthen their confidence and competence in promoting child learning and development. To support this practice, Specialists (OT, SLP, PT, and PsyD) continue to provide coaching, mentoring and ongoing training throughout the year to support and strengthen the knowledge of PSPs in providing evidence-based practices within families’ homes. Additionally, Specialists sometimes attend service deliveries, to provide the PSP with hands-on training during service delivery. A rotating training schedule will be an ongoing effort to help support PSPs, so that they can offer the best service for infants and toddlers served within the ASEIP. In addition to the rotating specialists’ schedule, PSPs are offered hands-on experiences ( e.g. conduct services with family, in conjunction with training). Additionally, Specialists utilize video clips of service provision in home of families as part of training. The Program Manager and Specialists together provide coaching and quarterly/ or as needed one-on-one mentoring.

**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.**

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

AS Part C anticipates to continue using its current evidence-based practices and work closely with PSPs and specialists to employ activities to render a higher rate on outcomes.

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

YES

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

AS Part C anticipates to continue implementing the SSIP without modifications due to a lot of the activities been placed on hold due to short staffing.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The development of the American Samoa Part C program's targets for its State Performance Plan was a collaborative effort by its stakeholders who reviewed existing data to determine where potential revisions might be needed. Stakeholders include the following agencies: Helping Babies hear, Maternal and Child Health program, Children with Special Needs program, Family to Family program, Home visit program, Parent Support Group, Department of Human and Social Services, and the Department of Education (Special Education). The AS Part C program with support from it's Lead Agency maintains weekly meetings with its core stakeholder group and quarterly meetings with its broader stakeholder group where data is shared with the group on program target performance. Stakeholder's meetings also consist of ongoing discussions around improving overall services across agencies for families and their children with special needs, especially families enrolled in multiple programs within the stakeholder group.

During Covid restrictions, the ASEIP have mostly kept in touch with stakeholders via email. The ASEIP not only share training materials, upcoming events but also the sharing of referrals via email. Although Stakeholders have not been directly involved with the SSIP implementation during this reporting period, the Program Coordinator continue to share via email various training opportunities, share focused resources to strengthen collaboration between agencies.  
  
It should be noted that the Stakeholders involved throughout Phases I, II, and III include the Parents of Children with Special Needs Network (PCSNN), community members, the Maternal and Child Health (MCH) Program, the Home Visiting Program, and the Executive Director of the Developmental Disabilities Planning Council, IDEA Part B, Head Start, the Department of Human and Social Services Child Care Division, and the hospital Pediatricians (Lyndon B. Johnson Tropical Medical Center).   
  
In Phases I & II, the ASEIP stakeholders participated in the selection of its SIMR, analyzing its infrastructure, participating in root cause analysis, and was very involved in the development of its Theory of Action, and improvement strategies. At these meetings, stakeholders reported similar challenges and limitations with regards to the lack of professional development opportunities, lack of qualified personnel and professionals to perform the work, as well as great need to improve our fiscal processes that continue to indirectly affect the provision of services.  
  
Stakeholders and the ASEIP together were able to identify 3 improvement strategies in the ASEIP Theory of Action model to improve its State Identified Measurable Results (SIMR): [Acquiring and Using Knowledge and Skills Summary 2 (the percent of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program). The ASEIP improvement strategies include Professional Development and Technical Assistance, Building Community Partnerships, and Fiscal Training component for finance personnel.

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

One of ASEIP SSIP activities, under the Building Partnerships improvement strategy, is to ensure that each agency understand each other’s services and eligibility process, and know when and how to refer parents to programs who can provide them with the help they need. The ASEIP have been successful in providing training for our partnering agencies. The initiation of cross training will not only strengthen collaboration between agencies, but also present more opportunities to involve stakeholders in the implementation of the SSIP.

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

NO

**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.**

AS Part C plan to continue with current activities that have not been employed.

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

AS Part C anticipates to complete improvement activities by the next reporting period of July 1, 2022 to June 30, 20223.

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

As previously mentioned, AS Part C underwent major short staffing resulting in placing SSIP activities on hold. AS Part C will work with its personnel division in recruitment of newly hired qualified staff.

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

## 11 - Prior FFY Required Actions

American Samoa did not provide numerator and denominator descriptions in the FFY 2020 data table. American Samoa must provide the required numerator and denominator descriptions for FFY 2021 in the FFY 2021 SPP/APR.

**Response to actions required in FFY 2020 SPP/APR**

For FFY 2020, the denominator is the total number of infant and and toddlers with IFSPs were assessed. The numerator is the number of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.

## 11 - OSEP Response

American Samoa did not provide the numerator and denominator descriptions in the FFY 2021 SPP/APR Data table. American Samoa must provide the description of the numerator and denominator used to calculate its FFY 2021 data.

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Lead Agency Director

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

**Name:**

Motusa Tuileama Nua

**Title:**

Department of Health Director

**Email:**

tuinua@doh.as

**Phone:**

684-699-4606

**Submitted on:**