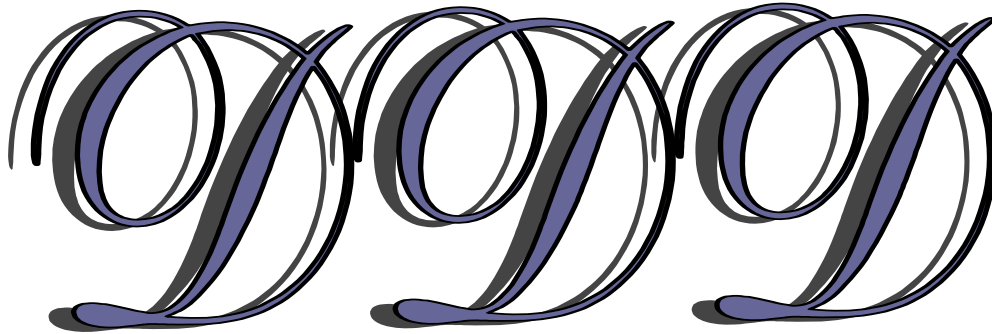


WYOMING DEPARTMENT of HEALTH
Developmental Disabilities Division



Annual Performance Report
February 1, 2011
April 18, 2011 Revised

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Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

The FFY 2009 Part C Annual Performance Report (APR) was developed by the Early Intervention and Education Program (EIEP) in the Developmental Disabilities Division (DDD) of the Wyoming Department of Health (WDH), in collaboration with the Early Intervention Council (EIC), the state's Interagency Coordinating Council (ICC), and local Child Development Center (CDC) Infants and Toddlers Programs.

In preparation for submission of the February 2011 APR, the WDH staff collected and analyzed data on Monitoring Priority Indicators #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, and 14 for FFY 2009 (July 1, 2009-June 30, 2010) from the statewide Part C database, WDH program reports, corrective action plans, on site monitoring activities, and State-level complaint investigations.

Stakeholder Input

The general supervision system for the WDH consists of multiple components. WDH works closely with stakeholders in the development of Part C rules and regulations as well as policies to enforce those rules and regulations. The EIC is charged with advising and assisting WDH in its development and implementation of Early Intervention Services throughout the state. The council consists of representatives from the following groups: parents, local parent advocacy organizations, the University of Wyoming, local providers, state legislators, public health and other state representatives. Regional CDC representatives serve as an additional stakeholder group with all Regional Part C programs represented. These two stakeholder groups provide input and recommendations into state rules and regulations, information identified and reported in the Annual Performance Report and the Indicators reported in the State Performance Plan.

A meeting was held on December 10, 2010 and January 13, 2011 with participants from the Wyoming Early Intervention Council. Input and recommendations were provided on the draft State Performance Plan and Annual Performance Report, which were distributed for review prior to each meeting.

Data Collection and Verification

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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local CDC staff. WDH and CDC staff generates reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Data for Indicator #4 was collected through the National Center for Special Education Accountability Monitoring (NCSEAM) Early Intervention survey of questions and sent to all families active in local Infants and Toddlers Programs, and was aggregated for reporting by a contractor with expertise in the development of the NCSEAM survey scoring rubric and the analysis of its results. This survey is the same survey that was used in FFY 2008.

Indicator #3 in the State Performance Plan (SPP) has been updated to include initial progress data for children who began receiving early intervention services since December 2005, received services for at least six months and exited the program by June 30, 2010. Evaluation and assessment data was collected from the Part C database, aggregated and reported by the database developer based on specifications consistent with OSEP reporting requirements.

New or revised improvement activities have been included in the FFY 2009 APR and SPP, and will be

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posted on WDH's website after submission. The current APR and SPP from FFY 2008 is posted on the WDH website <http://health.wyo.gov/ddd/earlychildhood/index.html>.

Onsite Monitoring

Onsite monitoring occurs for each of the fourteen CDC regions as issues are identified within a region as well as on a 3 year cycle. The monitoring protocol includes focus groups with Part C parents, the local Inter-Agency Coordinating Council, and Part C staff. The focus groups include questions around:

- O Natural Environments;
- O Timeliness of services;
- O Transition services;
- O Child Find;
- O Parent notification;
- O Input into the IFSP process; and
- O Parent complaint process

The monitoring protocol also includes an extensive review of files using file review forms developed by National Early Childhood Technical Assistance Center (NECTAC). During the onsite monitoring, at least 20% of the Part C files are reviewed using these forms. Prior to on-site monitoring visits, 100% of files are reviewed electronically to identify potential areas of non-compliance and/or distinguished work. Also, results of parent surveys which were distributed to all families enrolled in that region are reviewed by WDH staff.

Public Reporting

WDH reports information to the State's Interagency Coordinating Council and posts public announcements as needed for availability of information and the process to request copies.

WDH will post the state performance plan and the annual performance report for FFY 2009 on the WDH website: (<http://health.wyo.gov/ddd/earlychildhood/index.html>).

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

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.

FFY	Measurable and Rigorous Target
2005-2011	100% (cannot be less than 100%) for infants and toddlers with IFSPs who receive early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2009: 100% (153 divided by 153)

Target was met.

The State definition for “timely” is “**All Early Intervention services must be initiated within 30 days from when the parent provides consent for IFSP service.**”

For the submission of the APR FFY 2009, data was collected for this indicator by requesting all fourteen (14) regions to review 10% of their Part C files or ten (10) files whichever number was greater for FFY 2009 (July 1, 2009 to June 30, 2010). WDH requested they look at the date of the parent consent for services and when the service was actually provided. On the assessment tool, respondents were asked to answer if the services were delivered within thirty days of the parent approval and to indicate the reasons for delay. The CDC staff verified family-related reasons or IFSP team decision making for the legitimate initiation of services outside the 30-day timeline and the report was modified based on local review and the CDC validation.

Infants and Toddlers with IFSPs who receive Early Intervention Services in a Timely Manner:

a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	153
b. Total number of infants and toddlers with IFSPs	153
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100)	100%

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Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

All fourteen (14) Regional Child Development Centers (CDC) reviewed a total of one hundred and fifty three files (153) files. Of the files reviewed, one hundred and fifty (150) files showed children received services within thirty (30) days. An additional 3 files showed delays due to extreme family circumstances such as family rescheduling or canceling the receipt of services due to sickness or unavailability of the parent and/or child, zero (0) file showed a delay due to extreme weather circumstances.

Improvement Activities:

Improvement Activity 1:

1. WDH will continue to track this data regionally.

This data will be collected two ways:

1. In the Annual Self Assessment tool which monitors both compliance and performance indicators by having local staff review files. Programs are asked to review randomly selected files at a rate of 10% or 10 files whichever is greater for that Part C child count. These self assessments are collected in July of each year and cover the timeline for June 30th to July 1.

2. All CDCs in a given program year complete an additional Quarterly Self Assessment tool using the tool developed by NECTAC that was modified for Wyoming. The Quarterly Self Assessment tool is a shorter version of the Annual Self Assessment tool but does cover the compliance indicators. Through this activity, the WDH is able to identify possible non-compliance and to provide TA when a CDC has not held a standard of 100% compliance for this indicator

All activities were completed for FFY 2009.

Improvement Activity 4:

WDH completed a three-year cycle of monitoring reviews of all regions to validate data received in self-assessments and data submissions. Through these reviews, the WDH was able to assure the state the CDCs were correctly implementing the regulatory requirements and provide TA when it is not following the requirements.

All activities were completed for FFY 2009.

Improvement Activity 6:

Technical Assistance and training will be provided as needed to any CDC identified as out of compliance with the State's definition of timely early intervention services.

Ongoing

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 100%%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	0
2. Number of FFY 2008 findings the State verified as timely corrected (verified as corrected within one year from the date of notification to the EIS program of the finding)	0
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

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Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

N/A

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

The data from FFY 2008 APR showed a compliance rate of 100%. The data for FFY 2009 APR showed the compliance rate of 100%. The lack of slippage from the previous FFY compliance rate was due to:

- Technical assistance related to IFSP decision making, including determining appropriate services to meet the needs of children and families was provided to all CDC’s.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

N/A

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

N/A

1. Number of remaining uncorrected FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	0
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

N/A

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

N/A

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable)

N/A

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Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State’s Response
The State’s FFY 2008 reported data for this indicator are 100%. These data represent progress from the FFY 2007 data of 99%. The State met its FFY 2008 target of 100%. The State reported that the one finding of noncompliance identified in FFY 2007 was not corrected in a timely manner, but was subsequently corrected by February 1, 2010.	N/A
OSEP appreciates the State’s efforts in achieving compliance with the timely service provision requirements in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1).	The WDH will continue to monitor for 100% compliance using the updated web-base system.

The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
2011 (2011-2012)	100%
2012 (2012-2013)	100%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

The WDH has implemented a new data system in August of 2010. This data system will allow the CDCs to enter the documentation for this indicator within the web-based system and monitored by the WDH on a real-time basis. Due to this updated data collection, WDH will not request the regions to review 10% of their Part C files or ten (10) files whichever number was greater for FFY 2010 (July 1, 2010 to June 30, 2011) APR reporting. Instead the WDH will conduct a file review for this indicator using 10% of the files entered into the SEAS web-based system for purposes of the APR on May 1, 2011. This will be the date the WDH uses for identification of non-compliance within the state’s data collection. Subsequent data will be monitored after this date if any noncompliance is identified.

