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

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

**For reporting on   
FFY 2019**

**Wyoming**

U.S. Department of Education seal

**PART C DUE   
February 1, 2021**

**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 general supervision systems in place to ensure that IDEA Part C requirements are met, such as ongoing monitoring of early intervention programs which are 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 with the state of Wyoming.  
  
The WDH, EIEP ensures and enforces implementation of IDEA through clearly defined expectations in the State Performance Plan/Annual Performance Report (SPP/APR) and the State Systemic Improvement Plan.   
  
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 data which is further described in the General Supervision System. This data system contains all Individualized Family Service Plans (IFSP) documents and dates of completion of IFSP events.  
  
Please Note:  
Wyoming was among the states with the highest numbers of COVID-19 cases per capita. The COVID-19 pandemic created economic, social, and service delivery impacts throughout the state, including significant impacts on families with young children and the programs and providers that serve them. Many IFSP activities like meetings and services were held virtually or by phone due to health restrictions during this FFY2019 reporting timeline. The WDH, EIEP did consider these circumstances, when documented as the reason for the delay, as "extreme family circumstances". All COVID-related documented delays were monitored for appropriateness before considering them for meeting the "extreme family circumstances" requirements.

**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 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. 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 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. 100% of 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 Corrective Action Plan (CAP). This CAP is drafted by the WDH, EIEP with the assistance of the services provider affected by the notice of non-compliance. All CAP activities need to be completed within a year of the notice of non-compliance, if not sooner. With the issuance of a CAP, 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 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. In addition, all EIS Programs must submit an annual self-assessment of their own child files to determine compliance.   
  
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, 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 Corrective Action (CAP to be developed. The Wyoming Part C Coordinator oversees all aspects of the CAP to ensure compliance has been met 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, evidenced 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 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) which assists the WDH, EIEP in annual training for providers, Wyoming Hearing and Vision outreach which provides ongoing TA and training for EIS Program staff, the Wyoming Institute for Developmental Disabilities which 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 and approved by the WDH, EIEP prior to awarding a contract for Part C services. 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 a national TA center to develop an extensive Part C training component that is available to all early intervention providers. Part C training consists of both in-person and online training 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 certificates of attendance are required for EIS Program Part C staff which the WDH, EIEP monitors for compliance.  
  
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.

**Stakeholder Involvement:**

**The mechanism for soliciting broad stakeholder input on 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 Systemic Improvement Plan (SSIP).**

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders in the development of state Part C rules and regulations, as well as, the policies to enforce those rules and regulations. The ICC consists of parents, local parent advocacy organizations, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.   
  
The ICC is tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July 2019 to review and determine targets for FFY 2019 and voted to maintain targets for this next reporting period. 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.

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

YES

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2018 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 2018 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 2018 APR in 2020, 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 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 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. In addition, notices are posted in local newspapers so the public has access to where the information is located and where they can go to view the reports. The State's ICC is provided with all of this information during the quarterly council meetings. The FFY 2018 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

The State did not provide data for FFY 2018 Indicator C-11. The State must provide the required data for FFY 2018 in the FFY 2019 SPP/APR.  
  
In the FFY 2019 SPP/APR, the State must provide a FFY 2019 target and report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP’s coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State’s capacity to improve its SiMR data.  
  
OSEP notes that one or more of the attachments included in the State’s FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2018 SPP/APR**

## 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

OSEP notes that one or more of the Indicator 11 attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# 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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.41% | 98.20% | 100.00% | 99.39% | 99.44% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 171 | 172 | 99.44% | 100% | 100.00% | Met Target | No Slippage |

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

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

1

**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).**

State's criteria for “timely” receipt of early intervention services is within thirty (30) actual number of days   
 from parent signed 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 which is July 1, 2019 through June 30, 2020.

**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 representative sample of child files for the full reporting period of July 1, 2019, through June 30, 2020. The representative sample equates to 14.8% 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 1162. The representative sample for this reporting period equates to 172 child files. All 172 child files were reviewed for timely receipt of early intervention services. All files contained timely provision for services during this review with the exception of one (1) file.

