**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**

**Wyoming**

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**

In Wyoming, the Department of Health (WDH) Early Intervention and Education Program (EIEP) has been designated by the Governor to act as the Lead Agency for accepting Part C of IDEA Federal Funds and to provide oversight of a state-wide Early Intervention System (EIS) that serves children birth to three with disabilities. This statewide system allocates funds to early intervention programs which are located in fourteen (14) regional geographical areas across the state. The WDH, EIEP Part C Program has multiple mechanisms in place to ensure the timely delivery of high-quality, evidence-based early intervention services to all children enrolled in the Part C program. The WDH, EIEP Part C Program also provides extensive technical assistance and support to all fourteen (14) contracted EIS Programs and their staff which includes the requirement of annual professional development plans for all EIS Programs. The WDH, EIEP Part C Program has a general supervision system in place to ensure that IDEA Part C requirements are met, such as ongoing monitoring of early intervention programs which is conducted both onsite state-wide on a cyclical basis and offsite through desk audit reviews, ongoing review of data utilizing the state's data system, and dispute resolution systems.

Additional information related to data collection and reporting

The WDH, EIEP provides annual contracts to EIS Programs based on submission of an application for Part C funds. These applications must include all of the required components for Part C IDEA services: that all EIS Program staff have the qualifications and training to provide Part C services, that Part C services follow evidence-based practices, and that the EIS Program has a system in place that focuses on improving results for children enrolled in the Part C program. All EIS Programs are subject to both off-site (desk audits) and onsite cyclical monitoring. Cyclical monitoring occurs every three (3) years for every EIS Program within the state of Wyoming.  
  
The WDH, EIEP has a web-based data system in place which stores all pertinent child file information in order to collect and report on APR and a variety of other data which is further described in the General Supervision System. This data system contains all Individualized Family Service Plan (IFSP) documents and dates of completion of IFSP events.

**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 Wyoming Part C general supervision system includes monitoring of each of the fourteen (14) regional programs through conducting desk audits, review of data, and onsite monitoring. The desk audit consists of reviewing selected data from Wyoming's electronic database system which stores every Part C child file. This database system records all Individualized Family Service Plans (IFSP) activities from referral, evaluations, enrolling in services, written IFSP documentation, delivering of IFSP services, progress monitoring of child outcomes, and exiting services. WDH, EIEP utilizes this database system to report on monitoring priority areas as well as IDEA Sec. 618 data and Sec. 616 SPP/APR data. This system was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and OSEP. Data collected at referral and from the IFSP for every eligible child and family is entered into the database by EIS Program staff. WDH, EIEP and EIS Programs are able to generate reports from the database on a regular basis to monitor compliance and performance and audit for data validity and reliability. Files are reviewed electronically to identify potential areas of non-compliance and/or distinguished work. Monitoring procedures are inter-connected with just about all other components to assess quality, performance, and compliance of each of the EIS Programs.  
  
Data can be analyzed as a whole or broken down to a specific EIS Program, so that the state may determine strengths and areas of need. Any errors, omissions, or inaccuracies in data are immediately sent on to the EIS Program it pertains to. In accordance with their annual contract, the EIS Program must complete all data corrections within three (3) business days. For other areas of identified non-compliance, the EIS Program is issued a finding. This finding is drafted by the WDH, EIEP with the assistance of the services provider affected by the notice of non-compliance. All findings need to be corrected as soon as possible but within a year of notice of the finding of non-compliance. With the issuance of a finding, the EIS Program is provided with professional development and technical assistance to ensure future compliance.  
  
WDH, EIEP also conducts an annual review of compliance indicator levels and program quality using state aggregated data, individual program data, input from partnering stakeholders, or other information. EIS Programs and the Early Intervention Council (ICC) contribute to determining which focus activities will be reviewed. Focus activities may include off-site and on-site monitoring, as well as any additional activities that are deemed necessary and/or appropriate by the WDH, EIEP.   
  
The WDH, EIEP conducts onsite monitoring activities for each of the fourteen (14) EIS Programs on a cyclical basis. Once an EIS Program is chosen to receive an onsite monitoring visit, a random sample of child files are reviewed to ensure compliance with Part C IDEA. Other onsite activities include observing Part C services being provided (if schedules allow and parent consent is obtained), interviewing Part C staff, and conducting a Part C fiscal audit to ensure appropriate use of funds. Any areas of non-compliance found through an onsite monitoring visit result in a finding being issued. The Wyoming Part C Coordinator oversees all aspects of the finding to ensure verification of correction so compliance has been met as soon as possible but no later than one year of the notice of non-compliance.

**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 WDH, EIEP has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to all EIS Programs. This comes through ongoing discussions and meetings with EIS Programs and early intervention providers. The Part C Program Coordinator and EIEP Unit Manager are the official LA liaisons for all fourteen (14) EIS Program grantees and answer questions from program administrators related to Part C regulations and LA policy and procedures. WDH, EIEP are identified as points of contact based on their areas of knowledge and expertise and are the official contacts for all EIS Program administrators and staff to answer any questions and concerns regarding the Part C program. The WDH, EIEP provides annual and ongoing TA, training, and support to EIS Program staff and program administrators and provides updates on any prescribed policies or evidence-based practices for delivery of services. This ongoing training ensures high quality, evidenced-based program performance. In addition, the WDH, EIEP provides ongoing support and TA regarding all aspects of Wyoming's electronic data-based system to ensure timely and accurate reporting of all child data. Other areas of TA and support are provided through contracts for the Early Hearing and Detection Intervention (EHDI) program which assists staff in receiving training to conduct both hearing and vision assessments on children. The state's Parent Information Center (PIC) assists the WDH, EIEP in training for providers as needed, as does the Wyoming Hearing and Vision Outreach program. The Wyoming Institute for Developmental Disabilities has a variety of resources available to EIS Program staff and families.

**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 WDH, EIEP requires that all EIS Programs submit an annual professional development plan which is reviewed by the WDH, EIEP. These professional development plans include local and statewide training opportunities aimed at increasing skill levels for early intervention providers. The WDH, EIEP also provides ongoing collaboration and support with the higher education system in the state to support the development of new personnel.   
  
Beginning in 2019, the WDH, EIEP contracted with technical assistance specialists to develop an extensive Part C training component that is available to all early intervention providers. This training is now provided through online modules and covers the entire scope of the Part C process from best practices of initial screening to evaluation process and procedures to IFSP development and exit from services. The training is a requirement of all EIS Programs and is utilized by new and experienced program staff.  
  
WDH, EIEP consistently reviews the data to ensure that infants and toddlers are making progress on their annual outcomes. All EIS Program data is provided to the EIS Programs and the WDH, EIEP meets with each EIS Program to review progress data. EIS Programs use the data to discuss strategies that will result in areas of improvement for all Wyoming Part C enrolled children.

**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).**

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discuseed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In Janaury 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services's Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
In addition, WDH, EIEP continues to collaborate with state staff from the Wyoming Department of Education, who provided support and insight into statewide plans, and provided tips for increasing stakeholder input, sustainability, and how to scale up practices across the state. WDH, EIEP also met with the University of Wyoming to discuss the use of their Learning Management System for Part C professional development and technical assistance.

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

YES

**Number of Parent Members:**

2

**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.**

Two parent members attend the ICC meetings on a quarterly basis. During these meetings, reports are given on progress towards the indicators. Overviews of the SSIP work are provided as part of the meetings as well. Two members from Wyoming's Parent Information Center also participate in the ICC meetings. During this reporting period they have provided information about the resources available to families, and any pertinent information they are seeing from families in the field.   
  
The targets for the current APR were set through an extensive process of reviewing data trends, analyzing progress on the indicators, and improvement strategies. All members of the ICC were actively engaged in the target setting process. Additional information is described in the paragraph below.

**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.**

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. We monitored the numbers of submissions and encouraged providers to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers in order to gain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
WDH, EIEP continues to focus professional development and other activities surrounding family engagement. WDH, EIEP is currently developing a training series with an early childhood specialist which will focus on family engagement, including an emphasis on parent participation in the entire IFSP process. Child Find activities have involved parents of children who receive early intervention services, in order to gain knowledge of their experiences during developmental screenings, evaluations, IFSP meetings, and service provision.   
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. Discussions are occurring at this time between WDH, EIEP and PIC to plan and execute data sharing events for parents, with the goal of equipping parents with the ability to look at early childhood data, provide input into services, and also to learn how to support their child in their IFSP goals. The PIC has requested that WDH, EIEP share information in a presentation about the tools and strategies being used to improve social-emotional outcomes for children at next year’s annual conference. The purpose of this presentation will be to share the processes and strategies being implemented in the area of social-emotional outcomes. The target audience will be parents and they will be asked to provide input into the work being done in this area.

**Soliciting Public Input:**

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

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.  
  
The ICC reviews data and discussed improvement strategies throughout the reporting period. Progess towards child outcomes targets and the results of the family survey were reviewed by the group. Ideas were shared as to the barriers affecting progress and the current issues in the field affecting these two indicators.

**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.**

WDH, EIEP posts the agendas and minutes from each ICC meeting on a public website. The minutes contain the results of the target setting and data analysis, as well as suggested barriers and improvement strategies. Results are shared with each regional program, and they in turn share the results with board members, community members, local stakeholders, as well as regional staff.

**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 WDH, EIEP utilizes a variety of sources to inform the public on the many reporting requirements for the Part C program. This is completed as soon as practicable but no later than 120 days following the State's submission of the APR which includes the performance of each EIS Program on measurable indicators reported in the APR. All EIS Programs are sent their APR data which they also share with their boards and other local stakeholders.  
  
In addition, the WDH, EIEP meets individually with each EIS Program to review their APR data and discuss strategies towards improvement. The state's APR and the APR for each of the EIS Programs are provided to WDH administrators and all are posted on the WDH, EIEP website at: https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep/infant-and-toddler-part-c-information/. This website is available to any member of the public. The State's ICC is provided with all of this information during the quarterly council meetings. The FFY 2021 APR report and each EIS Performance Report is posted in the same manner. This includes any updated revisions made by the state to APR Performance targets.