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Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 2: = Percent of Infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings.

Measurement:

Percent = 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.

FFY	Measurable and Rigorous Target
2005-2011	95%

Actual Target Data for FFY 2009: 100% (1107 divided by 1107)

Target was met.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Data was collected from the Wyoming Department of Health (WDH) database on all children reported in the December 1, 2009 child count. In order to determine the percent of children receiving services in their Natural Environment (NE), WDH added together the number of children served in the home and in community based settings divided by the total child count. Justifications for families not receiving services in their Natural Environment are documented in the database and were pulled from the December 2009 count to be analyzed.

Zero (0) files indicated that infants and toddlers and their families were receiving services in other settings.

The Wyoming Department of Health (WDH) monitored each CDC to ensure that IFSP teams make individualized decisions regarding the settings in which infants and toddlers receive early intervention services, in accordance with Part C Natural Environment requirements. Any services that were not placed in the Natural Environment but were still considered appropriate will be discussed and reconsidered by the IFSP team at the reviews of the IFSP on an ongoing basis.

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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability. WDH utilizes a database system to report on monitoring priority areas as well 618 data.

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Wyoming has exceeded the measureable and rigorous target of 95%.

In FFY 2008 the rate of compliance for the indicator was 99.72%. In FFY 2009 the compliance rate was 100%. The compliance rate for this indicator has increased by .28% for FFY 2009. There was no slippage for this indicator.

Improvement Activities:

Improvement Activity 2:

Self -Assessments will be conducted by each CDC annually, which will include a review of 10% of the charts or 10 files. Chart reviews will document where services are being provided and justifications for not providing services in the Natural Environments.

This activity is completed each July for the APR reporting.

Update: The WDH will be able to review the documentation of services through monitoring of the SEAS web-base system which features real-time data.

Improvement Activity 3:

WDH will provide technical assistance to the regions that were identified as having inadequate justifications on this indicator. Each CDC will submit a corrective action plan by *March 1st each year*.

WDH will request quarterly chart reviews to assess Natural Environments and justifications throughout the next year with the expectation that all justifications will be adequate for Natural Environments decision-making.

Improvement Activity 4:

Training will be available to all regions around the definitions of a Natural Environment, definitions of program settings that are identified in the WDH database and the benefits of providing services in the Natural Environment.

Ongoing TA

Improvement Activity 5:

All instances (100%) of individual student file noncompliance identified through monitoring must be corrected.

Data submissions will be checked monthly for noncompliance.

Improvement Activity 6:

When reviewing a database, the WDH will choose a specific point in time for the purpose of identifying noncompliance and review from that point in time back one year to previous point in time for identification of noncompliance. If there is any instance of noncompliance identified during that year, the WDH will have to issue a finding, unless the WDH has documentation that the noncompliance was corrected for both Prong 1 and Prong 2 before the finding was issued. In that case, the WDH could choose not to issue a finding. **To be conducted annually.** Date determined by WDH for purposes of identifying noncompliance when reviewing the data system.

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The WDH proposed targets for FFY 2009 and FFY 2010 on the February 2010 SPP. This year, the WDH proposes to add the following targets for FFY 2011 and FFY 2012 after consulting various stakeholder groups such as the state ICC and local providers.

FFY	Measurable and Rigorous Target Percent of Infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.
2011 (2011-2012)	95%
2012 (2012-2013)	95%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

N/A

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: 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)

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 (use for FFY 2009-2010 reporting):

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

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.

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Target Data and Actual Target Data for FFY 2009:

Summary Statements	Targets FFY 2009 (% of children)	Actual Data FFY 2009 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
1. 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 exited the program	42.55%	44.82%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	50.48%	47.86%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication)		
1. 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 exited the program	47.17%	48.55%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	53.00%	45.66%
Outcome C: Use of appropriate behaviors to meet their needs		
1. 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 exited the program	54.34%	54.70%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	54.16%	51.25%

The target for A-1 was met.

The target for A-2 was not met.

The target for B-1 was met.

The target for B-2 was not met.

The target for C-1 was met.

The target for C-2 was not met.

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Progress Data for Part C Children FFY 2009

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	2	0.29%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	275	40.50%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	77	11.34%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	148	21.80%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	177	26.07%
Total	N= 679	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	1	0.15%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	265	39.03%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	103	15.17%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	148	21.80%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	162	23.86%
Total	N= 679	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	1	0.15%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	235	34.61%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	95	13.99%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	190	27.98%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	158	23.27%
Total	N= 679	100%

Overview of Issue/Description of System or Process:

The processes used and data collection described in the FFY 2008 SPP remain the same for the FFY 2009 reporting period. The EIEP is using the ECO summary tool, Child Outcome Summary Form (COSF),

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and the criteria for defining “comparable to same-aged peers” is a child who is rated a six or seven on the COSF. A COSF is completed on all entering and exiting children to the Part C program.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2009-2010:

From FFY 2008 to FFY 2009, scores increased for Summary Statement 1 in all areas and decreased for Summary Statement 2 for all areas. Thus, while a gain in the percentage of children who increased their rate of growth from entry to exit was achieved, a gain in the percentage of children who exited with the skill level of same-age peers was not achieved. Most of the FFY 2009 scores are similar to the FFY 2008 scores.

The slippage in the percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned three or exited the program from the assigned targets can be attributed to the following reasons:

Six hundred and seventy nine (679) children exited the Part C Program in FFY 2009. During this timeframe, three hundred and seventy two (372) children were referred to the Part B Program and completed a COSF Transition Exit Form. In this percentage, the COSFs did not have ratings within the target range for Statement 2. The ratings of these 54.7% (372/679) COSF exit forms reflect characteristic of children still eligible for services. Because of this percentage of COSF exit ratings are over half of the overall ratings used in the data, the target for Statement 2 was not reached across the Outcomes in Statement 2 as demonstrated in Table 1: Overall Result. Within this same six hundred and seventy nine (679) COSF exit form ratings, three hundred and seven (307) exited the Part C program without a referral to special education. This subset of children had COSF exit ratings of 6-7 for Statement 2 Outcomes A, B and C that exceeded the target.

Table 1: Overall Results

Results for Students who Started in Part C and then Exited Part C with Scores of 6 or 7 (are at age-level)	# Children	Positive Social-Emotional Skills	Acquiring and Using Knowledge and Skills	Taking Appropriate Action to Meet Needs
Initial in Part C to Exit from Part C	307	74%	77%	76%
Initial in Part C to Transition to Part B	372	26%	20%	31%

Improvement Activities:

Improvement Activity 2:

Training was provided during the August 14-16, 2006 Pre-service Conference with assistance from NECTAC. Following the training, the Child Outcome Summary Form (COSF) was revised to include the Decision Tree developed by the ECO Center. In addition a technical assistance document titled “Frequently Asked Questions (FAQ 1)” was posted on the WDH website to assist CDC staff in completing the COSF. WDH will continue to provide training and “Guidance Documents” as needed to ensure data gathered is consistent across the State. This activity will improve the quality of the data collected to accurately reflect the level rating that a child has when exiting the Wyoming Part C program.

Ongoing, T.A. is provided to the regional CDCs by WDH staff annually and when identified through monitoring activities as out of compliance.

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Improvement Activity 3:

Evaluate the success of each region in the implementation of the state approved tools and ECO Child Outcomes Summary Form. Provide TA when needed. This activity will improve the quality of the data collected to accurately reflect the level rating that a child has when exiting the Wyoming Part C program.

Ongoing assessment of each region's data is conducted annually by WDH staff, Data Driven Enterprises and local CDC staff in early January.

Improvement Activity 4:

Provide training in curriculum based assessments and the utilization of curriculums in Part C programs to encourage best practices in the CDCs. This activity will improve the quality of programs and services in order to improve the children's outcomes.

This activity is conducted annually as needed.

Improvement Activity 6:

Collect entry data on children entering 2006-2007 and exit data on Children exiting 2006-2007. Report on 2008 APR the progress made for children that entered 2005-2006 and exited 2006-2007 that were in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a), and (c) percent of children who do not improve functioning. Set targets for 2009 and 2010. Report data to the local CDC and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. This activity will improve the quality of programs and services in order to improve the children's outcomes.

This activity was completed. WDH will report to the public in June of each year.

Improvement Activity 7:

Collect entry data on children entering 2007-2008 and exit data on children exiting 2007-2008. Report on 2009 APR the progress made for children that exited 2007-2008 that have both entry and exit data collected and have been in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a) and (c) percent of children who do not improve functioning. Compare data to previously set targets, describe progress or slippage, and make any needed adjustments to targets. Report data to the local regions and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. This activity will improve the quality of programs and services in order to improve the children's outcomes.

This activity was completed for the FFY 2009 APR.