**If needed, provide additional information about this indicator here.**

The EIS program that documented a delay in service provision was closed due to local health orders imposed because of the COVID-19 pandemic. This was during the thirty-day timeline and resulted in the first day of in-person service delivery being sixty-nine (69) days late. The EIS program mailed supporting materials to the parent in lieu of services as this family was not available for virtual services. All other families that were not provided in-person services, were provided services in a virtual setting.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

The State conducted ongoing file audits of the EIS program that was the source of noncompliance to ensure they are in compliance with the regulatory requirements. The State also met with the EIS program and provided additional technical assistance to ensure that the EIS program staff had a full understanding of the regulation. Through ongoing audit reviews of this EIS program in the first quarter of FFY 2019, the State was able to determine that the EIS program was fully implementing this requirement.

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

By reviewing the State's database for specific documentation regarding the specifics of this noncompliance, the State verified that the one (1) child file that documented a delay in meeting the timeline for delivering services (within 30 days), had corrected the noncompliance by providing those services, even though it was later than 30 days.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 97.20% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= | 95.50% | 95.50% | 95.50% | 95.50% | 96.00% |
| Data | 98.43% | 95.54% | 98.23% | 95.77% | 92.09% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= | 96.00% |

**Targets: Description of Stakeholder Input**

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders in the development of state Part C rules and regulations, as well as, the policies to enforce those rules and regulations. The ICC consists of parents, local parent advocacy organizations, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.   
  
The ICC is tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July 2019 to review and determine targets for FFY 2019 and voted to maintain targets for this next reporting period. 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.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,080 |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Total number of infants and toddlers with IFSPs | 1,162 |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,080 | 1,162 | 92.09% | 96.00% | 92.94% | Did Not Meet Target | No Slippage |

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

The WDH, EIEP reviewed the data for the IFSP service environment for all infants and toddlers with IFSPs (1162 files). As a result of this review, eighty-two (82) IFSPs included service provision environments that were identified as “other." Each of these files documented a full justification for providing services in an "other" location. All justifications documented that decisions were based on the child and family IFSP outcomes and the most optimal service delivery model to achieve the outcome for these cases. All IFSP Teams, which includes the parent, must revisit the decision for the “other” environment service provision whenever a periodic review is conducted and provide updates for the justification to continue delivering services in this environment or to move into a more natural environment when plausible.

## 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 Early Intervention Council (ICC) and other various stakeholders in the development of state Part C rules and regulations, as well as, the policies to enforce those rules and regulations. The ICC consists of parents, local parent advocacy organizations, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.   
  
The ICC is tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July 2019 to review and determine targets for FFY 2019 and voted to maintain targets for this next reporting period. 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.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A1** | 2008 | Target>= | 43.05% | 43.55% | 44.05% | 44.55% | 45.05% |
| **A1** | 42.55% | Data | 80.33% | 86.42% | 83.73% | 80.68% | 71.23% |
| **A2** | 2008 | Target>= | 50.98% | 51.48% | 52.48% | 52.98% | 52.98% |
| **A2** | 50.48% | Data | 47.93% | 48.36% | 55.96% | 65.22% | 76.61% |
| **B1** | 2008 | Target>= | 47.67% | 48.17% | 48.67% | 49.17% | 49.17% |
| **B1** | 47.17% | Data | 79.68% | 83.75% | 78.45% | 72.59% | 58.97% |
| **B2** | 2008 | Target>= | 53.50% | 54.00% | 54.50% | 55.00% | 55.00% |
| **B2** | 53.00% | Data | 49.55% | 50.48% | 50.37% | 54.06% | 55.18% |
| **C1** | 2008 | Target>= | 54.84% | 55.34% | 55.83% | 56.34% | 56.34% |
| **C1** | 54.34% | Data | 81.75% | 86.75% | 85.17% | 85.34% | 82.37% |
| **C2** | 2008 | Target>= | 54.66% | 55.16% | 55.66% | 56.16% | 56.16% |
| **C2** | 54.16% | Data | 51.71% | 51.84% | 58.91% | 69.71% | 82.32% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1>= | 45.05% |
| Target A2>= | 52.98% |
| Target B1>= | 49.17% |
| Target B2>= | 55.00% |
| Target C1>= | 56.34% |
| Target C2>= | 56.16% |

**FFY 2019 SPP/APR Data**

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

251

**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 | 24 | 9.56% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 56 | 22.31% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 4 | 1.59% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 31 | 12.35% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 136 | 54.18% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 35 | 115 | 71.23% | 45.05% | 30.43% | Did Not Meet Target | Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 167 | 251 | 76.61% | 52.98% | 66.53% | Met Target | No Slippage |