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

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

## Intro - Required Actions

# 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 | 99.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 99.39% | 99.44% | 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** |
| --- | --- | --- | --- | --- | --- | --- |
| 178 | 181 | 100.00% | 100% | 98.90% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

One error was due to provider illness, and one error was due to oversight of the related service provider. While it's a concern when any timeline is missed, these are very limited instances. Previous performance was 100% and the delays were minimal.

**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.***

1

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

Exceptional Family Circumstances: One child of the 181 (0.55%) reviewed did not receive services within the specified timeline due to exceptional family circumstances as defined by IDEA Part C. The reason for the delay in this case was the family did not initially make the child available for services, and did not notify the provider in time to reschedule within the timeline.  
  
Program Reasons for Delays: 2 of the 181 (1.10%) infants and toddlers did not receive services within the specified timeline due to provider issues. In the first case, the provider had to cancel the initial session due to illness. In the second case, the related service provider did not provide the service on time due to oversight of the timeline.

**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 state's criteria for “timely” receipt of early intervention services is within thirty (30) actual number of days from signed parent consent date compared to IFSP service delivery date.

**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).**

Full reporting period July 1, 2021 through June 30, 2022

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

The program conducts a data review based on a sample of child files for the full reporting period of July 1, 2021, through June 30, 2022. The sample equates to 15.71% of all child files and includes all EIS Programs. These files are picked at random for review for the thirty-day timeline provision. The total number of children with an IFSP for this reporting period was 1152. The sample for this reporting period equates to 181 child files. All 181 child files were reviewed for timely receipt of early intervention services.

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

The two documented delays due to provider error were isolated instances and were not found to be systemic issues within the provider organizations. The state will work with both providers to ensure they are scheduling services as soon as possible after the consent is signed, and not leaving too limited of a time to reschedule when needed.

**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 |

**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

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 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** |
| --- | --- |
| 2020 | 88.34% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 95.50% | 95.50% | 96.00% | 96.00% | 88.34% |
| Data | 98.23% | 95.77% | 92.09% | 92.94% | 88.34% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 88.34% | 89.17% | 90.01% | 91.67% | 95.00% |

**Targets: Description of Stakeholder Input**

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discuseed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In Janaury 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services's Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
In addition, WDH, EIEP continues to collaborate with state staff from the Wyoming Department of Education, who provided support and insight into statewide plans, and provided tips for increasing stakeholder input, sustainability, and how to scale up practices across the state. WDH, EIEP also met with the University of Wyoming to discuss the use of their Learning Management System for Part C professional development and technical assistance.

**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 | 1,071 |
| 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 | 1,152 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,071 | 1,152 | 88.34% | 88.34% | 92.97% | 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**

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discuseed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In Janaury 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services's Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
In addition, WDH, EIEP continues to collaborate with state staff from the Wyoming Department of Education, who provided support and insight into statewide plans, and provided tips for increasing stakeholder input, sustainability, and how to scale up practices across the state. WDH, EIEP also met with the University of Wyoming to discuss the use of their Learning Management System for Part C professional development and technical assistance.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2020 | Target>= | 44.05% | 44.55% | 45.05% | 45.05% | 56.03% |
| **A1** | 56.03% | Data | 83.73% | 80.68% | 71.23% | 30.43% | 56.03% |
| **A2** | 2020 | Target>= | 52.48% | 52.98% | 52.98% | 52.98% | 76.00% |
| **A2** | 76.00% | Data | 55.96% | 65.22% | 76.61% | 66.53% | 76.00% |
| **B1** | 2020 | Target>= | 48.67% | 49.17% | 49.17% | 49.17% | 71.06% |
| **B1** | 71.06% | Data | 78.45% | 72.59% | 58.97% | 38.04% | 71.06% |
| **B2** | 2020 | Target>= | 54.50% | 55.00% | 55.00% | 55.00% | 60.00% |
| **B2** | 60.00% | Data | 50.37% | 54.06% | 55.18% | 45.82% | 60.00% |
| **C1** | 2020 | Target>= | 55.83% | 56.34% | 56.34% | 56.34% | 90.49% |
| **C1** | 90.49% | Data | 85.17% | 85.34% | 82.37% | 48.36% | 90.49% |
| **C2** | 2020 | Target>= | 55.66% | 56.16% | 56.16% | 56.16% | 77.88% |
| **C2** | 77.88% | Data | 58.91% | 69.71% | 82.32% | 72.11% | 77.88% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 56.03% | 56.40% | 56.77% | 57.52% | 59.00% |
| Target A2>= | 76.00% | 76.44% | 76.88% | 77.75% | 80.00% |
| Target B1>= | 71.06% | 71.43% | 71.80% | 72.53% | 74.00% |
| Target B2>= | 60.00% | 60.19% | 60.38% | 60.75% | 61.50% |
| Target C1>= | 90.49% | 90.51% | 90.54% | 90.58% | 90.67% |
| Target C2>= | 77.88% | 78.08% | 78.29% | 78.69% | 79.50% |

**FFY 2021 SPP/APR Data**

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

508

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 87 | 17.13% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 61 | 12.01% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 49 | 9.65% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 311 | 61.22% |

| **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 | 110 | 197 | 56.03% | 56.03% | 55.84% | Did not meet target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 360 | 508 | 76.00% | 76.00% | 70.87% | Did not meet target | Slippage |

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

To determine why there is slippage in A2, the Part C Program examined results by the fourteen (14) EIS programs to determine if this slippage was present in all programs or if it was particular to just a certain EIS program. Data indicated that 10 of the fourteen (14) EIS programs saw a decrease in their A2 score. Note that the decrease at the state level was about 5 percentage points and was not a statistically significant decrease.  
  
At the state level, significance testing was done to determine which groups were least likely to exit at age level. This was accomplished by reviewing individual program reporting, looking at data trends reported using the demographics of the population served and developmental areas of delay. This analysis showed that children in the home or other environment were less likely to exit at age level than children in a community-based environment such as those in a daycare setting. Each region is provided with detailed reports of their Indicator 3 data which includes disaggregation of the scores by gender, race/ethnicity, disability, months in the program, etc. so that they can begin to determine which students improve/exit at age level and which do not.  
  
Other factors contributing to slippage are personnel changes and turnover. Although training and guidance is provided to EIS programs, it is difficult to capture all the training needs when turnover is constant. WDH, EIEP did provide training and technical assistance at the beginning of the reporting period, but did not have the capacity to do this more frequently throughout the reporting period. Some providers may not have understood the requirements, based on how the data was recorded in some cases, which could also have contributed to slippage.   
  
WDH, EIEP also found that when more children transitioning to preschool were included in the data set, the performance numbers decreased as well, indicating the kids transitioning to preschool had higher needs and did not score as well on the assessment. Data errors in previous reporting periods contributed to not as many of these children being included in the data set.

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 95 | 18.70% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 138 | 27.17% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 127 | 25.00% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 148 | 29.13% |

| **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 | 265 | 360 | 71.06% | 71.06% | 73.61% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 275 | 508 | 60.00% | 60.00% | 54.13% | Did not meet target | Slippage |

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

To determine why there is slippage in B2, the Part C Program examined results by the fourteen (14) EIS programs to determine if this slippage was present in all programs or if it was particular to just a certain EIS program. Data indicated that 7 of the fourteen (14) EIS programs saw a decrease in their B2 score. Note that the decrease at the state level was about 3 percentage points and was not a statistically significant decrease.  
  
At the state level, significance testing was done to determine which groups were least likely to exit at age level. This was accomplished by reviewing individual program reporting, looking at data trends reported using the demographics of the population served and developmental areas of delay. This analysis showed that boys were less likely to exit at age level than girls and that children in the home or other environment were less likely to exit at age level than children in a community-based environment such as those in a daycare setting. Each region is provided with detailed reports of their Indicator 3 data which includes disaggregation of the scores by gender, race/ethnicity, disability, months in the program, etc. so that they can begin to determine which students improve/exit at age level and which do not.  
  
Other factors contributing to slippage are the capacity of WDH, EIEP to provide ongoing training and technical assistance throughout the reporting period, and when there is staff turnover frequently, some EIS providers may not be trained on the requirements right away.  
  
WDH, EIEP also found that when more children transitioning to preschool were included in the data set, the performance numbers decreased as well, indicating the kids transitioning to preschool had higher needs and did not score as well on the assessment. Data errors in previous reporting periods contributed to not as many of these children being included in the data set.

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 28 | 5.51% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 69 | 13.58% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 227 | 44.69% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 184 | 36.22% |

| **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 | 296 | 324 | 90.49% | 90.49% | 91.36% | Met target | No 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 | 411 | 508 | 77.88% | 77.88% | 80.91% | Met target | No Slippage |

**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 | 1,062 |
| 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. | 322 |

| **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)**

NO

**Provide the criteria for defining “comparable to same-aged peers.”**

"Comparable to same-aged peers" is defined as a z-score on the Battelle Developmental Inventory-Second Edition (BDI-II ) of -1.30 or higher.

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

In FFY 2016-17 the state began implementing a new process for reporting performance for this indicator by using the Battelle Developmental Inventory-Second Edition (BDI-II ). WDH, EIEP implemented this change over the course of three (3) reporting years with specific EIS Programs changing to the new reporting process each of the three (3) years. The change to the new process was fully implemented for all newly enrolled infants/toddlers as of June 30, 2019, with all EIS Programs using the BDI-II for both entry and exiting child outcome reporting on skill levels in all five domains.  
  