Improvement Activity 8:

Collect entry data on children entering 2008-2009 and exit data on children exiting 2008-2009. Report on 2010 APR the progress made for children that exited 2008-2009 that have both entry and exit data collected and have been in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a) and (c) percent of children who do not improve functioning. Compare data to previously set targets, describe progress or slippage, and make any needed adjustments to targets. Report data to the local CDCs and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of

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demonstrating progress on child outcomes. FFY 2009 data will be disaggregated by race/ethnicity, disability category, and Regional CDCs to determine any areas of strengths or concerns. Report data to the public. This activity will improve the quality of programs and services in order to improve the children’s outcomes.

This activity is ongoing, the WDH will report to the public in June of each year.

The WDH targets for FFY 2009 and FFY 2010 were set and approved for the February 2010 SPP. This year, the WDH proposes to add the following targets for FFY 2011 and FFY 2012 after consulting various stakeholder groups such as the state ICC and local providers.

	Positive Social-Emotional Skills			
FFY	2009-10	2010-11	2011-12	2012-13
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited.	42.55%	43.05%	43.05%	43.15%
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	50.48%	50.98%	50.98%	51.08%
	Acquiring and Using Knowledge and Skills			
FFY	2009-10	2010-11	2011-12	2012-13
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited.	47.17%	47.67%	47.67%	47.77%
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	53.00%	53.50%	53.50%	53.60%
	Taking Appropriate Action to Meet Needs			
FFY	2009-10	2010-11	2011-12	2012-13
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited.	54.34%	54.84%	54.84%	55.94%
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	54.16%	54.66%	54.66%	54.76%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2009-2010:

N/A

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: 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 USC 1416(a) (3) (A) and 1442)

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.

Target Data and Actual Target Data for FFY 2009:

Target Data and Actual Target Data	FFY 2009 Target	FFY 2009 Actual	
A. Know their rights	94.5%	417/430	96.97%
B. Effectively communicate their children's needs	94.5%	414/430	96.27%
C. Help their children develop and learn	94.1%	411/430	95.58%

The target for A. was met.

The target for B. was met.

The target for C. was met.

The purpose of the family outcome survey is to assist the WDH in determining how 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. The survey data will assist the WDH in tailoring early intervention services and will result in positive outcomes for families as well as improved outcomes for children.

During FFY 2009, 1,107 children were enrolled in the Part C program; thus, the estimated response rate is 38.8% (430/1107). However, not all of these children were enrolled in the program for at least six months, so the response rate represents a conservative estimate of the actual response rate.

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To arrive at the percent of parents who report that Early Intervention services have helped them achieve each of the three areas, a “percent of maximum” scoring procedure was used. A “percent of maximum” score based on two items for area A, six items for area B, and four items for area C was calculated. Each survey respondent received a percent of maximum score for each of these three areas. A respondent who rated early intervention services a “6” (Very Strongly Agree) on each item for a given target area received a 100% score for that target area; a respondent who rated early intervention services a “1” (Very Strongly Disagree) on each item for a given target area received a 0% score. A respondent who rated early intervention services a “4” (Agree) on each item for a given target area received a 60% score for that target area. (Note: a respondent who **on average** rated their experiences a “4”, e.g., a respondent who rated 8 items a “4,” 9 items a “3” and 9 items a “5,” would also receive a percent of maximum score of 60 %.) A parent who has a percent of maximum score of 60% or above was identified as one who met each of the three target areas. A 60% cut-score represents a family who is slightly more positive than “agree,” i.e., the family has to have “strongly agreed” with at least one other item.

The items used to arrive at a score for each area are listed in Display 4-2.

Display 4-2: Items Used to Calculate a Score for Each Area**A. Know their rights**

Over the past year, Early Intervention services have helped me and/or my family:

13. Understand how the Early Intervention system works.
19. Know about my child’s and family’s right concerning Early Intervention services.

B. Effectively communicate their children's needs

Over the past year, Early Intervention services have helped me and/or my family:

2. Know about services in the community
6. Get the services that my child and family need
12. Feel that I can get the services and supports that my child and family need
14. Be able to evaluate how much progress my child is making
17. Communicate more effectively with the people who work with my child and family
21. Understand my child's special needs

C. Help their children develop and learn

Over the past year, Early Intervention services have helped me and/or my family:

4. Know where to go for support to meet my child’s needs.
7. Feel more confident in my skills as a parent.
9. Make changes in family routines that will benefit my child with special needs.
20. Do things with and for my child that are good for my child’s development.

Reliability and Validity

The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of children in the Part C system in Wyoming. This comparison indicates the results are representative by geographic region where the child receives services; parents from each region responded to the survey. In addition, results are representative by race/ethnicity. For example, 80% of the parents who returned a survey indicated that their children are white, and 82% of Part C children are white; 6% of parents who returned a survey indicated that their children are Hispanic and 9% of Part C children are Hispanic. Furthermore, 41% of the parents who returned a survey indicated that their child received speech/language services, and 50% of Part C children are receiving these services.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

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As indicated in Display 4-3, scores decreased slightly for all areas. Possible reasons for the decrease are an increased focus of the Part C programs on parent involvement. Detailed survey results are provided to each Part C region, and they pay attention to the results.

Stakeholders developed targets for this indicator and means for improvement were discussed and Implemented so that the CDCs can increase the rate of return for parent surveys i.e.; introducing the survey at the initial IFSP, providing an envelope to the parents for return to the CDC to protect confidentiality and putting the survey on the WDH website (<http://www.health.wyo.gov/ddd>) for parents to access.

Display 4-3: Percent of families who state that the Early Intervention Program has helped them, Results Over Time

	A. Know their rights				B. Effectively communicate their child's needs				C. Help their child develop and learn			
	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2006	FFY 2007	FFY 2008	FFY 2009
Number of families who received a score for a given area	348	311	396	430	349	311	396	430	349	311	396	430
Number of families who said early intervention services helped them	335	299	387	417	333	298	383	414	333	299	385	411
Percent of families who said early intervention services helped them	96.26%	96.10%	97.70%	96.91%	95.42%	95.80%	96.70%	96.22%	95.42%	96.10%	97.20%	95.51%

Improvement Activities:

Improvement Activity 2:

Evaluate how the process is working and determine any obstacles that regions are facing in administering the survey to families.

Ongoing, completed during CDC’s Directors Meeting and all future meetings with CDC staff when indicated especially during APR report development and pre-service for local CDCs.

Improvement Activity 3:

Report on data collected from July 1, 2009 to June 30, 2010. Data will be reported to the public and local regions. From the data collected, stakeholders will develop targets and discuss means for improvement. Data and targets will be reported in the 2009 *SPP*.

Improvement Activity 4:

Report FFY data on parent survey results in all future APRs and report to the public (State ICC each year). This activity was conducted in November 2010 for the state ICC and CDC Directors and will be posted on the WDH website.

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Improvement Activity 6:

Collect entry data on children entering 2006-2007 and exit data on Children exiting 2006-2007. Report on 2009 APR the progress made for children that entered 2005-2006 and exited 2006-2007 that were in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a), and (c) percent of children who do not improve functioning. Set targets for 2010 and 2011.

Completed in December of 2010 and posted on the WDH website.

Improvement Activity 7:

Report data to the local CDC and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes.

The report was submitted by Data Driven Enterprises to CDCs in November 2010 and posted on the WDH website. Discussion will be ongoing between the WDH, Data Driven Enterprises, the CDCs and other consultants on future improvement activities.

The WDH targets for FFY 2009 and FFY 2010 were set and approved for the February 2010 SPP. This year, the WDH proposes to add the following targets for FFY 2011 and FFY 2012 after consulting various stakeholder groups such as the state ICC and local providers.

Target	FFY 2010 Target	FFY 2011 Target	FFY 2012 Target
A. Know their rights	95.5%	95.5%	95.6%
B. Effectively communicate their children’s needs	95.5%	95.5%	95.6%
C. Help their children develop and learn	95.1%	95.1%	95.2%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2009-2010:

N/A

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Monitoring Priority: Effective General Supervision Part C/ Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Measurement: Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
2009	To exceed the national baseline of infant and toddlers birth to 1 with IFSPs as compared to national data. The national baseline for the single day count between 10/1-12/1/2009 was 1.03%.

Actual Target Data for FFY 2009: 1.83% (150 divided by 8,200)

Target was met.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Data was collected from the Wyoming Department of Health (WDH) database on all children reported in the December 1, 2009 child count. This number was divided by the population of infants and toddlers birth to one. The National baseline source was taken from the US Department of Education, OSEP, Data Analysis System “Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C” 2009. Data updated as of August 3, 2010.

In FFY 2009, the percentage of eligible children birth to one (1) years of age was 1.83% (150 divided by 8,200). This was a slippage of 0.04% from the previous 2008 APR target. The WDH did initiate a focus monitoring of child find activities for the state in this age range during FFY 2009. In response to this monitoring, in July of 2008, a stakeholder group that included the State Inter-agency Coordinating Council (EIC) decided to revise the target for this indicator so that it stated the target percentage would “exceed” the National percentage of infants and toddlers birth to one who has an IFSP. The state of Wyoming has consistently been ahead of the National average for this indicator and felt that this revision would more accurately achieve the intent of this indicator with respect to child find activities. The Wyoming Department of Health (WDH) will continue to monitor child find and evaluation activities for their effectiveness.