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

The Wyoming Part C program utilizes the Battelle Developmental Inventory-II (BDI-II) to assess children upon entry to the Part C program and then upon exit for this indicator. This assessment requires that the provider assess the child in person. One potential reason for the slippage is the reduced number of children on which the rates are based due to the COVID-19 pandemic. The BDI-II was not able to be administered with fidelity via a virtual platform which resulted in only about 45% of the children who should have received exit scores through the BDI-II did in fact receive exit scores. Many Part C Programs closed down in mid-March as required by their county health department, and in some areas of the state, continued to deal with off and on closures the remainder of the reporting timeline. During this time, the majority of families were receiving services virtually. The BDI-II can not be given virtually and must be administered in person.  
  
Other than COVID, to determine why there is slippage in A1, the Part C Program examined results of all fourteen (14) EIS Programs to determine if this slippage was present in all fourteen (14) EIS Programs or if it was particular to just certain EIS Programs. Data indicated that twelve (12) of the fourteen (14) EIS Programs saw a decrease in their A1 score. The primary reason for the decrease is the change in methodology for collecting data for Indicator 3. In 2019-20, the vast majority of children were evaluated with the BDI-II at both entry and exit, unlike in previous years. After working with a data contractor on this indicator, it has been determined that showing growth with the BDI-II from z-scores does appear to be more difficult than with the previous process of using the Child Outcome Summary (COS). After reviewing the slippage identified in this reporting period, the Wyoming Part C Program completed a full analysis of the various types of BDI-II scores to determine how best to capture accurate growth information on exiting children. It was discovered that the BDI-II provides “Change Sensitive Scores” (CSS) whose purpose is to monitor progress and growth in children’s developmental milestones. CSS are available to all EIS Programs through utilization of the BDI-II Data Manager which is a software system specifically designed to gather all BDI-II scores. WDH, EIEP required that all EIS Programs utilize the BDI-II Data Manager online scoring tool starting in 2020-21. This will allow the Wyoming Part C Program to analyze the CSS over time. As a result of this, Wyoming Part C will be able to obtain more accurate measures of children’s growth from entry and exit and expects all Summary Statement 1 scores will show an increase for the next reporting period. In addition, in 2020-21, the Wyoming Part C Program will be setting appropriate targets for the Indicator 3 scores now that the new process (utilizing BDI-II) is fully implemented.  
  
At the state level, significance testing was done to determine which groups were least likely to show growth. This was accomplished by reviewing individual program reporting, looking at data trends reported using demographics of the population served and developmental areas of delay. This analysis showed that boys were less likely to show growth than girls and that children in the home environment were less likely to show growth than children in other environments 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.  
  
Wyoming continues to participate with the National State BDI Users Group. In addition, Wyoming plans on asking DaSy and ECTA for technical assistance starting in the spring to help analyze the data and to ensure the Wyoming Part C program is moving in the correct direction.

**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 | 69 | 27.49% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 45 | 17.93% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 22 | 8.76% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 48 | 19.12% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 67 | 26.69% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 70 | 184 | 58.97% | 49.17% | 38.04% | Did Not Meet Target | Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 115 | 251 | 55.18% | 55.00% | 45.82% | Did Not Meet Target | Slippage |

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

The Wyoming Part C program utilizes the Battelle Developmental Inventory-II (BDI-II) to assess children upon entry to the Part C program and then upon exit for this indicator. This assessment requires that the provider assess the child in person. One potential reason for the slippage is the reduced number of children on which the rates are based due to the COVID-19 pandemic. The BDI-II was not able to be administered with fidelity via a virtual platform which resulted in only about 45% of the children who should have received exit scores through the BDI-II did in fact receive exit scores. Many Part C Programs closed down in mid-March as required by their county health department, and in some areas of the state, continued to deal with off and on closures the remainder of the reporting timeline. During this time, the majority of families were receiving services virtually.   
  