In 2018-19, all EIS Programs had transitioned to this new process for gathering data on the three outcomes areas. The scoring process for the BDI-II entails converting the z-score on a given domain area to the 7-point Child Outcome Rating scale. Exit scores on the 7-point rating scale are then compared to entry scores on the 7-point rating scale to determine which of the five OSEP progress categories (a, b, c, d, or e) in which a given student falls, using the same calculation method as that used for the ECO Child Outcomes Summary process. In addition, in 2020-21 and 2021-22, the EIEP also (in addition to changes in z-scores) used the Battelle's Change Sensitive Scores (CSS) to measure growth whereas a child who made at least a 20 point gain in CSS (which corresponds to significant growth based on the 90% confidence intervals) from entry to exit was said to have made growth.   
  
Note that there are still some children who, upon entry, used the previous process of the ECO COS for gathering data on the three outcomes areas. Under the previous process, the EIS Programs could use approved tools other than BDI-II. The purpose of the new process is to standardize the process for collecting information and to ensure the data are reliable and valid. The 2020-21 and 2021-22 years years represented the first sets of data in which almost all exiting children had an entry that was based on the BDI-II process. All had an exit score that is based on the BDI-II process.

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

Note: The target for FFY2025 changed from 79.5% to 80.00%. It was incorrectly entered last year.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State revised its FFY 2025 target for sub-indicator A2, and OSEP accepts that target.

## 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 | 2014 | Target>= | 96.46% | 96.56% | 97.26% | 97.26% | 93.55% |
| A | 93.54% | Data | 98.20% | 98.02% | 97.83% | 98.14% | 96.55% |
| B | 2014 | Target>= | 95.42% | 95.62% | 96.42% | 96.42% | 93.35% |
| B | ###C04BBASEDATA### | Data | 98.03% | 98.51% | 96.82% | 97.53% | 95.85% |
| C | 2014 | Target>= | 95.42% | 95.62% | 96.42% | 96.42% | 92.55% |
| C | 92.53% | Data | 98.03% | 98.27% | 98.16% | 98.14% | 96.20% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 93.55% | 93.73% | 93.91% | 94.28% | 95.00% |
| Target B>= | 93.35% | 93.43% | 93.51% | 93.68% | 94.00% |
| Target C>= | 92.55% | 92.86% | 93.16% | 93.78% | 95.00% |

**Targets: Description of Stakeholder Input**

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discuseed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In Janaury 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services's Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
In addition, WDH, EIEP continues to collaborate with state staff from the Wyoming Department of Education, who provided support and insight into statewide plans, and provided tips for increasing stakeholder input, sustainability, and how to scale up practices across the state. WDH, EIEP also met with the University of Wyoming to discuss the use of their Learning Management System for Part C professional development and technical assistance.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,152 |
| Number of respondent families participating in Part C | 547 |
| Survey Response Rate | 47.48% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 537 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 547 |
| 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 | 535 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 547 |
| 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 | 536 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 547 |

| **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) | 96.55% | 93.55% | 98.17% | 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) | 95.85% | 93.35% | 97.81% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 96.20% | 92.55% | 97.99% | 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. | NO |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 50.74% | 47.48% |

**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 coming year, the survey administration window will be expanded to year-round and the number of ways in which the regions can administer the survey has expanded. The EIS programs were provided materials which allowed the survey to be administered via email, text, in-person, or mail. To increase the response rate, region directors are sent a monthly status update showing their response rate to-date. Regions that do not have many responses will be encouraged to use the strategies provided to increase the number of responses. The EIEP will continue to encourage to read the survey to families who are non-readers to ensure they have a way to complete the survey. The survey is provided in English and Spanish which has helped increase the response rate of families of Hispanic children.

**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.**

Nonresponse bias occurs when nonrespondents are different in some systematic way from respondents. This is a concern when nonrespondents are different from respondents on the key variables the survey was designed to study; in other words, if respondents and nonrespondents differ in their opinions related to early intervention services in meaningful ways, such as the positivity of responses, then nonresponse bias is present. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. The FFY2021 response rate is 47%, which is high.   
  
Second, the representativeness of the responses can be examined. We describe this in the next section where we state: Responses were representative by race/ethnicity. In addition, although there was a significant difference in response rates between groups of families by children age (as specified in the next section), there were few no significant differences in the three family involvement percentages between these groups of families; i.e., there were no significant differences in the family measurement rates between families of students of different ages. the actual responses of parents showed no differences in the family involvement rates by child age. This suggests that families of children different ages have similar opinions surrounding early interventions services. Further, families from all regions across the state responded similarly to the survey. This suggests there is no nonresponse bias.  
  
Third, we can compare the responses of families who responded early in the process to those who responded later in the process. The idea being that perhaps those who do not immediately respond are different in some meaningful way than those who respond immediately. These results showed no statistically significant differences between families who responded earlier and families who responded later. Therefore, we conclude that nonresponse bias is not present.   
  
Note that an ideal way to measure nonresponse bias is immediately after the data collection ends, to select a representative sample of families (50-100) who did not respond to the survey. Two follow-ups could be conducted with this sample of nonrespondents. First, an email with a link to the online survey could be sent. Second, the WDH, EIEP could conduct interviews with this follow-up group to collect their attitudes surrounding early intervention services. Their responses could then be compared to the responses of families who initially responded to the survey. Of course, the methodology (interview vs online survey) could impact the results, and this would need to be taken into account. If the ICC is concerned about nonresponse bias, this is something we will consider in future years.

**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.**

The State used statistical significance testing to determine if one group was over- or under-represented based on the response rate. Results were representative by race/ethnicity . Significant differences were found in response rates by age. Families of children less than age 1 were more likely to respond (57%) than families of children age 1 and of age 2 (22-29%). To give an example of how the response rate analysis is a reflection of an analysis where the population demographics are compared to the respondent demographics, in the Wyoming Part C population at the time of the survey, 11% of children in Part C were less than age 1, 22% were age 1, and 66% were age 2. In the respondents, 22% of the families who responded have a child less than age 1, 23% have a child age 1, and 54% have a child were age 2. As can be seen, the response rate analysis and the "demographic proportion" analysis lead to the same conclusion, i.e., the WDH EIEP need to encourage a higher percentage of families of children over the age of 1 to respond to the survey.   
   
Although there were significant differences in response rates between groups of families by child age (as specified in the previous paragraph), there were no significant differences in the family involvement percentages for the three family measurements between these groups of families; i.e., there were no significant differences in the family measurement rates between families of children of different ages. Regardless of the age of their child, families who responded to the survey had similar attitudes toward early interventions services. Additionally, families from a wide range of regions from across the state responded to the survey. Thus, while we believe the state results are a fairly good representation of family engagement, we need to improve the response rate of families of children over the age of 1. So our response data are not representative of the demographics of infants, toddlers, and families enrolled in the Part C program when it comes to age. These are the things we are going to do to improve the response rate of families of children over the age of 1: ensure these parents are provided the survey and encouraged to fill it out, and WDH, EIEP will track response rates by age in the future, rather than just by the region where they receive services. Providers with lower response rates will be provided strategies to increase response rates.

**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).**

Statistical significance testing in the differences in response rates by race/ethnicity and age was used to determine representativeness with a threshold of p<0.05.

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

## 4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

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

## 4 - OSEP Response

## 4 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the 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** |
| --- | --- |
| 2005 | 1.91% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.00% | 2.01% | 2.04% | 2.04% | 1.92% |
| Data | 3.09% | 2.57% | 3.00% | 2.86% | 2.31% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.92% | 1.93% | 1.94% | 1.96% | 2.00% |

Targets: Description of Stakeholder Input

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discuseed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In Janaury 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services's Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
In addition, WDH, EIEP continues to collaborate with state staff from the Wyoming Department of Education, who provided support and insight into statewide plans, and provided tips for increasing stakeholder input, sustainability, and how to scale up practices across the state. WDH, EIEP also met with the University of Wyoming to discuss the use of their Learning Management System for Part C professional development and technical assistance.

**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 | 155 |
| 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 | 6,156 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 155 | 6,156 | 2.31% | 1.92% | 2.52% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (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** |
| --- | --- |
| 2005 | 4.31% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 4.51% | 4.71% | 5.00% | 5.00% | 4.32% |
| Data | 5.48% | 5.42% | 5.91% | 5.71% | 5.87% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 4.32% | 4.34% | 4.37% | 4.41% | 4.50% |

Targets: Description of Stakeholder Input

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discuseed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In Janaury 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services's Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
In addition, WDH, EIEP continues to collaborate with state staff from the Wyoming Department of Education, who provided support and insight into statewide plans, and provided tips for increasing stakeholder input, sustainability, and how to scale up practices across the state. WDH, EIEP also met with the University of Wyoming to discuss the use of their Learning Management System for Part C professional development and technical assistance.

**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 | 1,152 |
| 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 | 18,815 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,152 | 18,815 | 5.87% | 4.32% | 6.12% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 97.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.29% | 100.00% | 100.00% | 99.44% | 99.72% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 881 | 1,046 | 99.72% | 100% | 99.81% | Did not meet target | No Slippage |

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

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

163

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

Exceptional Family Circumstances: 163 of the 1,046 (15.58%) infants and toddlers did not have an initial evaluation and assessment and an initial IFSP meeting within Part C's 45 day timeline due to exceptional family circumstances as defined by IDEA Part C. The two predominate exceptional family circumstances were illness in the family, and parent cancellations due to various other reasons. Other reasons cited were family was out of town for extended period of time, and difficulty scheduling with parents who work shift work, as examples.  
  
Program Reasons for Delays: 2 of the 1,046 (0.19%) infants and toddlers did not receive timely initial evaluation/assessment and initial IFSP due to program reasons. The two program reasons that impacted the provision of timely evaluation/assessment and initial IFSP meeting were clerical error with the timeline, and difficulty finding interpretor services required to complete the evaluation and meeting within the timeline.  
  
In both cases, the meetings were held several days late. In the first case, the meeting was held 46 days after the referral and in the second case, the meeting was held 50 days after referral.