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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Referral Sources:

In FFY 2009, the total amount of referrals for the birth to one age range to Part C programs throughout the year decreased from four hundred and forty three (443) infants and toddlers in FFY 2008 to four hundred and thirty six (436) in FFY 2009. Referrals from parents accounted for 29.45% out of the four hundred and

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thirty six referrals or one hundred and twenty eight (128) referrals. The next highest percentages of referrals came from other agencies with 27.47% or one hundred and twenty (120) referrals.

Referral Source Trend Data for Infants and Toddlers Birth to One			
	FFY 2007	FFY 2008	FFY 2009
Physicians	25.47%	25.73%	21.54%
Parents	34.58%	34.99%	29.45%
Other Agencies	22.36%	22.57%	27.47%
Hospitals	9.11%	8.35%	6.37%
Public Screenings	8.49%	8.35%	15.16%
Number of Referrals	<u>483</u>	<u>443</u>	<u>436</u>

Improvement Activities:

Improvement Activity 1:

Provide education to physicians throughout the state about Part C services. Completed in FFY 2006.

As the percentage of children 0-1 with an IFSP varies significantly from CDC to CDC, this improvement activity had been extended through FFY 2010.

Ongoing

Improvement Activity 2:

Annual Conference in August 2006. Discuss with Family Service Coordinators the need for increased outreach to their local physicians and identify any barriers that they may be facing. Brainstorm ideas of how to improve referrals from the local physicians and follow up with FSCs at the next Annual Conference.

As the percentage of children 0-1 with an IFSP varies significantly from CDC to CDC, this improvement activity had been extended through FFY 2010.

This activity is ongoing, completed annually by August.

Improvement Activity 3:

WDH will continue to work with DFS to develop an agreement that will ensure that a process exists to streamline and increase the number of referrals coming from DFS offices around the State.

Ongoing membership in the State ICC.

Improvement Activity 4:

Work with local inter-agency Coordinating councils to ensure that a representative from DFS is participating in the meetings and encourage local inter-agency agreements to be completed.

This activity is ongoing.

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Improvement Activity 5:

Continue to evaluate the promotional “One before Two” program and track the number of screenings completed for children from birth to one year of age.

This activity is conducted annually.

Improvement Activity 6:

Provide educational materials in Spanish to ensure information is being outreached to the Spanish Speaking populations throughout the state.

This activity is ongoing by posting these materials on the WDH EIEP website.

Improvement Activity 7:

WDH will monitor for this indicator through the new SEAS database and during on site reviews to identify any concerns within those regions falling below the WDH target for serving children birth through one.

This activity is ongoing.

Improvement Activity 8:

During the FFY 2009, the state ICC formed a committee to review the challenges of referrals from the NICU Units outside the state to local CDCs. During the review a new ‘Child Development Center (CDC)’ map was developed to give to local and out of state primary referral sources to improve the referral process. The map clarifies the referral process, where the CDCs are located, and the areas of the state that they serve. The maps were distributed to these referral sources and published on the WDH website.

This activity was completed in 2010.

Improvement Activity 9:

WDH will attend a statewide initiative for the “Special Quest” organization. During this statewide meeting, several organizations dealing with early child care will attend. A plan will be developed to distribute the Special Quest materials around the state and to the local ICCs. These materials will include DVDs and posters on inclusion.

This activity was completed in 2010.

The WDH targets for FFY 2009 and FFY 2010 were set and approved for the February 2010 SPP. This year, the WDH proposes to add the following targets for FFY 2011 and FFY 2012 after consulting various stakeholder groups such as the state ICC and local providers.

FFY	Measurable and Rigorous Target Percent of infants and toddlers birth to 1 with IFSPs compared to National data.
2011 (2011-2012)	To exceed the national baseline of infant and toddlers birth to 1 with IFSPs as compared to national data.
2012 (2012-2013)	To exceed the national baseline of infant and toddlers birth to 1 with IFSPs as compared to national data.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

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Monitoring Priority: Effective General Supervision Part C/ Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to National data.

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

Measurement: Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2009	To exceed the national baseline of infant and toddlers birth to 3 with IFSPs as compared to national data. The national baseline for the single day count between 10/1-12/1/2009 was 2.67%.

Actual Target Data for FFY 2009: 4.46% (1,107 divided by 24,844)

Target was met.

Data was collected from the Wyoming Department of Health (WDH) database on all children reported in the December 1, 2009 child count. This number was divided by the population of infants and toddlers birth to three. The National baseline source was taken from the Table C-13 of www.ideadata.org 11/17/2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The total percentage of children birth to three receiving services In FFY 2008 was 4.59%.The number of children birth to three receiving services decreased to 4.46% in FFY 2009..This is a slippage of 0.13% The WDH did initiate a focus monitoring of child find activities for the state in this age range during FFY 2008. In response to this monitoring, in July of 2008, a stakeholder group that included the State Inter-agency Coordinating Council (EIC) decided to revise the target for this indicator so that it stated the target percentage would “exceed” the National baseline of infants and toddlers birth to three who has an IFSP. The state of Wyoming has consistently been ahead of the National average for this indicator and felt that this revision would more accurately achieve the intent of this indicator with respect to child find activities. The Wyoming Department of Health (WDH) will continue to monitor child find and evaluation activities for their effectiveness.

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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

The chart “Referral Source Trend Data for Infants and Toddlers Birth to Three” details the referrals of children to Part C services for FFYs 2006 to 2009:

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Referral Source Trend Data for Infants and Toddlers Birth to Three	FFY 2006	FFY 2007	FFY 2008	FFY 2009
Physicians	17.0%	22.06%	18.75%	17.40%
Parents	34.1%	37.39%	39.29%	37.93%
Other Agencies	26.7%	22.45%	22.37%	22.06%
Hospitals	6.6%	5.34%	4.21%	3.54%
Public Screenings	15.5%	12.76%	15.37%	19.07%
Number of Referrals	<u>1630</u>	<u>1011</u>	<u>1685</u>	<u>1437</u>

Improvement Activities:

Improvement Activity 1:

Provide education to physicians throughout the state about Part C services.

This activity was first completed in 2006.

As the percentage of children 0-1 with an IFSP varies significantly from CDC to CDC, this improvement activity had been extended through FFY 2010.

This activity is ongoing.

Improvement Activity 2:

Discuss with Family Service Coordinators the need for increased outreach to their local physicians and identify any barriers that they may be facing. Brainstorm ideas of how to improve referrals from the local physicians and follow up with FSCs at the next Annual Conference 2008.

This activity was completed in FFY 2008.

In order to ensure that the State continues to reach the established targets, this activity has been extended to 2011.

Ongoing

Improvement Activity 3:

WDH will continue to work with DFS to develop an agreement that will ensure that a process exists to streamline and increase the number of referrals coming from DFS offices around the State.

DFS and WDH will continue to work on this process.

Improvement Activity 4:

Work with local inter-agency Coordinating councils to ensure that a representative from DFS is participating in the meetings and encourage local inter-agency agreements to be completed.

DFS has as ongoing membership in State ICC.

Improvement Activity 5:

Continue to evaluate the Promotional “One before Two” program and track the number of screenings completed for children from birth to three.

Ongoing

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Improvement Activity 6:

Provide educational materials in Spanish to ensure information is reaching the Spanish speaking populations throughout the state.

These materials were posted on the WDH EIEP website.

Improvement Activity 7:

WDH will monitor for this indicator through the new SEAS database and during on site reviews to identify any concerns within those regions falling below the WDH target for serving children birth through three.

This activity will occur monthly during the year by the WDH staff.

Improvement Activity 8:

During the FFY 2009, the state ICC formed a committee to review the challenges of referrals from the NICU Units outside the state to local CDCs. During the review a new ‘Child Development Center (CDC)’ map was developed to give to local and out of state primary referral sources to improve the referral process. The map clarifies the referral process, where the CDCs are located, and the areas of the state that they serve. The maps were distributed to these referral sources and published on the WDH website.

This activity was completed in FFY 2009.

Improvement Activity 9:

WDH will attend a statewide initiative for the “Special Quest” organization. During this statewide meeting, several organizations dealing with early child care will attend. A plan will be developed to distribute the Special Quest materials around the state and to the local ICCs. These materials will include DVDs and posters on inclusion.

This activity was completed in FFY 2009.

The WDH targets for FFY 2009 and FFY 2010 were set and approved for the February 2010 SPP. This year, the WDH proposes to add the following targets for FFY 2011 and FFY 2012 after consulting various stakeholder groups such as the state ICC and local providers

FFY	Measurable and Rigorous Target Percent of infants and toddlers birth to 3 with IFSPs compared to National data.
2011 (2011-2012)	To exceed the national baseline of infant and toddlers birth to 3 with IFSPs as compared to national data.
2012 (2012-2013)	To exceed the national baseline of infant and toddlers birth to 3 with IFSPs as compared to national data.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

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Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and 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)

Measurement:
 Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of infants and toddlers with IFSPs 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.