Other than COVID, to determine why there is slippage in B1, the Part C Program examined results by the fourteen (14) The primary reason for the decrease is the change in methodology for collecting data for Indicator 3. In 2019-20, the vast majority of children were evaluated with the BDI-II at both entry and exit, unlike in previous years. After working with a data contractor on this indicator, it has been determined that showing growth with the BDI-II from z-scores does appear to be more difficult than with the previous process of using the Child Outcome Summary (COS). After reviewing the slippage identified in this reporting period, the Wyoming Part C Program completed a full analysis of the various types of BDI-II scores to determine how best to capture accurate growth information on exiting children. It was discovered that the BDI-II provides “Change Sensitive Scores” (CSS) whose purpose is to monitor progress and growth in children’s developmental milestones. CSS are available to all EIS Programs through utilization of the BDI-II Data Manager which is a software system specifically designed to gather all BDI-II scores. WDH, EIEP required that all EIS Programs utilize the BDI-II Data Manager online scoring tool starting in 2020-21. This will allow the Wyoming Part C Program to analyze the CSS over time. As a result of this, Wyoming Part C will be able to obtain more accurate measures of children’s growth from entry and exit and expects all Summary Statement 1 scores will show an increase for the next reporting period. In addition, in 2020-21, the Wyoming Part C Program will be setting appropriate targets for the Indicator 3 scores now that the new process (utilizing BDI-II) is fully implemented.  
  
At the state level, significance testing was done to determine which groups were least likely to show growth. This was accomplished by reviewing individual program reporting, looking at data trends reported using demographics of the population served and developmental areas of delay. This analysis showed that boys were less likely to show growth than girls and that children in the home environment were less likely to show growth than children in other environments 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.  
  
Wyoming continues to participate with the National State BDI Users Group. In addition, Wyoming plans on asking DaSy and ECTA for technical assistance starting in spring to help analyze these data and be sure we are moving in the correct direction.

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

The Wyoming Part C program utilizes the Battelle Developmental Inventory-II (BDI-II) to assess children upon entry to the Part C program and then upon exit for this indicator. This assessment requires that the provider assess the child in person. One potential reason for the slippage is the reduced number of children on which the rates are based due to the COVID-19 pandemic. The BDI-II was not able to be administered with fidelity via a virtual platform which resulted in only about 45% of the children who should have received exit scores through the BDI-II did in fact receive exit scores. Many Part C Programs closed down in mid-March as required by their county health department, and in some areas of the state, continued to deal with off and on closures the remainder of the reporting timeline. During this time, the majority of families were receiving services virtually.   
  
Other than COVID, to determine why there is slippage in B2, the Part C Program examined results by the fourteen (14) EIS Program to determine if this slippage was present in all 14 EIS Programs or if it was particular to just a certain EIS Program. Data indicated that 12 of the 14 EIS Programs saw a decrease in their B2 score. The primary reason for the decrease is the change in methodology for collecting data for Indicator 3. In 2019-20, the vast majority of children were evaluated with the BDI-II at both entry and exit, unlike in previous years. After working with a data contractor on this indicator, it has been determined that showing growth with the BDI-II from z-scores does appear to be more difficult than with the previous process of using the Child Outcome Summary (COS). After reviewing the slippage identified in this reporting period, the Wyoming Part C Program completed a full analysis of the various types of BDI-II scores to determine how best to capture accurate growth information on exiting children. It was discovered that the BDI-II provides “Change Sensitive Scores” (CSS) whose purpose is to monitor progress and growth in children’s developmental milestones. CSS are available to all EIS programs which utilize the BDI-II Data Manager which is a software system specifically designed to gather all BDI-II scores. WDH, EIEP requires that all regions utilize the BDI-II Data Manager online scoring tool, starting in 2020-21. This will allow the Wyoming Part C Program to analyze the CSS over time. As a result of this, Wyoming Part C will be able to obtain more accurate measures of children’s growth from entry and exit. WDH, EIEP expects all Summary Statement 1 scores will show an increase for the next reporting period. In addition, in 2020-21, the Wyoming Part C Program will be setting appropriate targets for the Indicator 3 scores now that the new process (utilizing BDI-II) is fully implemented.  
  
At the state level, significance testing was done to determine which groups were least likely to show growth. 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 show growth than girls and that children in the home environment were less likely to show growth than children in other environments 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.  
  
Wyoming continues to participate with the National State BDI Users Group. In addition, Wyoming plans on asking DaSy and ECTA for technical assistance starting in spring to help analyze these data and be sure we are moving in the correct direction.