**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).**

Full reporting period July 1, 2021 through June 30, 2022

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

This data includes all IFSPs for the full reporting period and reflects the initial IFSPs from referral to the initial IFSP meeting and therefore reflects 100% of eligible infants and toddlers who were referred, evaluated and should have an IFSP meeting during the reporting timeline for FFY2021. The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data points are collected at referral date and then also for date of consent for the IFSPs for every eligible child and family, and this information is entered into the statewide database by EIS Program staff. This web-based system provides the Wyoming Part C Program with all of the data required to report on this Indicator including all child files which did not meet the regulation. The Part C Program is able view every child file and review the documentation and justification on why the EIS Program failed to meet the 45-day timeline.

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

The two documented delays were isolated incidents within this reporting period and not found to be a systemic issue within any provider organization.

**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** |
| --- | --- | --- | --- |
| 3 | 3 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Three programs did not meet the 100% target in FFY 2020 and were notified of findings of noncompliance. The programs were required to analyze root causes to address program issues during a meeting between the Part C coordinator and program directors. During these meetings, each non-compliant file was reviewed and staff indicated they knew how to document the timelines in the data system. The reasons for delay were reviewed and were due to clerical error in two cases, and difficulty scheduling in the third case. WDH, EIEP supplied the providers with a spreadsheet with built in tools to calculate the timelines to reduce the chances of clerical error. The program met 100% compliance after reviewing subsequent data for IFSPs in the programs in addition to the meeting that was held.

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

In FFY 2020, 3 of the 1,082 (0.27%) children did not have evaluations and initial IFSP meetings within the 45-day timeline. Each case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from the date of notification of noncompliance. The lead agency verified the program corrected all individual child noncompliance through a review of data within the WDH Part C database. The infants and toddlers who did not receive evaluations and initial IFSP meetings within the 45 days did, in fact, have the evaluations completed and meetings held at a later date. The program made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

**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

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# 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 | 93.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.95% | 98.15% | 98.14% | 99.32% | 95.38% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 537 | 552 | 95.38% | 100% | 99.28% | Did not meet 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.**

11

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

Exceptional Family Circumstances. 11 of the 552 (1.99%) toddlers did not receive timely transition steps and services due to exceptional family circumstances as defined by IDEA Part C. The two predominate exceptional family circumstances were cancellations by the family and illness in the family.  
  
There were a total of four children who did not receive a transition plan within the required timelines due to system delays. The providers documented that in each instance, it was due to provider oversight. The errors occurred among three provider organizations- one organization had two of the errors and two other organizations each had one error on this timeline. In the organization where two of the errors occurred, the FSC reported she did not pay attention to the dates and did not realize the transition was due. In the second organization, the FSC that was responsible for the timeline had left the organization, so the only reason that could be provided was that the prior FSC had missed the timeline. The fourth error occurred as the FSC did not pay attention to the date and it didn't occur in the month that is should have been completed.  
  
During conversations between the Part C Coordinator and the EIS providers, it was discovered that they have to use multiple methods to track these timelines because of the limitations of the current data system. The WDH, EIEP will be transitioning to a new data system in the next reporting period that has the ability to calculate the timelines and flag the files when the timelines are approaching.

**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).**

7/1/2021-6/30/2022

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

The Wyoming Part C Program requires all EIS programs to enter 100% of the Part C children who are being served in the web-based software system from the initial referral to the Part C program up to the child's exit from Part C services. This information provides real-time data. This data system also provides data on 100% of the completed and documented transition planning or transition conference meetings conducted for the child and child's family, even if late for the full reporting period of July 1, 2021 to June 30, 2022.

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

WDH, EIEP will follow up with the providers that did not reach 100% compliance on this indicator to ensure they have the tools necessary to calculate the timelines correctly and ongoing monitoring of these programs will occur throughout the next reporting period. While it's a concern when any timeline is missed, these are very limited circumstances. In each case, the transition plan was developed, although it was less than ninety days before the child turned three.

**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** |
| --- | --- | --- | --- |
| 7 | 7 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Seven programs did not meet the 100% target in FFY 2020 and were notified of findings of noncompliance through determination letters issued upon review of the data. The programs were required to analyze root causes to address program issues during a follow up meeting between the Part C Coordinator and regional staff to review their regional report card and determination. Multiple clerical errors occurred with calculating the timeline, so in these reviews between the Part C Coordinator and the providers, they were provided a tool to assist them in calculating the timeline. The program met 100% compliance after reviewing subsequent data following the meeting between the Part C coordinator and the providers.

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

In FFY 2020, 26 of the 563 (4.62%) toddlers did not receive timely transition plans with steps and services. Each case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from the date of notification of noncompliance. The lead agency verified the program corrected all individual child noncompliance through a review of data within the WDH Part C database. The toddlers who did not receive timely transition steps and services did, in fact, have the transition plans with steps and services created at a later date. The program made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

**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

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# 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** |
| --- | --- | --- | --- | --- | --- | --- |
| 420 | 420 | 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.**

In Wyoming, all fourteen (14) EIS Programs provide both Part C and Part B/619 services for their geographical area. All children who are potentially eligible for Part B/619 are identified in the state’s data system as potentially “Part B eligible.” Wyoming does not have an "opt-out" policy. In FFY 2021, (July 1, 2021, to June 30, 2022), there were four hundred and twenty (420) children exiting Part C identified as potentially eligible for Part B/619. The LEA and SEA received notification for all 420 (100%) of the children identified as potentially eligible as EIS Program staff enter this information into the state’s data system. The only case where the LEA was not notified "at least 90 days before the age 3 birthday" timeline is if any child is referred to Part C less than ninety days which are late referrals to the Part C program.

**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).**

Full reporting period July 1, 2021 through June 30, 2022

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

Given that the data is based on 100% children in the Part C program for the entire year, it is representative. This data represents all Part C children who exited during the full reporting period.

**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** |
| --- | --- | --- | --- |
|  |  |  |  |

**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 | 99.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.96% | 98.79% | 97.29% | 96.60% | 94.23% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 397 | 420 | 94.23% | 100% | 98.57% | Did not meet target | No Slippage |

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

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

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.**

17

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

Exceptional Family Circumstances. Of the 420 toddlers potentially eligible for Part B, 17 toddlers did not receive a timely conference due to exceptional family circumstances as defined by IDEA Part C. The two predominate exceptional family circumstances were cancellations by the family and illness within the family.  
  
Program Reasons for Delays. 6 of the 420 (1.43%) toddlers did not receive timely transition conferences due to system delays. The six errors occurred across four different provider organizations. In one case, the provider spoke regularly with the family about transition, but did not document a formal conference. In the second case, the FSC had to make multiple attempts to schedule with the family, and ended up making an error in scheduling within the timeline. In the third case, the FSC did not pay attention to the dates and the transition did not occur in the month that it was due. In another case, the FSC that was responsible for the transition is no longer employed with the provider organization, so additional information could not be obtained as to why the timeline was missed. One of the errors occurred because the FSC spoke to the family about the transition at the initial IFSP, but failed to actually schedule the transition conference until the timeline had passed. The last error occurred because the FSC was not paying attention to the timeline and did not realize the transition conference was due.

**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).**

Full reporting period July 1, 2021 through June 30, 2022

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

The Part C EIS Programs enter all IDEA required information of all children being served in the Part C program along with their demographic information and their IFSP service information in the state's data system. This includes all service data points from the initial referral to the child's exit date and dates of required transition services for the full reporting period. This information provides for real-time data monitoring. Data on all children exiting the Part C system were monitored for this indicator.

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

WDH, EIEP will follow up with the providers that did not reach 100% compliance on this indicator to ensure they have the tools necessary to calculate the timelines correctly and ongoing monitoring of these programs will occur throughout the next reporting period. Although it is a concern when any timeline was missed, the errors occurred across four different provider organizations, and was not found to be a systemic issue in any one organization.

**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** |
| --- | --- | --- | --- |
| 8 | 8 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Eight programs did not meet the 100% target in FFY 2020 and were notified of findings of noncompliance through determination letters issued upon review of the data. The programs were required to analyze root causes to address program issues during a follow up meeting between the Part C Coordinator and regional staff to review their regional report card and determination. It was discovered through these conversations that EIS providers find calculating these timelines difficult, so they were provided with a spreadsheet that contained tools to calculate the timelines in advance. The program met 100% compliance after reviewing subsequent data following the meeting between the Part C coordinator and the providers.

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

In FFY 2020, 21 out of 365 (5.75%) of toddlers toddlers did not receive timely transition conferences with steps and services. Each case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from the date of notification of noncompliance. The lead agency verified the program corrected all individual child noncompliance through a review of data within the WDH Part C database. The toddlers who did not receive timely transition steps and services did, in fact, have the transition conferences with steps and services created at a later date. The program made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

**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

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

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

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discuseed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In Janaury 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services's Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
In addition, WDH, EIEP continues to collaborate with state staff from the Wyoming Department of Education, who provided support and insight into statewide plans, and provided tips for increasing stakeholder input, sustainability, and how to scale up practices across the state. WDH, EIEP also met with the University of Wyoming to discuss the use of their Learning Management System for Part C professional development and technical assistance.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 100.00% | 100.00% | 100.00% |  |  |
| 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)**

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

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

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

Increase the percentage of infants and toddlers who exit the Part C program services demonstrating age-appropriate positive social-emotional skills by 4.0% over a period of 5 years.

**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://health.wyo.gov/wp-content/uploads/2023/01/FFY-2021-State-Systemic-Improvement-Plan-1.docx

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** |
| --- | --- |
| 2021 | 70.87% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 76.00% | 76.44% | 76.88% | 77.75% | 80.00% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of Part C children who exited with age-appropriate social-emotional skills | Number of Part C Children Who Exited | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 360 | 508 | 68.48% | 76.00% | 70.87% | N/A | N/A |

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

Battelle Developmental Inventory Second Edition (BDI-2) Data Manager and State Database  
  
The baseline chosen was FFY 2021 because that is the first year that the data set included data from all regional providers.