FFY	Measurable and Rigorous Target
2005-2011	100% of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45 day timeline.

Actual Target Data for FFY 2009: 99.6% (951 divided by 955)

Target was not met.

In FFY 2009 (July 1, 2009 to June 30, 2010), the review of the WDH database showed that of the initial IFSPs, 99.6%, (951/955) were conducted within the timeline or had acceptable justifications when evaluations were not conducted within the timeline. The following chart lists the justifications for the one hundred and eight (108) delays that were considered acceptable out of the one hundred and twelve (112) IFSP meetings that were delayed beyond forty-five days after referral:

The State did not conduct timely evaluations, assessments, and initial IFSP meetings for the following reasons:	
Family scheduling or canceling the evaluation	80
Sickness or unavailability of the parent and/or child	25
Translator /Evaluators not available	3
Total	108

The remaining four, (951-955 =4) of the justifications reviewed did not contain acceptable explanations for the delay beyond the forty-five day timeline. These reasons included the CDC not documenting a justification or explaining the delay due to the FSC as being new and not knowing the timeline in one particular CDC.

Even though the timeline between the referral and the date of the IFSP is more than forty-five days, all of the files out of compliance did hold an IFSP meeting and the meetings were documented within the state

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data system. When reviewing a database, the WDH chose a specific point in time for the purpose of identifying noncompliance and review from that point in time back one year to previous point in time for identification of noncompliance. There were not any more instances of noncompliance identified during that year. The WDH verified that the CDC program is currently correctly implementing the specific regulatory requirement.

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 collected at referral and Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

This actual target data is an increase of 1.1% to 99.6% in FFY 2009 APR (July 1, 2009 to June 30, 2010), from the FFY 2008 (July 1, 2008 to June 30, 2009) APR of 97.7%; Wyoming is very close to the measurable and rigorous target of 100%. Data was collected from the Wyoming Department of Health (WDH) database. It included documented timeframes on all children with an initial IFSP within this time period and written justification for not meeting the required forty five day timeline. WDH validated the indicator data during CDC monitoring reviews and the review of the data by desk audit using the enhanced general supervision system.

All CDCs that had children whose initial IFSP meeting was not held within the forty five days due to CDC reasons were required to complete the IFSP meeting. Timely correction of this noncompliance was ensured through the enhanced general supervision system.

Although this indicator target did improve, the State recognizes that this indicator requires a compliance rate of 100% and will continue to work to improve it's compliance in this area.

Improvement Activities:Improvement Activity 3:

WDH will continue to track this data regionally.

This data will be collected annually through the self- assessment process as well as completing four to five Regional monitoring reviews yearly to validate data already submitted and increase number of files reviewed. All CDCs will be monitored every three years or focus driven monitoring when a need is identified. Technical assistance will be made available as needed.

Ongoing

Update: WDH has implemented a new data system which collects real time data for the timeliness of services. This data will now be monitored through the SEAS data system.

Improvement Activity 5:

All instances (100%) of individual student file noncompliance identified through monitoring must be corrected.

Ongoing in monthly data reviews.Improvement Activity 6:

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When reviewing a database, the WDH will chose a specific point in time for the purpose of identifying noncompliance and review from that point in time back one year to previous point in time for identification of noncompliance. If there is any instance of noncompliance identified during that year, the WDH would have to issue a finding, unless the WDH has documentation that the noncompliance was corrected for Prong 1 before the finding was issued. In Prong 2 the WDH will verify that the CDC program is currently correctly implementing the specific regulatory requirement. In that case, the WDH could choose not to issue a finding.

This activity will be ongoing in the annual data review for noncompliance.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 97.7%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1,2008, through June 30,2009)	20
2. Number of FFY 2008 findings the State verified as corrected (corrected within one year from the date of notification to the EIS program of the finding)	20
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

All CDCs that had children whose initial IFSP meeting was not held within the forty five days due to CDC reasons were required to complete the IFSP meeting. Timely correction of this noncompliance was ensured through the enhanced general supervision system.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

When reviewing a database, the WDH chose a specific point in time for the purpose of identifying noncompliance and review from that point in time back one year to previous point in time for identification of noncompliance. There was not any instance of noncompliance identified during that year. The WDH verified that the CDC program is currently correctly implementing the specific regulatory requirement. No compliance issues for this indicator were identified in this subsequent data submission.

Part C State Annual Performance Report (APR) for FFY 2009

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State’s Response
<p>When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) (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) FFY 2008 SPP/APR Response Table Wyoming Page 3 of 8, has conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP 2008 (OSEP Memo 09-02). In the FFY 2009 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>The twenty files (20) considered out of compliance in the FFY 2008 APR has achieved 100% compliance. The twenty files out of compliance did hold an IFSP meeting although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP 2008 (OSEP Memo 09-02).</p> <p>When reviewing a database, the WDH chose a specific point in time for the purpose of identifying noncompliance and review from that point in time back one year to previous point in time for identification of noncompliance. There was not any instance of noncompliance identified during that year. The WDH verified that the CDC program is currently correctly implementing the specific regulatory requirement.</p> <p>The standard for correction in FFY 2009 had been a compliance of at least 95% for the FFY 2008-09 identified noncompliance findings for this indicator. In the Verification letter sent to Wyoming dated February 2, 2011, it was reported to the state that it had incorrectly held a standard of 95% threshold that was inconsistent with OSEP Memo 09-02 requirement. Wyoming has sent with this revised APR, assurances that it will correctly implementing(1) 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) (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) FFY 2008 SPP/APR Response Table Wyoming Page 3 of 8, has conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP 2008 (OSEP Memo 09-02). In FFY 2011 APR the state will send evidence that it has taken steps to verify specific noncompliance achieved 100% compliance based on a review of updated data and that the EIS program is correctly implementing the specific regulatory requirements.</p>

Part C State Annual Performance Report (APR) for FFY 2009

<p>If the State does not report 100% compliance in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>The state has reported 99.6% compliance in FFY 2009. This is an improvement from FFY 2008 APR.</p>
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The WDH targets for FFY 2009 and FFY 2010 are on the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target
<p>2011 (2011-2012)</p>	<p>100%</p>
<p>2012 (2012-2013)</p>	<p>100%</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8A: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

A IFSPs with transition steps and services
(20 U.S.C. 1416(a) (3)(B) and 1442)

Measurement:

Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.

FFY	Measurable and Rigorous Target
2005-2011	100% children exiting Part C will have an IFSP with transition steps and services divided by # of children exiting Part C.

Actual Target Data for FFY 2009: 93% (664 divided by 715)

Target was not met.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

In FFY 2009, (July 1, 2009 to June 30, 2010), nine hundred fifty six (956) children exited Part C for a variety of reasons. Of the nine hundred fifty six (956) who exited the Part C program for FFY 2009, sixty two (62) were withdrawn by parent before a plan could be developed and one was deceased (956-63 =893). Also, seventy three cases were dropped from the Part C program due to the parents no longer making the child available for services (893-73 =820).Of the remaining eight hundred and twenty children, one hundred and five completed their IFSP before reaching the age of two, leaving a total of seven hundred and fifteen who should have received timely planning to support the child’s transition to preschool and other appropriate community services by their third birthday (820 – 105=715).Of the seven hundred and fifteen child files that contained a exit reason of “completing the IFSP before maximum age”, who had already turned two, six hundred and sixty four (664) had an IFSP with appropriate transition steps and services required under IDEA Section 636 (a) (3) and (d)(8). Fifty one files (51) did not contain documentation of a transition plan in the IFSP (664/715=93%)

Children Exiting Part C who Received Timely Transition Planning:

c. Number of children exiting Part C who have an IFSP with transition steps and services	664
d. Number of children exiting Part C	715
Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday (Percent = [(a) divided by (b)] times 100)	93%

Part C State Annual Performance Report (APR) for FFY 2009

In sub-indicator 8A, the compliance was 97.7% in FFY 2008 APR. In FFY 2009 APR, the compliance rate for this sub-indicator was 93%. This is a decrease of 4.9%. It is believed that this decrease is due to the documentation of the data which is now required in the state data system. In the past data collection for previous APRs, Regionally CDC were not required to document this activity for all eligible children for transition steps and services even if the IFSP was completed before the child turned two in the statewide data system.

Improvement Activities:

Improvement Activity 3:

Ongoing monitoring for this indicator will occur through the WDH database. A quarterly review of the database will occur to identify any potential noncompliance within a CDC so that any concerns can be resolved or corrected within a timely manner.

Update: WDH will be able to collect real time data for all Regions through the SEAS web-base system.

Ongoing

Improvement Activity 5:

The WDH will revise and continue to monitor the data collection system in order to:

- Improve data collection
- Improve systems administration and monitoring
- Clarify and develop policies and procedures in the development of transition steps and services
- Improve collaboration and coordination of transition services.

This activity will occur monthly through data reviews and quarterly through self assessments.