**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 | 22 | 8.76% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 41 | 16.33% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 7 | 2.79% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 52 | 20.72% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 129 | 51.39% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 59 | 122 | 82.37% | 56.34% | 48.36% | Did Not Meet Target | Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 181 | 251 | 82.32% | 56.16% | 72.11% | Met Target | No Slippage |

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

The Wyoming Part C program utilizes the Battelle Developmental Inventory-II (BDI-II) to assess children upon entry to the Part C program and then upon exit for this indicator. This assessment requires that the provider assess the child in person. One potential reason for the slippage is the reduced number of children on which the rates are based due to the COVID-19 pandemic. The BDI-II was not able to be administered with fidelity via a virtual platform which resulted in only about 45% of the children who should have received exit scores through the BDI-II did in fact receive exit scores. Many Part C Programs closed down in mid-March as required by their county health department, and in some areas of the state, continued to deal with off and on closures the remainder of the reporting timeline. During this time, the majority of families were receiving services virtually.   
  
Other than COVID-19, to determine why there is slippage in C1, the Part C Program examined results by the fourteen (14) EIS Programs to determine if this slippage was present in all 14 EIS programs or if it was particular to just certain EIS Programs. Data indicated that 12 of the 14 EIS programs saw a decrease in their C1 score. The primary reason for the decrease is the change in methodology for collecting data for Indicator 3. In 2019-20, the vast majority of children were evaluated with the BDI-II at both entry and exit, unlike in previous years. After working with a data contractor on this indicator, it has been determined that showing growth with the BDI-II from z-scores does appear to be more difficult than with the previous process of using the Child Outcome Summary (COS). After reviewing the slippage identified in this reporting period, the Wyoming Part C Program completed a full analysis of the various types of BDI-II scores to determine how best to capture accurate growth information on exiting children. It was discovered that the BDI-II provides “Change Sensitive Scores” (CSS) whose purpose is to monitor progress and growth in children’s developmental milestones. CSS are available to all EIS programs which utilize the BDI-II Data Manager which is a software system specifically designed to gather all BDI-II scores. WDH, EIEP requires that all regions utilize the BDI-II Data Manager online scoring tool, starting in 2020-21. This will allow the Wyoming Part C Program to analyze the CSS over time. As a result of this, Wyoming Part C will be able to obtain more accurate measures of children’s growth from entry and exit. WDH, EIEP expects all Summary Statement 1 scores will show an increase for the next reporting period. In addition, in 2020-21, the Wyoming Part C Program will be setting appropriate targets for the Indicator 3 scores now that the new process (utilizing BDI-II) is fully implemented.   
  
At the state level, significance testing was done to determine which groups were least likely to show growth. This was accomplished by reviewing individual program reporting, looking at data trends reported using demographics of the population served and developmental areas of delay. This analysis showed that boys were less likely to show growth than girls and that children in the home environment were less likely to show growth than children in other environments 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.  
  
Wyoming continues to participate with the National State BDI Users Group. In addition, Wyoming plans on asking DaSy and ECTA for technical assistance starting in spring to help analyze these data and be sure we are moving in the correct direction.

**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 | 905 |
| 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. | 278 |

| **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. 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 year will represent the first year in which all children will have an entry and exit score that is based on the BDI-II process.

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

As mentioned in the areas of slippage above, COVID Health Restrictions did impact Indicator 3. Only about 45% of the children who should have received exit scores did in fact receive exit scores due to the business closures throughout the state of Wyoming in mid-March which included all of the EIS Programs. In addition, families were not allowing EIS Programs to come to their homes due to COVID. This prevented many of the EIS Programs from administering the BDI-II to exiting children as this evaluation tool must be completed in person. Note that the Part C Program and the EIS Programs have come up with a plan for completing exit scores if a closure of this magnitude happens again. This includes setting up a virtual meeting with children and parents to see if children could be assessed virtually, setting up on-site appointments with proper safety protocols for parents to bring children to the center for testing, and/or having teachers use the previous COS approach using data they have available to determine an exit score.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2019 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 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.

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

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled 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.