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

In FFY2016, the state changed the tool for collecting child outcomes data to the Battelle Developmental Inventory Second Edition (BDI-2). The change to the new process was fully implemented for all newly enrolled infants/toddlers as of June 30, 2019, with all EIS Programs using the BDI-2 for both entry and exit child outcome reporting on skill levels in all five BDI-2 developmental domains. The scoring process for the BDI-2 entails converting the z-score on a given domain area to the 7-point Child Outcome Rating scale. Exit scores on the 7-point rating scale are then compared to entry scores on the 7-point rating scale to determine which of the five OSEP progress categories (a, b, c, d, or e) a given student falls, using the same calculation method as that used for the Child Outcomes Summary in 2020-21, the Early Intervention and Education Program (EIEP) began to measure growth in two ways: by examining changes in z-scores (which is the method always used) and by using the Battelle's Change Sensitive Scores (CSS) . A child who makes at least a 20-point gain in CSS (which corresponds to significant growth based on the 90% confidence intervals) from entry to exit is said to have made growth.

**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)**

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://health.wyo.gov/wp-content/uploads/2023/01/FFY-2021-State-Systemic-Improvement-Plan-1.docx

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

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

There were a few changes from the 2021-22 evaluation plan to the 2022-23 evaluation plan. The Pyramid Model Evaluations were added, the IFSP Checklist Review was removed, and the details of the child outcomes data was updated.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

The Pyramid Model evaluations were added because when the Theory of Action was developed with stakeholders in FFY 2020, Pyramid Model had not been chosen yet as the tool/curriculum of choice. Stakeholders were in the process of reviewing resources at the time of that submission. Stakeholders have since chosen to implement the Pyramid Model and thus the appropriate evaluation tools were added.  
  
The IFSP checklist was removed as FFY 2020 was the last year of reporting for the previous SSIP plan. This was not written into the new plan as an evaluation measure as other tools (ie. survey, Pyramid model evaluation tools) were reviewed and approved by WY EIEP and stakeholders.  
  
Details of the evaluation of child outcomes data were revised to include the updated BDI-3 tool that will be used to capture entry and exit data going forward.

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

This strategy includes the Pyramid Model.  
  
Additional input was sought through stakeholder meetings for this coherent improvement strategy and stakeholders provided valuable information to the WY EIEP. The EIEP contracted with the Pyramid Model Consortium (PMC) because the curriculum has components which promote positive social-emotional interactions. The Pyramid Model (PM) is a framework into which care-givers, professionals, and systems can assess, align, and implement evidenced based strategies and practices that support children socially and emotionally.  
  
EIEP met with PMC to discuss the benefits of the model and challenges that Wyoming faces in implementing the model. Some of the challenges identified were limited state personnel, provider shortages, and long travel distances between sites which limits the capacity for in-person training. PMC will guide the EIEP in building a state leadership team to build on resources that are already in place, such as partnerships with Head Starts and preschools across the state. PMC will also facilitate monthly meetings with the state leadership team and providers enrolled in Cohort 1. In gathering information from programs in Wyoming who are already using the model, it was found that it will actually be a time-saving measure for providers.  
  
A state leadership team was formed to include WY EIEP staff, an early childhood specialist from the Wyoming Department of Education (WDE), a professional development specialist from the WDE, and a representative from the Wyoming Head Start Collaboration Office. The purpose is to work with the PMC on scaling up the practices beyond Part C to impact more children and families.  
  
The PMC provided an overview of the program, training, and tools and resources. An overview was provided in the following areas: building capacity in the early intervention system to support families, family coaching, principles/strategies for implementation, data collection, fidelity measures, available training at all levels, and choosing program and practitioner coaches.   
  
Coherent Improvement Strategy 2. Evidence-Based Practices and Family Engagement (EBP/FE)   
Providers attended four trainings centered on the newly updated Wyoming Early Learning Standards: Foundations of Social-Emotional Development, Trauma-Informed Practices, Wyoming Early Learning Standards, and Executive Functioning/Bringing It All Together.   
  
The three WY EIEP Professional Development Series online modules were accessible to all local EIS providers. New and experienced family service coordinators continue to use the modules as the basis for training on Diagnostic Evaluations for Eligibility, IFSP Development and Ongoing Progress Monitoring, and IFSP Reviews. These modules are available online on an ongoing basis through a partnership with the University of Wyoming and the use of their Learning Management System.  
  
EIEP continues a partnership with the University of Wyoming’s Project ECHO. Each spring and fall, Project ECHO hosts an early childhood series that is attended by EI providers.   
  
EIEP had several discussions on how to address the action item to provide targeted training to all providers in the EI system on evidence-based practices to increase family capacity to support children’s social-emotional development. A trainer with experience in providing training in the area of family engagement was chosen and initial discussions on the development of a contract for training have occurred. This trainer will provide up to seven trainings in the areas of family focus during the assessment process, intake procedures, routines-based family assessments, writing functional IFSPs, and support-based home visits. This trainer will also include specific training on working with families of children with hearing loss and those who use English as a second language. The training series is anticipated to begin in spring/summer 2023.  
  
The development of a toolbox of social-emotional resources was initially delayed during this reporting period due to time constraints of EIEP staff and other priorities. The development of a toolbox was re-visited by the stakeholder group in January 2023. Their vision for the toolbox is for it to be a compilation of strategies that providers have found to be successful in working with children with challenging behavior. Volunteers were sought to begin the process of gathering strategies from providers, and a representative from a local provider organization volunteered to gather the information.   
  
Coherent Improvement Strategy 3. Assessment   
This strategy includes BDI training and technical assistance for providers in the area of data entry.   
  
Throughout 2021-22, the EIS providers continued to reliably use the BDI-2 to collect data for the child outcome reporting. Trainings were provided on administration of the BDI to ensure fidelity and accuracy of data reported. EIEP met with regions to review the results of their report cards that summarized their performance in 2020-21. Included in these discussions were a review of their child outcomes social-emotional data. Virtual meetings were conducted to review and analyze Indicator 3 data.  
  
The WY EIEP had previously identified ongoing training needs to administering the BDI to ensure providers are conducting the assessment with fidelity. Stakeholders also indicated the need for updated technical assistance guides for recording results in the state data system and the online scoring platform to ensure all entries and exits are recorded in a way that can later be analyzed. In 2021-22, the WY EIEP continued to provide technical assistance to the EIS providers on data collection. The Technical Assistance Guide was updated to include specific information about how to document Part C exit data when a child is transitioning to Part B/619. Trainings were provided during monthly data calls in 2022 on how to document child outcome information in both the state data system and the online scoring platform. These trainings were provided again in January 2023 to both Part C providers and preschool providers who document transition data for children who transition from Part C to Part B/619. The information provided included the purpose and significance of the child outcomes process, areas of measurement, and documentation of data and assessment information for Part C entry and exit scores. Data from the previous fiscal year were also reviewed so that providers could see how the state performed as a whole. In addition, regions are provided reports that include their child outcome scores over time. This information is disaggregated by various characteristics such as gender, disability, time in program, type of exit. The purpose of these reports is so that region staff better understand their child outcome data and come determine action steps for improvement. Virtual meetings are held with region staff to go over the reports.

**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.**

Strategy 1. Professional Development   
The Pyramid Model training begins in spring 2023. The PMC and outside evaluator are developing an evaluation plan that will include the means to measure training, coaching, and providers.   
  
Short-term outcome: providers will have increased knowledge to support positive social-emotional development for children ages birth to three and their families. Intermediate outcomes: Providers will implement new skills related to social-emotional development when working with families and improvements in social-emotional practices will be sustained.   
  
The short-term outcome relates to quality standards, professional development (PD), and technical assistance (TA).   
  
The intermediate outcomes relate to PD, in that the providers are implementing new skills that they have learned through the process of training on and implementing the practices outlined in the Pyramid Model. These outcomes also relate to quality standards.   
  
The measures in this strategy support achievement of the SiMR as new tools and strategies will be introduced to families and caregivers of children in the Part C program in order to support their social-emotional development, thus, showing a positive improvement over time in the social-emotional assessments given at exit of the program. By working closely with the state leadership team and the practitioner coaches, and solving problems along the way through TA, this should contribute to sustainability of the program. Once a strong network has been set-up to utilize the model, WY EIEP can scale up to more provider organizations as the strategies for success will already be in place.   
  
Strategy 2. Evidence-Based Practices and Family Engagement  
Activity 1: Part C Early Childhood Social-Emotional Training Series  
A total of 103 individuals attended the trainings. 86% of respondents in the training evaluation said their knowledge increased as a result of the training, 83% said their skills increased, and 79% said they will change what they do on the job.  
  
Based on Providers Survey results, 31% of respondents said they are knowledgeable about the WY Early Learning Standards Emotional Development subdomain; 46% said they are knowledgeable about the Social Development subdomain.   
  
Activity 2: EIEP PD Module Series   
Feedback from providers indicated the modules are comprehensive and useful as a training tool. A total of 15 providers accessed the online modules. In post-training evaluations, 89% of respondents said their knowledge increased, 61% said they will change what they do on the job, 100% rated the overall topics/content as good/great, and 94% rated the quality and usefulness of the activities as good/great.   
  
Short-term outcomes: providers will have increased knowledge and skills in the use of WY Early Learning Standards and providers will have increased knowledge on use of tools to support family engagement.   
  
The strategies involved in working towards the achievement of the short-term outcomes support system change and are necessary for achievement of the SiMR and sustainability of systems improvement efforts.  
  
Intermediate outcomes: providers will reach fidelity in the use of the state’s chosen EBPs and families will benefit from provider tools and skills in the area of social-emotional development.  
  
These virtual trainings addressed key areas of the parent-child relationships, such as supportive relationships, reducing sources of stress, increasing family engagement, and cultural considerations.  
  
Activity 3: UW ECHO Trainings  
A total of 195 individuals attended seven UW ECHO Early Childhood trainings that related to social-emotional development. Based on survey results, 95% said the training contributed to their understanding of early childhood education, 91% said they are confident in successfully implementing something from the sessions, and 94% said they were likely to use the knowledge they gained in the training.   
  