Improvement Activity 6:

WDH will collaborate and develop an MOU, with the Wyoming Department of Education (WDE), for the referral process of “Part B” eligible children as determined by the Regional CDCs and the WDH into the Part B (619) program.

To Be Developed by FFY 2010.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 90.33%

7. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	1
8. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	1
9. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

10. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
11. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
12. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

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Actions Taken if Noncompliance Not Corrected:

N/A

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

When reviewing a database, the WDH chose a specific point in time for the purpose of identifying noncompliance and review from that point in time back one year to previous point in time for identification of noncompliance. There was not any instance of noncompliance identified during that year. The WDH verified that the CDC programs are currently correctly implementing the specific regulatory requirement. No compliance issues for this indicator were identified in this subsequent data submission.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

The WDH verified that the CDC program is currently correctly implementing the specific regulatory requirement through monthly data submissions and quarterly self directed file reviews. No compliance issues for this indicator were identified in these subsequent data submission.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

N/A

4. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	0
5. Number of remaining FFY 2007 findings the State has verified as corrected	0
6. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

N/A

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

N/A

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State’s Response
<p>Because the State reported less than 100% compliance for FFY 2008, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p>	<p>The fifteen files found out of compliance by one program were given a corrective action plan to complete. There were not any continuing instances of noncompliance identified during the remaining FFY 2008 for this region. The WDH verified that the CDC program was correctly implementing the specific regulatory requirement. The WDH implemented a Corrective Action Tracker that allows for all of the findings identified through monitoring to be entered into a database and tracked manually by one identified staff member in the WDH office. Information from the Corrective Action Tracker was reviewed to ensure follow-up and planned steps are completed on time. No further compliance issues for this sub-indicator were identified in subsequent data review.</p>
<p>When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing 34 CFR §§303.148(b)(4) and 303.344(h) (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 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 State’s Part C program due to age or other reasons), consistent with OSEP Memo 09-02. In the FFY 2009 APR, the State must describe the specific actions that</p>	<p>The fifteen files (15) reported out of compliance in FFY 2008 were no longer in the CDC jurisdiction so a review of a reasonable subset of subsequent data was monitored for correction. The WDH, through the monthly data submissions, verified that the CDC program was currently implementing the specific regulatory requirement. TA was provided to all CDCs during the FFY 2009 for all compliance indicators.</p> <p>The standard for correction in FFY 2009 had been a compliance of at least 95% for the FFY 2008-09 identified noncompliance findings for this indicator. In the Verification letter sent to Wyoming dated February 2, 2011, it was reported to the state that it had incorrectly held a standard of 95% threshold that was inconsistent with OSEP Memo 09-02 requirement. Wyoming has sent with this revised APR, assurances that it will correctly implementing 34 CFR §§303.148(b)(4) and 303.344(h) (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 developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of</p>

Part C State Annual Performance Report (APR) for FFY 2009

	<p>the EIS program (i.e., the child has exited the State’s Part C program due to age or other reasons), consistent with OSEP Memo 09-02. In FFY 2011 APR the state will send evidence that it has taken steps to verify specific noncompliance achieved 100% compliance based on a review of updated data and that the EIS program is correctly implementing the specific regulatory requirements.</p>
<p>If the State does not report 100% compliance in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>The state will review the current SPP activities for this sub-indicator and revise them.</p>

The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

<p>FFY</p>	<p>Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A IFSPs with transition steps and services</p>
<p>2011 (2011-2012)</p>	<p>100%</p>
<p>2012 (2012-2013)</p>	<p>100%</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):
N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8B: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

A Notification to LEA, if child potentially eligible for Part B;
(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
2005-2011	100% children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B.

Actual Target Data for FFY 2009: 100% (438 divided by 438)

Target was met.

Children Exiting Part C who Received Timely Transition Planning (Notification to LEA):

e. Number of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred	438
f. Number of children exiting Part C who were potentially eligible for Part B	438
Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday (Notification to LEA) (Percent = [(a) divided by (b)] times 100)	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

In FFY 2009, (July 1, 2009 to June 30, 2010), there were four hundred and thirty eight (438) children exiting Part C and potentially eligible for Part B who had referrals greater than ninety days before the child turned three. The LEA received notification for four hundred and thirty eight or 100% (438/438) of those children. The children potentially eligible for Part B were identified to the Regional Directors by Part C staff. All children who are potentially eligible for Part B are designated as potentially “Part B eligible” in the WDH enhanced database. This data was taken from the time period of July 1, 2009 to June 30, 2010.

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Improvement Activities:

Improvement Activity 3:

Ongoing monitoring for this indicator will occur through the WDH database. A quarterly review of the database will occur to identify any potential noncompliance within a CDC so that any concerns can be resolved or corrected within a timely manner. Beginning in May 2007, WDH will be able to collect real time data for all Regions through the new Citrix Server.

Update: WDH will be able to collect real-time data for all Regions through the SEAS web-base system.

Ongoing monthly reviews.

Improvement Activity 5:

The WDH will revise and continue to monitor the data collection system in order to:

- Improve data collection
- Improve systems administration and monitoring
- Clarify and develop policies and procedures in the development of transition steps and services
- Improve collaboration and coordination of transition services.

Ongoing monthly reviews.

Improvement Activity 6:

WDH will collaborate and develop an MOU, with the Wyoming Department of Education (WDE), for the referral process of “Part B” eligible children as determined by the Regional CDCs and the WDH into the Part B (619) program.

To Be Developed by FFY 2010.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 90.3%

13. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	40
14. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	40
15. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

16. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
17. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
18. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

N/A

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

In sub-indicator 8B, Wyoming had a compliance rate of 90.33% in FFY 2008. In this sub-indicator, forty files (40) were identified as being out of compliance (414-374=40). The Early Intervention and Education Program had improperly held a standard for compliance that was not correct for this sub-indicator. All CDCs had properly notified the LEA through the use of the state wide data system and should not have been counted against the compliance of 100%.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

N/A

7. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	0
8. Number of remaining FFY 2007 findings the State has verified as corrected	0
9. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

N/A

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

N/A

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

N/A

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State’s Response
The State must demonstrate, in the FFY 2009 APR, that the State is in compliance with the LEA notification requirements in 34 CFR §303.148(b) (1). Because the State reported less than 100% compliance for FFY 2008, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.	WDH has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing 34 CFR §303.148(b)(1) (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.
When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the data the State reported for	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

Part C State Annual Performance Report (APR) for FFY 2009

<p>this indicator: (1) is correctly implementing 34 CFR §303.148(b)(1) (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 provided notification to the LEA for each child, unless the child is 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), consistent with OSEP Memo 09-02. In the FFY 2009 APR, the State must describe the specific actions that were taken to verify the correction. If the State does not report 100% compliance in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. Therefore, the LEA was correctly notified of all children who participated in the Wyoming Part C Program and who were Part B eligible at the time of exit.</p> <p>TA was provided to all CDCs during the FFY 2009 for all compliance indicators.</p>
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The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target
2011 (2011-2012)	100%
2012 (2012-2013)	100%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8C: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:
 C. Transition conference, if child potentially eligible for Part B.
 (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100. Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
2005-2011	100% children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. Transition conference, if child potentially eligible for Part B. (20 U.S.C. 1416(a)(3)(B) and 1442)

Actual Target Data for FFY 2009: 95% (419 divided by 439)

Target was not met.

Children Exiting Part C who Received Timely Transition Planning (Transition Conference):

g. Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred	419
h. Number of children exiting Part C who were potentially eligible for Part B	439
Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday (Transition Conference) (Percent = [(a) divided by (b)] times 100)	95%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

In FFY 2009, four hundred and thirty nine (439) children exiting Part C who had a referral ninety days before age three to the Part B program were considered as “potentially” eligible. Of the four hundred and thirty nine (439) who were potentially eligible for Part B, four hundred and nineteen (419) had a timely transition conference prior to exit or had acceptable justifications of extreme family circumstances for not holding a conference within that timeline. Some justifications included documented exceptional family circumstances such as the family rescheduling or canceling the conference due to sickness or unavailability of the parent and/or child; and extreme weather conditions. Twenty (20) child files, or 4.55%

Part C State Annual Performance Report (APR) for FFY 2009

(20/439), did not contain justifications that were acceptable for the delay such as staff scheduling. All four hundred and thirty nine (439) potentially Part B eligible child files did have a transition conference meeting date documented in their files before the child turned three.

Twenty (20) child files, or 4.55% (20/439), did not contain justifications that were acceptable for the delay such as staff scheduling. All four hundred and thirty nine (439) potentially Part B eligible child files did have a transition conference meeting date documented in their files. The twenty (20) files that were late did eventually conduct a Part C conference with the IFSP team and a Part B representative before the child turned three. All CDCs that had children whose transition conference; if potential eligible for Part B, that were not timely completed and did not have an appropriate justification for the delay correctly documented, will be monitored for purposes of this noncompliance identified in the FFY 2009 Annual Performance Report.

Improvement Activities:

Improvement Activity 3:

Ongoing monitoring for this indicator will occur through the WDH database. A quarterly review of the database will occur to identify any potential noncompliance within a CDC so that any concerns can be resolved or corrected within a timely manner.