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2006 | Target>= | 96.26% | 96.26% | 96.46% | 96.56% | 97.26% |
| A | 96.26% | Data | 93.54% | 97.76% | 98.20% | 98.02% | 97.83% |
| B | 2006 | Target>= | 95.42% | 95.42% | 95.42% | 95.62% | 96.42% |
| B | 95.42% | Data | 93.33% | 97.25% | 98.03% | 98.51% | 96.82% |
| C | 2006 | Target>= | 95.42% | 95.42% | 95.42% | 95.62% | 96.42% |
| C | 95.42% | Data | 92.53% | 98.28% | 98.03% | 98.27% | 98.16% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A>= | 97.26% |
| Target B>= | 96.42% |
| Target C>= | 96.42% |

**Targets: Description of Stakeholder Input**

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders in the development of state Part C rules and regulations, as well as, the policies to enforce those rules and regulations. The ICC consists of parents, local parent advocacy organizations, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.   
  
The ICC is tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July 2019 to review and determine targets for FFY 2019 and voted to maintain targets for this next reporting period. 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.

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,982 |
| Number of respondent families participating in Part C | 485 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 476 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 485 |
| 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 | 473 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 485 |
| 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 | 476 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 485 |

| **Measure** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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) | 97.83% | 97.26% | 98.14% | Met Target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 96.82% | 96.42% | 97.53% | 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) | 98.16% | 96.42% | 98.14% | 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? | YES |
| If your collection tool has changed, upload it here |  |
| The demographics of the families responding are representative of the demographics of infants, toddlers, and families 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.**

**Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**

The State recognizes, to the extent to which the demographics of the families responding, that the survey responses are not representative of all demographics of infants, toddlers, and families enrolled in the Part C program in FFY 2019. The surveys were distributed to all parents enrolled in Part C services during the reporting timeline. Parents could also respond in-person or via paper or online surveys. A total of 485 surveys were completed statewide. The fall child count was 1,162. Thus, the response rate was 41.74%. Within that response rate,74% of parent respondents indicated that their child is white, and 77% of the children on the fall child count are white. This is a high representation of survey return rates for that demographic group which is the largest population demographic served in Wyoming. Furthermore, the Part C Program increased its non-white respondent percentage from 13% in 2018-19 to 26% in 2019-20 which is a huge increase. (See further analysis of representativeness results in "Response to actions required in FFY 2018 SPP/APR" section). So, in conclusion, the Wyoming Part C program has improved in its representativeness from the FFY2018 response reporting in FFY2019.  
  
The three family survey scores continue to be above 97%.

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

WDH, EIEP has a new software system that is currently being enhanced with a parent portal. This parent portal has the ability to distribute surveys so the Part C Program will be looking into seeing how best to distribute a survey through the parent portal of the software system. The portal will be utilized as well as distribution via mail and utilization of the online survey.

## 4 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 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 2018 SPP/APR**

The representativeness of the surveys was assessed by examining the demographic characteristics of the children whose parents responded to the survey versus Part C children demographic characteristics according to the WY December 1 federal child count. This comparison indicates the State's results have improved representativeness of (1) geographic region where the child receives services; (2) the age of the child (3) the race/ethnicity of the child.   
  
618 Child Count vs Survey Response Rate numbers and percentages for FFY2019 listed below:  
  
Hispanic / Latino  
• Child Count Number - 168   
• % of Total 14.46%   
• Family Survey Number - 94  
• % of Total 19.71%   
American Indian or Alaskan Native  
• Child Count Number - 45   
• % of Total 3.87%   
• Family Survey Number - 2  
• % of Total 0.42%   
Asian   
• Child Count Number - 16   
• % of Total 1.38%  
• Family Survey Number - 4  
• % of Total 0.84%   
Black or African American  
• Child Count Number - 22   
• % of Total 1.89%  
• Family Survey Number - 3  
• % of Total 0.63%   
Native Hawaiian or Other Pacific Islander   
• Child Count Number - 5   
• % of Total 0.43%  
• Family Survey Number - 1  
• % of Total 0.27%  
White  
• Child Count Number - 897   
• % of Total 77.19%   
• Family Survey Number - 355  
• % of Total 74.42%   
Two or More Races  
• Child Count Number - 9   
• % of Total 0.77%   
• Family Survey Number - 18  
• % of Total 3.77%   
FFY2019 Totals  
o Child Count Total – 1162  
o % of Total 100.00%   
o Family Survey Total - 477   
o % of Total 100.00%  
  
These results may not have a high percentage of representativeness from of all demographic categories of families who have been enrolled in the Part C services during FFY2019, but the increased return rate has improved representativeness from FFY2018 Indicator 4 reporting. The Part C Program attributes this increase of return rate to more coordinated effort provided by the local service coordinators who encouraged the parents to complete the online survey or by providing a paper copy of the survey to them.  
  