Short-term outcome: providers will have increased knowledge on use of tools to support family engagement. This relates to the quality standards and PD area of systems framework.  
  
Activity 4: Family Capacity Training  
The training series is anticipated to begin in the spring/summer 2023.   
  
The Part C Family Survey has been developed and modified over time, with input from stakeholders, to include three questions that address the area of social-emotional skills. Based on the 2021-22 results, 98% said early intervention services helped them understand their child’s social-emotional needs; 97% said they were given information on routines, activities, and physical settings that support their child’s needs; and 94% said that as a result of early intervention services, their child is better able to manage his/her emotions.   
The ICC reviewed the results and survey questions, and voted to continue to target these three areas on the survey.   
  
Activity 5: Toolbox of Social-Emotional Development Resources  
The toolbox is being developed and is anticipated to be released by summer 2024. Once the toolbox has been distributed to providers, the EIEP will gather information on whether providers like the toolbox and if providers state that the resources in the toolbox impact their knowledge, skills, and what they do on the job.   
  
Short-term outcome: families will have increased knowledge on use of tools to support family engagement.   
  
With the new focus for the toolbox being effective strategies for working with children with difficult behavior and high social-emotional needs, some of those strategies will focus on family engagement and strategies for working directly with the child in different routines and situations in the home and in other community settings. This is related to the PD area of systems framework because providers are coming together as a group to share ideas for the toolbox, and will have access to new strategies to put into practice in their everyday work.   
  
Strategy 3. Assessment  
A total of 166 individuals attended the BDI trainings in 2021-22. In addition, 40 providers attended a January 2023 call to review information on how to document child outcome entry and exits in the statewide data system and the scoring platform. EIEP had found errors in documenting transition assessments when the child was transitioning from Part C to Part B and providers were given detailed written instructions and a recording from the call to review at a later date, if needed. Providers were engaged in the discussion and asked questions about the process.  
  
As a result of BDI trainings, 56% said their knowledge increased, 53% said their skills increased, and 52% said they have made changes in their practice.  
  
Short-term outcomes: providers will follow a consistent process for measuring child outcomes and recording results, and providers will implement child outcomes assessments with fidelity. Intermediate outcomes: increased completion data will be available for child outcomes and quality of child outcomes data will improve. Progress continues to improve on these two outcomes, but EIEP will continue to provide training and TA based on needs identified through analysis of the data. Larger group TA will be provided in the form of provider calls, as well as individual TA with regions through a review of their indicator data.  
  
These outcomes are related to the following areas of the systems framework: data, quality standards, and TA. Data and quality standards are key components in achievement of the SiMR. As more assessments are included in the data set for social-emotional outcomes, and the data set contains high quality data, combined with all of the other trainings offered, EIEP should see progress towards the SiMR.

**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.**

Strategy 1. Professional Development   
The ICC recommends continued collaboration with the PMC and bringing other providers into Cohort 2, as time allows within each organization.   
Training and technical assistance (TA) will be provided to the two pilot regions using the Pyramid Model. Ongoing work with the PMC for trainings, fidelity, data collection tools, and evaluation plans will take place in the next reporting period. Training will consist of virtual trainings with qualified trainers, online modules, and on-site TA. Each region that is part of the cohort will identify practitioner coaches for their organization. Coaches will be trained on the model and its implementation, including fidelity measures, and act as the on-site TA resource, once training for that role is complete. Ongoing stakeholder input will be gathered in quarterly ICC meetings, and with the stakeholder group twice annually, or more often as needed.  
The state leadership team will continue to meet and grow, under the advisement of the PMC. Progress on the implementation of the model will be evaluated and the plan will be revised as needed.   
The RFP process will be conducted by the EIEP to select a qualified vendor to continue to support EIEP and providers participating in the implementation of the Pyramid Model going forward (i.e., training, TA, and guidance).   
The outcomes that are anticipated to be achieved during the next reporting period are: providers will have increased knowledge to support positive social-emotional development for children ages birth to three and their families, and providers will implement new skills related to social-emotional development when working with families.  
Strategy 2. Evidence-Based Practices and Family Engagement   
Activity 1: Part C Early Childhood Social-Emotional Training Series: These recorded trainings will continue to be available to providers. New family service coordinators and early interventionists will watch the trainings as well as experienced providers who want a refresher. Attendance and training evaluations to determine how satisfied participants are with the training and how useful participants perceive the training to be will be used.  
Activity 2: EIEP PD Module Series: This series will continue to be used as a required component of the initial training process for new providers. The modules cover the entire process from assessment to development of the IFSP to ongoing progress monitoring. Recently stakeholders expressed these modules are valuable in their practices. Pre/post tests will be administered to measure the increase in knowledge as a result of the modules.  
Activity 3: UW ECHO Trainings: The university just launched a new series in January 2023 titled “Bright Futures”. The initial session was attended by EIEP staff and early childhood providers across the state. The Bright Futures network is an online professional learning community designed to increase the knowledge and implementation of the American Academy of Pediatrics Bright Futures guidelines. EIEP will continue to encourage early childhood providers to take advantage of this resource. Participants will be surveyed to gather data on their satisfaction with the trainings, how useful they perceived the trainings to be, and on the impact to their practices.   
Activity 4: Family Capacity Training: a contractor to provide this training has been selected and the contract will be executed in the next reporting period. It will be a virtual training series and will be recorded so that it is available to all Part C providers in the future. The training will specifically address family engagement from the beginning of the evaluation process to developing the IFSP and carrying out the services in the family’s natural environment. It will also specifically address working with families of children with hearing loss and families who use English as a second language. Attendance will be tracked and surveys will be used to determine how satisfied participants are with the training and how useful participants perceive the training to be.  
Activity 5: Toolbox of Social-Emotional Development Resources: The toolbox will be designed as a compilation of successful strategies for working with children with social-emotional needs. These strategies will be gathered from providers across the state and reviewed by the stakeholder group. EIEP will then compile the ideas into a resource that can be distributed for use by all providers.  
The combination of all of these strategies provides a comprehensive approach to working towards meeting the short and intermediate outcomes. The short term outcomes that EIEP anticipates will be met are: providers will have increased knowledge and skills in the use of the WY Early Learning Standards, and will have increased knowledge on the use of tools to support family engagement. Knowledge, experience, and skills will continue to grow over time, and there is not really an end point to this goal. Progress is anticipated to occur towards the intermediate outcome of providers benefitting from tools and skills in the area of social-emotional development.  
Strategy 3. Assessment  
The WY EIEP has identified ongoing training needs to administering the BDI and recording the data in the statewide data system and the online scoring platform. Training and TA will continue to be provided during monthly calls with providers, statewide data calls, and individually based TA with specific providers who need assistance with the collection of these data. EIEP will meet with individual providers to review their annual performance on their FFY 2021 report cards and schedule a session with a data team to provide an opportunity for regions to analyze their child outcomes data. Regions will be encouraged to look for the root causes of their data trends, identify barriers to reaching the targets, and strategize processes for improvement with their fellow providers and EIEP staff.  
  
EIEP will also be transitioning to a new data system on July 1, 2023.   
  
The transition to the BDI-3 assessment began in July 2022. Although the data for this reporting period was all collected through the use of the BDI-2 and the BDI-2 scoring platform, the training and TA that was provided can be useful for both tools, and emphasized not only the scoring portion but tools and strategies for administering assessments with fidelity. Trainings are planned for the next reporting period as there are always new providers and others who want additional training. For children who were assessed using the BDI-3 at entry to the program, the BDI-3 will be used for the exit assessment as well.  
  
Through an analysis of the data for this reporting period, the EIEP has uncovered a need for the development of procedures for collecting child outcomes entry and exit data. Previously, the EIEP has provided specific guidance surrounding the timelines for entry and exit, but input from providers indicates further, more detailed guidance is needed. The procedures will also address who is responsible for conducting the assessments. Examples of information provided in the guidance will be: when can the exit assessment be administered for Part C (i.e., can it take place after the child turns three), and who is responsible for assessments when a child transitions from Part C to Part B (is it Part C staff, or preschool staff). The EIEP believes this will be helpful in streamlining procedures for providers. Timelines for data entry will also be included in the guidance, and other relevant topics identified by stakeholders.  
  
EIEP anticipates the combination of these activities will result in progress towards the short and intermediate term outcomes: providers will follow a consistent process for measuring child outcomes and recording results; providers will implement child outcome assessments with fidelity; increased completion data will be available for child outcomes; and quality of the child outcomes data will improve.

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

Evidence-Based Practices were previously selected from the information and guidance provided by the Division for Early Childhood. These practices were:  
Family F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.  
  
Interaction INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching feedback, and other types of guided support.

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

The Pyramid Model focuses on positive caregiver-child interactions. The definition of the model is: “The Pyramid Model is a tiered (promotion, prevention, intervention) public health framework into which care-givers, professionals, and systems can assess, align, and implement evidence-based strategies and practices that support children socially and emotionally.”  
  
The Part C Early Childhood Social-Emotional Training Series provided by Niki Baldwin, Ph.D. were based on Wyoming’s Early Learning Standards, which contain relevant evidence-based practices, including family engagement. Simple strategies were reviewed to increase executive functioning in young children, and provide resources to families who are seeing challenging behaviors in their young children, which has a positive impact on caregiver- child relationships.   
  
The WY EIEP Professional Development Series online modules that are required by new Family Service Coordinators and every three years thereafter continue to be available. There are three modules contained in this Professional Development Series. Module One: Diagnostic Evaluations for Eligibility, Module Two: IFSP Development, and Module Three: Ongoing Progress Monitoring and IFSP Reviews. Module One focuses on best practices for the intake process from referral to evaluation, best practices in evaluation and assessment in early intervention, procedures for determining and documenting team-based eligibility decisions, and procedural safeguards for families related to evaluation, assessment, and eligibility determination, and strategies for engaging them in team decision-making.   
  