Beginning in May 2007, WDH will be able to collect real time data for all Regions through the new Citrix Server.

Update: WDH will be able to collect real time data for all Regions through the SEAS web-base system.

Ongoing monthly reviews.

Improvement Activity 5:

The WDH will revise and continue to monitor the data collection system in order to:

- Improve data collection
- Improve systems administration and monitoring
- Clarify and develop policies and procedures in the development of transition steps and services
- Improve collaboration and coordination of transition services.

Ongoing monthly reviews.

Improvement Activity 6:

WDH will collaborate and develop an MOU, with the Wyoming Department of Education (WDE), for the referral process of "Part B" eligible children as determined by the Regional CDCs and the WDH into the Part B (619) program.

To Be Developed by FFY 2010.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 90.82%

19. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	38
20. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	38
21. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Part C State Annual Performance Report (APR) for FFY 2009

FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

22. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
23. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
24. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

N/A

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

The data monitoring for this indicator has improved and the timeline between the referral and the transition conference for children two and over is looked at with more scrutiny than before. This accounts for more transition data considered out of compliance that had referrals greater than 90 days before the child turned three. The CDCs, who had referrals that were close to the ninety day cut off but were not considered a late referral, completed the initial and the transition conference within 45 days after the referral. Subsequent data was monitored on a quarterly file review conducted by the CDC staff and turned into the WDH for analysis. No compliance issues were identified for this indicator in this subsequent data collection.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability. The files that were late did eventually conduct a Part C conference with the IFSP team and a Part B representative before the child turned three. The CDCs out of compliance were correctly implementing the timely transition conference requirements in 34 CFR §303.148(b) (2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a self directed file review conducted by the CDCs on a quarterly basis from October 2008 until July 2009.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

N/A

10. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	0
11. Number of remaining FFY 2007 findings the State has verified as corrected	0
12. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

N/A

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):
N/A

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State's Response
<p>The State must demonstrate, in the FFY 2009 APR, that the State is in compliance with the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)). Because the State reported less than 100% compliance for FFY 2008, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p> <p>When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (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 conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2009 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>The files that were identified as out of compliance in FFY 2008 (38 files) did eventually conduct a Part C conference with the IFSP team and a Part B representative before the child turned three, although late. The files found out of compliance by one program were given a corrective action plan to complete. There were not any continuing instances of noncompliance identified during the remaining FFY 2008 for this region. The WDH verified that the CDC program was correctly implementing the specific regulatory requirement. The WDH implemented a Corrective Action Tracker that allows for all of the findings identified through monitoring to be entered into a database and tracked manually by one identified staff member in the WDH office. Information from the Corrective Action Tracker was reviewed to ensure follow-up and planned steps are completed on time. No further compliance issues for this sub-indicator were identified in subsequent data review.</p> <p>The CDCs out of compliance were correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (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.</p> <p>The WDH recognizes that these sub-indicators are to be of 100% compliance.</p> <p>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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data</p>

Part C State Annual Performance Report (APR) for FFY 2009

	<p>validity and reliability.</p> <p>The WDH verified that the CDC programs were correctly implementing the specific regulatory requirements. The WDH implemented a Corrective Action Tracker that allows for all of the findings identified through monitoring to be entered into a database and tracked manually by one identified staff member in the WDH office. Information from the Corrective Action Tracker was reviewed to ensure follow-up and planned steps are completed on time. No further compliance issues for this sub-indicator were identified in subsequent data review.</p> <p>TA was provided to all CDCs during the FFY 2009 for all compliance indicators.</p> <p>The standard for correction in FFY 2009 had been a compliance of at least 95% for the FFY 2008-09 identified noncompliance findings for this indicator. In the Verification letter sent to Wyoming dated February 2, 2011, it was reported to the state that it had incorrectly held a standard of 95% threshold that was inconsistent with OSEP Memo 09-02 requirement. Wyoming has sent with this revised APR, assurances that it will correctly implementing 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (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 conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In FFY 2011 APR the state will send evidence that it has taken steps to verify specific noncompliance achieved 100% compliance based on a review of updated data and that the EIS program is correctly implementing the specific regulatory requirements.</p>
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Part C State Annual Performance Report (APR) for FFY 2009

The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target
	Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: Transition conference, if child potentially eligible for Part B.
2011 (2011-2012)	100%
2012 (2012-2013)	100%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:
 Percent of noncompliance corrected within one year of identification:
 a. # of findings of noncompliance.
 b. # of corrections completed as soon as possible but in no case later than one year from identification.
 Percent = [(b) divided by (a)] times 100.
 States are required to use the “Indicator 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
2005-2011	Target is 100% for percent of noncompliance to monitoring priority areas and indicators corrected within one year of identification

Actual Target Data for FFY 2009: 100% (12 divided by 12)

Target was met.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Wyoming Department of Health (WDH) reviewed the general supervision system strategies and developed a more focused system for identifying which CDCs will be reviewed on site during each year. Rather than cyclical monitoring, WDH has implemented a new system that incorporates the data and allows the WDH to identify issues prior to the on site review. Prior to the on site visit; an electronic desk audit occurred during which 100% of that CDC’s files were reviewed. Any findings or concerns identified during the desk audit were discussed with the CDC and verified during the on site visit. On site monitoring has occurred for five CDCs during the FFY 2008 monitoring cycle. Follow-up occurred in FFY 2009 to verify that correction had occurred.

In FFY 2008 APR the compliance rate for this indicator was 100%. In FFY 2009 APR, the compliance rate was 100%. The State implemented a revised monitoring system and the development of a more focused system that incorporates the data and allows the WDH to identify issues prior to the on site review. Any findings or concerns identified were corrected within one year of notification and was verified by WDH through evidence of change data provided by the CDCs. In addition to verification of the correction of findings, WDH also ensures the correction of individual instances of noncompliance for each indicator (09-02 Memo).

Part C State Annual Performance Report (APR) for FFY 2009

Improvement Activities:

Improvement Activity 1:

Track future non-compliance issues by utilizing the new chart review form. Aggregate the data compiled through chart reviews completed during self-assessments and on-site monitoring visits.

This activity was completed for FFY 2009.

Improvement Activity 2:

Ensure that the corrective action plans are completed as noncompliance issues are identified and that these plans align with the areas of non-compliance. WDH to provide technical assistance in the completion of those corrective action plans.

This activity was completed for FFY 2009.

Improvement Activity 3:

Upon approval of the Corrective Action Plan submitted by a Region with identified noncompliance, the WDH Part C Coordinator outlines expectations and mechanisms for verifying that correction has occurred within one year of identification. This is communicated to the Region through a letter that accompanies the approved action plan.

This activity was completed for FFY 2009.

Improvement Activity 4:

Develop a Corrective Action Tracking form to be used by WDH by January 31, 2006. This tracker will allow for tracking of areas of non-compliance, dates of monitoring reviews, dates of completion of the corrective action plan and any follow-up that occurred by WDH to ensure that the Regional program was in 100% compliance in the areas identified.

This activity was completed for FFY 2009.

Improvement Activity 5:

Include a procedure, in the monitoring protocol, that ensures a review of parent complaints, prior monitoring reports and any corrective action plans that were developed in previous years.

This activity was completed for FFY 2009.

Improvement Activity 6:

Create a Parent Complaint Tracking form that will identify region, area of non-compliance, date of the complaint, the date of mediation or due process hearing and information around how the complaint was resolved.

This activity was completed for FFY 2009.

Improvement Activity 7:

Child Development Centers piloted the new self-assessment tool beginning in August of 2007. Once the pilot of the self-assessment was completed, the process was evaluated with stakeholder input. All corrective actions identified in FFY 2006 have been verified through the evidence of change data provided by the CDCs, monitoring through the enhanced data system, annual self assessments, quarterly record reviews by CDCs, quarterly data reviews, and on site monitoring.

This activity was completed for FFY 2009.

Part C State Annual Performance Report (APR) for FFY 2009

Improvement Activity 12:

WDH and the CDCs have implemented the revised general supervision and monitoring process and forms statewide. The new general supervision process and forms will be implemented through FFY 2010. **This activity was completed for FFY 2009 and will continue for FFY 2010.**

Improvement Activity 13:

All instances (100%) of individual student file noncompliance identified through monitoring must be corrected. **Correction will be verified through monthly data submissions.**

Improvement Activity 14:

When reviewing a database, the WDH will chose a specific point in time for the purpose of identifying noncompliance and review from that point in time back one year to previous point in time for identification of noncompliance. If there is any instance of noncompliance identified during that year, the WDH would have to issue a finding, unless the WDH has documentation that the noncompliance was corrected for both Prong 1 and Prong 2 before the finding was issued. In that case, the WDH could choose not to issue a finding.