Additional note of analysis:  
A very small number of parents of Native American children completed the survey (<1% of respondents were Native American compared to 3% of the population). The Part C Program thinks that the small number of Native American respondents might be due to COVID. The Native American reservations in Wyoming have been hit very hard by COVID and many early childhood services were suspended during the early stages of the pandemic. and continued to sporadically close, off and on, through out the reporting timeline. In addition, many families do not have access to the online family survey due to spotty internet services and/or did not return paper surveys to the Part C providers that were handed out to them.   
  
The Part C Program will be following-up with the reservation EIS providers' to determine effective strategies for getting Native American parents to respond to the survey.   
  
It is important to note that parent respondents self-report child race/ethnicity and this also could explain some differences between the child count file and the parent respondents (i.e. "Two or More Races" category).

## 4 - OSEP Response

## 4 - Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 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.

## 4 - State Attachments



# 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 compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (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 and compare the results to the target and to national data. 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 1.91% | 1.91% | 2.00% | 2.01% | 2.04% |
| Data | 2.36% | 2.79% | 3.09% | 2.57% | 3.00% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 2.04% |

Targets: Description of Stakeholder Input

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders in the development of state Part C rules and regulations, as well as, the policies to enforce those rules and regulations. The ICC consists of parents, local parent advocacy organizations, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.   
  
The ICC is tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July 2019 to review and determine targets for FFY 2019 and voted to maintain targets for this next reporting period. 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.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 1 with IFSPs | 188 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 1 | 6,572 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 188 | 6,572 | 3.00% | 2.04% | 2.86% | Met Target | No Slippage |

**Compare your results to the national data**

The Wyoming Part C child count is significantly higher than the national average of 1.37% and has consistently identified infants with developmental delays over 2.0% of the population. Wyoming is fifth in the group of states in Category B eligibility.

**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 compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 4.31% | 4.41% | 4.51% | 4.71% | 5.00% |
| Data | 5.32% | 5.46% | 5.48% | 5.42% | 5.91% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 5.00% |

Targets: Description of Stakeholder Input

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders in the development of state Part C rules and regulations, as well as, the policies to enforce those rules and regulations. The ICC consists of parents, local parent advocacy organizations, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.   
  
The ICC is tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July 2019 to review and determine targets for FFY 2019 and voted to maintain targets for this next reporting period. 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.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 3 with IFSPs | 1,162 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 3 | 20,349 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,162 | 20,349 | 5.91% | 5.00% | 5.71% | Met Target | No Slippage |

**Compare your results to the national data**

Wyoming’s Part C child count was significantly higher than the national count of 3.70%. Wyoming was the fourth highest state in identifying infants and toddlers, birth to age three (3), with developmental delays for the Category B eligibility.

**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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.95% | 99.09% | 98.29% | 100.00% | 100.00% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 767 | 892 | 100.00% | 100% | 99.44% | 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.**

120

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

State database

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

The time period used for this reporting was collected between the dates of July 1 2019 to June 30 2020.

**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 infants and toddlers who were referred, evaluated and should have an IFSP meeting during the reporting timeline for FFY2019. 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 to go into 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)**

One hundred and twenty-five files (125) were identified as being completed outside of the 45 Day Timeline in this year's reporting. Of those, 120 files had documentation for delays that were directly attributable to exceptional family circumstances. The state did not identify any other justification category like weather of provider illness for the delay in the timeline. The remaining five child files did not document an acceptable justification of the reason for delay beyond the 45 days. These files indicated documentation that the reason for delay was either due to the provider or there was no justification documented. These five files were not included in the numerator.  
  
For the five files that did not appropriately document the reason for the delay, the state will follow up with the EIS Programs to ensure they understand the regulation and how to provide justification.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **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 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.25% | 95.71% | 98.95% | 98.15% | 98.14% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 420 | 438 | 98.14% | 100% | 99.32% | 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.**

15

**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 of July 1, 2019 to June 30, 2020.

**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 for 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 2019 to June 30, 2020.