Learning objectives for Module Two include how children learn and the impact on IFSP development, Part C requirements for the content of the IFSP, IFSP team member roles and responsibilities, the process for developing high-quality IFSPs, including writing functional outcomes for children and families, how to complete the IFSP forms, and supporting transition from early intervention to preschool and other community services at age three.  
  
Module Three covers progress monitoring, best practices for authentic assessment and the knowledge of age-expected development to inform progress monitoring, and IDEA Part C requirements for IFSP reviews. The information in all three modules is directly tied to the family EBP to work with the family to create outcomes or goals, develop individualized plans, and implement practices that address the family’s priorities and concerns and the child’s strengths and needs.

**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 work with the Pyramid Model and the PMC is intended to impact the SiMR in several ways. There will be a more specific focus on caregiver/child relationships, social- emotional development, and empowering families to implement strategies to manage difficult behaviors. Providers who have used the model report that it eases stress in the home, provides a positive, structured environment for the child to participate in daily routines, and eases caregiver stress. The model, it’s practices, tools and resources all address the Family EBP and the Interaction EBP: Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs, and practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching feedback, and other types of guided support. The Pyramid model will directly impact teacher/provider practices, as there are essential skills used as part of the model that provides a foundation for practices. Parent/caregiver outcomes are expected to improve as the priorities and concerns of the parent surrounding their child’s social-emotional development are addressed through these practices. Social-emotional outcomes are expected to improve as that is what has occurred for other programs using the model.  
  
As stated above, there are multiple avenues of professional development, technical assistance, and individualized support offered to address the EBPs of including the family in the process and positive interactions. The goal of the trainings provided during the reporting period was to support the early intervention provider's practices in implementing EBPs in order to support families in the area of social-emotional development and to ultimately improve child outcomes data as a result of improved practices. Providers did report their focus on social-emotional development for families they serve, their knowledge and skills increased, and they made changes in their practices. Improving practices over time would impact the SiMR as more children would be exiting the program with age-appropriate positive social-emotional skills. In fact, there was improvement in the SiMR in the FFY2021 reporting year when the entire states data is considered, rather than just the original pilot groups..  
  
Going forward, through the PD framework, additional resources, and continued technical assistance in the area of assessment, are intended to impact the SIMR by enhancing procedures and practices at the local level and changing provider practices. Providers will build on their skills for working with children with social-emotional needs through additional training and support. An initial cohort of providers will receive intensive training on the Pyramid Model and coaching support as they work towards fidelity, thereby increasing their use of EBPs which are intended to increase performance in the SiMR.

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

For the work on the Pyramid Model, tools are available and will be utilized to ensure the model is being implemented with fidelity. The implementation of the model in Wyoming is in the beginning stages at this time. Trainings provided by qualified trainers will address fidelity, and conversations are taking place at this time to discuss on-site technical assistance. The providers will participate in the initial training, and begin to implement the practices. When barriers are identified, or providers are struggling to incorporate the strategies into their work, on-site technical assistance will be provided.  
  
The instruments that will be used to measure fidelity for the implementation of the model are the Early Intervention Pyramid Practices Fidelity Instrument and the Part C Benchmarks of Quality. These tools are used to assess the implementation of Pyramid Model practices by early interventionists in the coaching of family caregivers. The National Center for Pyramid Model Innovations states that the fidelity tools will be used to identify coaching goals, provide feedback, and show growth in practice implementation. The data will be collected on a spreadsheet that provides analyses on what practices practitioners are demonstrating the use of and which practices they may need more support on to increase use. Providers will be able to use the tool to evaluate their own practice, and it can also be used by a practitioner coach who is providing support and coaching to providers on the implementation of the practices.  
  
The annual Provider Survey offers insight as to the extent to which providers are implementing practices with fidelity. While this is a self-reported measure, and thus not as reliable as on external observational tool, it does provide information regarding what practices are being implemented in the field. Data from the recent administration of the survey is currently under review. EIEP staff will review the results of the survey and what providers are reporting, and use that information to develop additional trainings provided by EIEP staff, provide guidance, and develop follow up-trainings on topics where providers are seeking additional information.  
  
The state continued to monitor the fidelity of the administration and use of the BDI-2 data. Records in the scoring platform for the BDI-2 are regularly monitored to ensure the files contain all of the needed information, that the purpose of the assessment was properly recorded, and that the areas of delay identified in the assessment are addressed through IFSP outcomes. All new Part C providers are required to participate in the training offered by the publisher before administering the tool. The training covers how to administer the assessment (interview, observation, practice), what to look for in a child’s response, how to score, among other items. Experienced providers are encouraged to attend the training at least once, as the publisher also addresses issues with “examiner drift” to ensure that the assessment is being administered according to the publisher’s specifications.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

The Providers Survey and Part C Family Survey are additional data that the EIEP collects each year. The provider survey gathers information on the level of education of each provider responding to the survey, specific information on early intervention strategies, self-reported knowledge in the areas of eligibility, writing functional outcomes, and conducting parent interviews. Information is also gathered on services and information on trainings the providers have attended.  
  
The Director’s Survey was designed to gather information about how eligibility decisions are made surrounding Social-Emotional services, how decisions are made surrounding the IFSP and social-emotional services. Included are questions related to the evaluation tools used in each region, parent interview tools used, and the use of behavioral screening tools. Below are the results by coherent improvement strategies.   
  
Coherent Improvement Strategy 1. Professional Development (PD)  
From the 2021-22 Provider Survey results, 100% of providers said they focus on social-emotional well-being of the child during home visits.   
  
Coherent Improvement Strategy 2. Evidence Based Practices and Family Engagement  
From the 2021-22 Provider Survey results:  
92% of providers said they are knowledgeable about writing functional outcomes.  
92% of providers said they conduct RBIs.  
88% of providers said they conduct eligibility trainings.   
  
Coherent Improvement Strategy 3. Assessment  
From the 2021-22 Provider Survey results:  
82% of providers said they are using the results from the child outcomes data to improve services provision.  
As a result of the BDI trainings,  
61% said their knowledge increased,   
70% said their skills increased,  
64% said they made changes in their practice, and  
54% said the BDI trainings impacted their clients.

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

Family F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.  
  
This EBP will be addressed through the work with the Pyramid Model, and with other trainings provided with a focus on family engagement. The information provided during Part C trainings always loops back to the same theme- outcomes and services should be centered around the family unit. When family interviews are conducted, when observations are completed, when assessments are conducted and the data reviewed- this all impacts family engagement. EIEP will continue to partner with the university on trainings via the ECHO network, provide trainings on family engagement, access the recorded social-emotional training series, provide individual support to regional providers who have low scores in the social-emotional domain. The anticipated outcomes that will be achieved are: providers will have increased knowledge to support positive social-emotional development for children, providers will implement new skills related to social-emotional development when working with families, providers will have increased knowledge and skills in the use of the WY Early Learning Standards, and increased knowledge on the tools to support family engagement.  
  
Interaction INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching feedback, and other types of guided support.  
  
This is the focus of the Pyramid Model. The model is built on positive caregiver-child interactions. Additional information and training will be provided through another series of statewide trainings on Family Engagement. Additional providers will be chosen through an application process for Cohort Two. The outcomes that are expected to be obtained are: providers will have increased knowledge to support positive social-emotional development for children, providers will implement new skills related to social-emotional development when working with families, providers will have increased knowledge and skills in the use of the WY Early Learning Standards, and increased knowledge on the tools to support family engagement.

**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.**

The EIEP gathered feedback from stakeholders to determine plans for continued implementation. The percentage of children exiting age-appropriate social-emotional skills has decreased significantly since 2016 and so a continued focus on social-emotional skills is warranted. The EIEP believes that the current SSIP, with a renewed focus on some key EBPs will address the lagging social-emotional skills.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discuseed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In Janaury 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services's Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
In addition, WDH, EIEP continues to collaborate with state staff from the Wyoming Department of Education, who provided support and insight into statewide plans, and provided tips for increasing stakeholder input, sustainability, and how to scale up practices across the state. WDH, EIEP also met with the University of Wyoming to discuss the use of their Learning Management System for Part C professional development and technical assistance.

Stakeholder input was received through three avenues: the ICC, the specially formed subgroup of the ICC, and the providers as a larger group. The details are described below.

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

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input about the status of the SSIP work. In the beginning of this reporting period, the specially formed stakeholder group viewed information presented by an Early Head Start program in the state who had been using the Pyramid Model for home visits for years. After this information had been received, it was presented to the larger ICC. The ICC voted to move forward with the Pyramid Model. Since that decision was made, the larger ICC reviewed the status of the SSIP at each quarterly meeting, asked questions, and made recommendations for the rollout of the model. Some of these recommendations were to not provide trainings with no follow up or support, and to not implement too many new strategies at once for the providers to learn, because providers are overwhelmed with meeting the requirements of the program during times of significant staffing shortages.  
  
At the most recent ICC meeting, stakeholders reviewed the data and made a slight change to the target for Social Emotional Summary Statement Two, which is also the SiMR measure. The target for the year 2025 was changed to 80% (from 79.50%) in order to line up with the SiMR.   
  
The stakeholder subgroup met an additional time to make further recommendations about the implementation of the model, and for future trainings and professional development opportunities. Several topics were discussed at that meeting. The input, feedback, and recommendations are described here. The group was not surprised at the decrease in social-emotional scores. Providers continue to report more challenging behavior in classrooms and at home, and parents are “crying out for help”, as one regional director stated. The group was not surprised by the information obtained in the family survey- that services help families understand their social-emotional needs, that they were given information on routines, activities, and physical settings that support their child’s needs and that as a result of services, families are better able to support their child to manage his/her emotions. They anticipate the few families that did not indicate services were helpful are families of children with very high emotional needs.   
  