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

The state will follow up with the EIS providers who had documented three (3) delayed files but did not provide a justification to ensure they understand how to provide justification documentation. The reason for delay were attributed to provider timeline calculation errors.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 10 | 10 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

The Part C Program reviewed subsequent data in the first quarter of FFY2019 to assure that all EIS Providers who were the source of noncompliance are correctly implementing the regulatory requirements. The State has verified that each EIS Program with noncompliance identified in FFY 2018 is correctly implementing the specific regulatory requirements by monitoring for its implementation that:  
(1) Is correctly implementing this regulation requirement based on review of updated data such as data subsequently collected through on-site monitoring or the State’s data system; and  
(2) Has developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program.   
  
All programs have demonstrated 100% compliance in implementing the requirements.

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

The monitoring for correction of each individual case of non-compliance identified in FFY 2018 was collected using the state's data system. Each individual case of noncompliance has been verified as corrected by including a transition plan date and documentation of a transition plan with steps and services for transitioning as consistent with OSEP Memo 09-02 # 2:   
(2) Has developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program. (i.e., the child has exited the States Part C program due to age or other reasons).  
  
Out of the ten (10) individual files identified as the source for noncompliance, all ten files documented a plan even though late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 324 | 324 | 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

**Describe the method used to collect these data**

The WDH, EIEP is designated in Wyoming State Statute as the lead education agency (LEA) for the Part B/619 Program and is under a Memorandum of Understanding (MOU) with the Wyoming Department of Education (SEA) to oversee the Part B/619 program providers. 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 2019, (July 1, 2019, to June 30, 2020), there were three hundred and twenty-four (324) children exiting Part C and identified as potentially eligible for Part B/619. The LEA received notification for all 324 (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 of July 1, 2019 to June 30, 2020.

**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 2018**

| **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 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 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 SEA and the 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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.98% | 97.33% | 98.96% | 98.79% | 97.29% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 298 | 324 | 97.29% | 100% | 96.60% | 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.**

15

**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 of July 1, 2019 to June 30, 2020

**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.

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

The state will follow up with the EIS providers who had documented eleven (11) delayed transition conferences or had not documented a conference date before the child exited the program to ensure they understand how to provide justification documentation and/or implement the regulation. The reason for delay were attributed to provider timeline calculation errors.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 10 | 10 |  | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

The Part C Program reviewed subsequent data in the first quarter of FFY2019 to assure that all EIS Providers who were the source of noncompliance are correctly implementing the regulation requirements. The State has verified that each source with noncompliance identified in FFY 2018 is correctly implementing the specific regulatory requirements by monitoring for its implementation that:  
(1) Is correctly implementing this regulation requirement based on review of updated data such as data subsequently collected through on-site monitoring or the State’s data system; and  
(2) 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.  
  
All identified sources of noncompliance have reached 100% compliance.

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

The monitoring for correction of each individual case of non-compliance identified in FFY 2018 was collected using the state's data system. Each individual case of noncompliance has been verified as corrected by including a transition conference date unless the child was no longer within the jurisdiction of the EIS program, i.e., the child has exited the state's Part C program due to age or other reasons.  
  
Out of the ten (10) individual files identified as the source for noncompliance, all ten files documented a conference meeting date, even though late. Part C Program conducts ongoing reviews of the state's data system to ensure continued compliance with this regulation.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

None

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 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 EDFacts Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

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

The measurement for this indicator states, Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)W. Currently, Wyoming uses Part C due process procedures and therefore this indicator is not applicable to the performance measurement as it is applied in the state system.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts 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.

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 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1 Mediations held | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 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 Early Intervention Council (ICC) and other various stakeholders in the development of state Part C rules and regulations, as well as, the policies to enforce those rules and regulations. The ICC consists of parents, local parent advocacy organizations, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.   
  
The ICC is tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July 2019 to review and determine targets for FFY 2019 and voted to maintain targets for this next reporting period. 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.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Data |  |  |  |  |  |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= |  |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 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 2019. 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

 

# 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:**

Kathy Escobedo

**Title:**

Early Intervention and Education Program Unit Manager

**Email:**

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**Submitted on:**

04/23/21 11:36:47 AM

# ED Attachments

  