Stakeholders also shared ideas for the toolbox of resources. The purpose is to provide positive strategies that have been proven to work well in working with children with social-emotional challenges. Ideas from providers across the state will be compiled and distributed as a resource. The stakeholders want to spread the message that “parents don’t have to do all of this by themselves”. Regarding checklists or other measures of assessing the skills of providers implementing new strategies via the Pyramid Model or other avenues, the group wasn’t in favor of using any of the checklists currently available that they viewed and EIEP will continue to seek out avenues for this measure to bring back to the group for consideration. The group also provided input on the selection of additional cohorts for the Pyramid Model work, and feels that an application process would be a way to get providers on board as they will see the value in participation.  
  
For the SSIP work going forward, this specially selected stakeholder subgroup will continue to meet periodically, and has maintained its original members, with the exception of two members, who are no longer in their positions and have moved on to other opportunities. The members consist of one parent representative, a representative from Parents Helping Parents of Wyoming, an executive director from a large provider organization, an executive director from the reservation, two social-emotional experts currently working in the field with families from different geographical regions of the state, and an early learning specialist from the Wyoming Department of Education.   
  
Stakeholder input was also gathered from the larger provider group as a whole during monthly calls. The providers relayed additional information and impressions if they had experience with the Pyramid Model. Other social-emotional curriculums and strategies were also reviewed prior to finalizing the decision to use the Pyramid Model for early intervention.   
  
EIEP has also sought ongoing stakeholder input surrounding the use of the BDI and challenges to implementation and reporting of data. When EIEP updated the technical assistance guide in 2022, it was sent to several stakeholders for input before being distributed statewide. The providers felt the specific guidance was very helpful, especially in the area of how to document transition information when children transition from Part C services to preschool. EIEP hosts monthly statewide data calls and monthly Part C calls, and child outcomes measures have been on the agenda in this reporting period.

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Very few concerns were expressed during this reporting period. One stakeholder provided information that her organization had been trained on the Pyramid Model some years ago but they were not currently using it because they didn’t find it to be effective. This concern was addressed by acknowledging that this is going to start as a cohort, and the purpose of a cohort is to evaluate the success of the strategies being introduced and making changes along the way. In addition, providers will now have the support of trainings (onsite and virtual) provided through the PMC.

**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.**

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

For the activities in the professional development action strand, training will occur in 2023 through the PMC with the two pilot regions participating in Cohort One. This training began in January 2023 and will be ongoing throughout the next reporting period. The trainings will be provided through virtual trainings, online learning modules, and on-site technical assistance. Data will be collected on the number of providers who attend each training. Eventually, data will also be collected on fidelity and those processes are being discussed at this time. The anticipated outcomes are that providers will have increased knowledge to support positive social-emotional development for children and that providers will implement new skills related to social-emotional development when working with families.  
  
This strategy includes the following activities all geared towards increasing the knowledge and skills of providers and families via professional development: (1) Part C Early Childhood Social-Emotional Training Series, (2) EIEP PD Module Series on University of Wyoming (UW) Canvas, (3) University of Wyoming (UW) ECHO Trainings, (4) Family Capacity Training, (5) Toolbox of Social-Emotional Development Resources.  
  
Activities in the evidence-based practices and family engagement action strand were offered throughout the reporting period and continue to be available to providers. The Part C Early Childhood Social Emotional Training Series, the EIEP Professional Development Series modules, and the UW ECHO trainings are currently available to providers and will continue to be available on an ongoing basis. Additional trainings for all Part C providers will occur, focusing on family engagement, in the next reporting period. The contract with the selected vendor is being drafted at this time. After the contract is executed with the selected trainer, dates will be set for the training which is anticipated to occur in spring/summer 2023. The toolbox of social-emotional resources is in the beginning stages of development of gathering successful strategies from regions that will be compiled into the resource. As the social-emotional trainings continue to be offered and completed by more providers, and the initial cohort for the Pyramid Model beings training and implementation of the strategies for working with families, EIEP will continue to gather resources for the toolbox through the providers who are learning and implementing successful strategies. The EIEP anticipates this resource will be completed and distributed to providers by July 2024.  
  
Data collection measures for these activities will be conducted throughout the next reporting period. The provider and director surveys will continue to be collected annually. This is typically administered towards the end of the calendar year. The director’s survey aims to gather information about eligibility decisions surrounding social-emotional services, and social-emotional decisions surrounding the IFSP. The provider survey gathers information about how providers report how they focus on the social-emotional wellbeing of the children they serve, their core knowledge in gathering information during the evaluation process, what supports are included in IFSPs, and the effectiveness of trainings offered by EIEP in implementing their practices. Questions surrounding social-emotional curriculum are also included to provide information to EIEP about current practices in the field. The EIEP will review the data from the most recent survey with an outside evaluator to determine next steps as far as training needs and individual technical assistance.  
  
All of these practices will impact the child outcomes data collected which will be analyzed continually by the EIEP. The data from this reporting period will be reviewed individually with each regional provider, and with the larger group of providers. The larger meeting will be an opportunity for providers to review and analyze their child outcomes data in order to identify root causes impacting progress, and develop strategies for moving forward. These activities are also anticipated to show progress towards the outcomes of increasing knowledge and skills of the providers in the use of the WY Early Learning Standards and tools to support family engagement.  
  
The timeline for work in the assessment strand is ongoing. Training on the administration of the BDI occurred in 2022 and will continue to be offered as needed throughout the next reporting period. Since the BDI-3 was implemented in July 2022, online trainings have been available to providers through Riverside Training Academy, an online training platform. Once providers log in and complete the training series, they continue to have access to the training materials should they need or want to revisit the materials. EIEP anticipates that all providers will be trained on the tool before it is implemented for entry and exit assessments, because the training materials are continuously available. EIEP will track attendance of the training through information provided by the publisher, and the effectiveness of the training will be evaluated at the end of the calendar year through the provider survey.  
  
Technical assistance documents will be updated in 2023 to include information on the BDI-3 as entry and exit scores will be collected in part using that tool in the next reporting period. Some scores are still obtained using the BDI-2, if that is the assessment that was used when the child entered the program. EIEP will also develop process documents for the administration of the BDI, to include timelines for entry and exit, who is responsible for the entry and exit assessments, and other relevant information identified by stakeholders. These documents are expected to be completed by the end of 2023. Although no formal data collection measures are planned to measure the effectiveness of these resources, EIEP will have stakeholders participate in the review of the documents before they are finalized. Training will occur on the material in the documents in the Part C provider calls and statewide data calls. Providers will have multiple opportunities to ask questions about the materials.  
  
The expected outcomes related to the work in the assessment strand are that providers will follow a consistent process for measuring child outcomes and recording results and that providers will implement child outcomes assessments with fidelity. These outcomes are anticipated to impact the SiMR results in a positive manner as data collection measures continue to improve.

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

WY EIEP is not aware of any additional barriers at this time.

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

Note: The target for FFY2025 changed from 79.5%. It was incorrectly entered last year.

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.   
  
The State revised its FFY 2020-2025 targets for this indicator, and OSEP accepts those targets.

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated Lead Agency Director

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

**Name:**

Kim Caylor

**Title:**

Early Intervention and Education Program Unit Manager

**Email:**

kim.caylor@wyo.gov

**Phone:**

307-777-7148

**Submitted on:**

04/25/23 12:45:11 PM

# Determination Enclosures

## RDA Matrix

**Wyoming**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 87.50% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 6 | 75.00% |
| **Compliance** | 14 | 14 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 508 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 1,062 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 47.83 |
| **Data Completeness Score[[2]](#footnote-3)** | 1 |

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

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

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

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 2 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 1 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge  and Skills SS1 (%)** | **Outcome B: Knowledge and Skills SS2 (%)** | **Outcome C: Actions to Meet Needs  SS1 (%)** | **Outcome C: Actions to Meet Needs SS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021** | 55.84% | 70.87% | 73.61% | 54.13% | 91.36% | 80.91% |
| **FFY 2020** | 56.03% | 76.00% | 71.06% | 60.00% | 90.49% | 77.88% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 98.90% | N/A | 2 |
| **Indicator 7: 45-day timeline** | 99.81% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 99.28% | YES | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 98.57% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

**I. (a) Data Completeness:**

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

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

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

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

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

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

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

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

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

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

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

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **508** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 0 | 87 | 61 | 49 | 311 |
| **Performance (%)** | 0.00% | 17.13% | 12.01% | 9.65% | 61.22% |
| **Scores** | 1 | 1 | 1 | 1 | 0 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 0 | 95 | 138 | 127 | 148 |
| **Performance (%)** | 0.00% | 18.70% | 27.17% | 25.00% | 29.13% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 0 | 28 | 69 | 227 | 184 |
| **Performance (%)** | 0.00% | 5.51% | 13.58% | 44.69% | 36.22% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 4 |
| **Outcome B** | 5 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 14 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

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

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

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

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 55.84% | 70.87% | 73.61% | 54.13% | 91.36% | 80.91% |
| **Points** | 1 | 2 | 1 | 1 | 2 | 2 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 9 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 2 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

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

**Test of Proportional Difference Calculation Overview**

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

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

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

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

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

Difference in proportions /standard error of the difference in proportions = z score

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 141 | 56.03% | 197 | 55.84% | -0.19 | 0.0548 | -0.0348 | 0.9722 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 273 | 71.06% | 360 | 73.61% | 2.55 | 0.0360 | 0.7089 | 0.4784 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 263 | 90.49% | 324 | 91.36% | 0.86 | 0.0239 | 0.3615 | 0.7177 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 425 | 76.00% | 508 | 70.87% | -5.13 | 0.0289 | -1.7760 | 0.0757 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 425 | 60.00% | 508 | 54.13% | -5.87 | 0.0325 | -1.8073 | 0.0707 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 425 | 77.88% | 508 | 80.91% | 3.02 | 0.0266 | 1.1350 | 0.2564 | NO | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **6** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **1** |

## Data Rubric

**Wyoming**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | N/A | 0 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 12 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

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

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

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

## Dispute Resolution



## How the Department Made Determinations

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

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)