Ongoing

Response to June 2009 OSEP Response Table: Correction of Noncompliance through state monitoring and technical assistance activities:

Correction of FFY 2008 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007 through June 30, 2008) (Sum of Column a on the Indicator C 9 Worksheet)	10
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	10
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008 through June 30, 2009) (Sum of Column a on the Indicator C 9 Worksheet)	11
5. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	11
6. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Part C State Annual Performance Report (APR) for FFY 2009

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

7. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
8. Number of findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
9. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

N/A

Verification of Correction (either timely or subsequent)

All correction of noncompliance was verified by WDH through the evidence of change data provided by the CDCs annual monitoring through the enhanced data system and annual self-assessment, quarterly record reviews conducted by CDCs, quarterly data reviews, and on site monitoring. In addition to verification the correction of findings, WDH also ensures the correction of individual instances of noncompliance for each indicator. If the individual instances are not correctable, such as completing evaluation within 45-day timeline, verification is conducted through these activities to assure that the evaluation was completed even though it was late.

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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable)

If the State reported <100% for this indicator in its FFY 2008 APR and did not report that the remaining FFY 2009 findings were subsequently corrected, provide the information below:

13. Number of remaining FFY 2007 findings noted in OSEP’s June 1, 2009 FFY 2008 APR response table for this indicator	0
14. Number of remaining FFY 2007 findings the State has verified as corrected	0
15. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance from FFY 2008 or Earlier (if applicable):

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Additional Information Required by the OSEP APR Response Table (if applicable):

Statement from the Response Table	State’s Response
<p>The State must review its improvement activities and revise them, if appropriate, to ensure they will enable the State to provide data in the FFY 2009 APR, due February 1, 2011, demonstrating that the State timely corrected noncompliance identified by the State in FFY 2008, in accordance with IDEA section 635(a) (10) (A) and 34 CFR 303.501(b) and OSEP memo 09-02.</p>	<p>All correction of noncompliance was verified by WDH through the evidence of change data provided by the CDCs. CDCs were monitored annually through the enhanced data system, annual self-assessment, and quarterly record reviews conducted by CDCs, quarterly data reviews conducted by WDH, and on site monitoring.</p>
<p>In reporting on correction of noncompliance, the State must report that it has: (1) corrected all instances of noncompliance (2) verified that each EIS program identified noncompliance is correctly implementing the specific regulatory requirements, consistent with OSEP Memo 09-02</p>	<p>The WDH verified that the CDC program was correctly implementing the specific regulatory requirements. The WDH implemented a Corrective Action Tracker that allows for all of the findings identified through monitoring to be entered into a database and tracked manually by one identified staff member in the WDH office. Information from the Corrective Action Tracker was reviewed to ensure follow-up and planned steps are completed on time. No further compliance issues for this sub-indicator were identified in subsequent data review. In addition to verification the correction of findings, WDH also ensures the correction of individual instances of noncompliance for each indicator whenever possible. A review of a reasonable subset of subsequent data was monitored for correction in the next month’s data submissions. No compliance issues for the indicators 7, 8A, 8B, and 8C, were identified in the subsequent data submissions.</p>

The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	<p>Measurable and Rigorous Target Percent of noncompliance corrected within one year of identification: # of findings of noncompliance. # of corrections completed as soon as possible but in no case later than one year from identification.</p>
<p>2011 (2011-2012)</p>	<p>100%</p>
<p>2012 (2012-2013)</p>	<p>100%</p>

Part C State Annual Performance Report (APR) for FFY 2009

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Part C State Annual Performance Report (APR) for FFY 2009

4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	6. Percent of infants and toddlers birth to 3 with IFSPs	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	20	20	20
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

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8. Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	38	38	38
	Dispute Resolution: Complaints, Hearings	0	0	0
Documentation of Informed Clinical Opinion 303.322	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	5
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: IFSP as Specified 303.12	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0

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OTHER AREAS OF NONCOMPLIANCE: Content of the IFSP 303.344	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			67	67
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.			(b) / (a) X 100 =	100.00%

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2005-2011	Target is 100% of signed written complaints will be resolved within a sixty (60) day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for FFY 2009: The WDH received zero (0) signed written complaints

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Wyoming received no written complaints for the FFY 2009. It is important to continue educating parents about the complaint process and tracking the responses to these complaints. Additionally, it remains important to have qualified personnel ready to facilitate the complaint process in the CDC and in the State office.

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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Improvement Activities:

Improvement Activity 1:

WDH staff provided guidance to all Child Development Centers regarding procedural safeguards. This activity has been extended through 2011.

Ongoing

Improvement Activity 2:

Training to staff yearly: The training will include a review of the updated Wyoming procedural safeguards and an orientation on how to explain this information to parents (Uplift and PIC).

This activity is conducted annually at the IIEP conference and as needed.

Part C State Annual Performance Report (APR) for FFY 2009

Improvement Activity 3:

Modify the WDH complaint log to include date of complaint, area of non-compliance, follow-up completed by WDH (to include specifics around information that was gathered during the follow-up investigation to show evidence of non-compliance) and corrective actions to be taken.

Updated annually.

Improvement Activity 5:

Annually report summaries of complaints received, mediations completed and due process hearings to Wyoming Early Intervention Council by August 31st of each year.

This activity is conducted on at the EIC meeting annually.

The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target
2011 (2011-2012)	Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint. 100%
2012 (2012-2013)	100%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement: Percent = (3.2(a) + 3.2(b) divided by (3.2) times 100

FFY	Measurable and Rigorous Target
2005-2011	Target is 100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

Actual Target Data for FFY 2009: The WDH received zero (0) request for due process hearings.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Wyoming received zero (0) requests for due process hearings, therefore zero (0) required adjudication. Although no due process hearings occurred during the reporting period, Wyoming Department of Health (WDH) feels it is important to implement strategies to ensure that parents understand their rights and the dispute resolution process.

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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Improvement Activities:

Improvement Activity 1:

Training to parents: The WDH has contracted with the Parent Information Center to hold an Annual Conference starting in 2006 for parents. Training topics will include IDEA in relation to parental rights as well as written and verbal information regarding WDH parent complaint policies. The conference will include presentations on how to advocate for your child, from UPLIFT a parent advocacy group in Wyoming.

This activity is conducted annually at the EIEP conference and as needed.

Part C State Annual Performance Report (APR) for FFY 2009

Improvement Activity 4:

Post the Part C Parent Handbook on the WDH website so that it's easily accessible to the public.

The Part C Parent Handbook will be placed on the WDH website upon the completion of the public comment period (January 30, 2007) for the Revised Part C Policies which include the adoption of the Part C dispute resolution requirements. Updated Procedural Safeguards will be included in the handbook.

This activity was completed for FFY 2009.

Improvement Activity 5:

Annually report summaries of complaints received, mediations completed and due process hearings to Wyoming Early Intervention Council by August 31st of each year. The Annual Performance Report for FFY 2008 was provided to the Wyoming Early Intervention Council during their quarterly meeting held on January 20, 2010.

This activity was completed for FFY 2009.

The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target
2011 (2011-2012)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
2012 (2012-2013)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

Part C State Annual Performance Report (APR) for FFY 2009

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

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures is adopted).

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

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

FFY	Measurable and Rigorous Target
2005-1011	100%

Actual Target Data for FFY 2009: Not Applicable

Overview of Issues/Descriptions of System or Process

2006 update: WDH has adopted Part C dispute resolution requirements under Part C 34 303.420.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

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

FFY	Measurable and Rigorous Target
2005-1011	100%

Actual Target Data for FFY 2009: The WDH received zero (0) requests for mediations.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

State Performance Plan response letter to Wyoming Department of Health, the State's targets and improvement activities are not included, as the number of mediations for FFY 2009 is less than ten (10). If the State reaches a threshold of ten (10) or more mediation requests, the State will set measurable and rigorous targets and improvement activities at that time as OSEP guidance indicates.

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 collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target
2011 (2011-2012)	100%
2012 (2012-2013)	100%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

Part C State Annual Performance Report (APR) for FFY 2009

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

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator (see Attachment B).

FFY	Measurable and Rigorous Target
2005-2011	Target is 100% of state reported data 618 and State Performance Plan and Annual Performance Report are timely and accurate.

Actual Target Data for FFY 2009: 100%

Target was met.

Timeliness is **100%** for FFY 2009. All reports, including the Annual Performance Report, State Performance Plan, and all three 618 data tables were submitted on or before the due date.

The WDH targets for FFY 2009 and FFY 2010 are in the February 2010 SPP. This year, the WDH will extend the required targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target
	State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.
2011 (2011-2012)	100%
2012 (2012-2013)	100%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

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SPP/APR Data - Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8a	1	1	2
8b	1	1	2
8c	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		Subtotal	30
APR Score Calculation	Timely Submission Points - If the FFY 2009 APR was submitted on-time, place the number 5 in the cell on the right.		5
	Grand Total - (Sum of subtotal and Timely Submission Points) =		35

Part C State Annual Performance Report (APR) for FFY 2009

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/10	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/10	1	1	1	N/A	3
				Subtotal	14
618 Score Calculation			Grand Total (Subtotal X 2.5) =		35

Indicator #14 Calculation	
A. APR Grand Total	35.00
B. 618 Grand Total	35.00
C. APR Grand Total (A) + 618 Grand Total (B) =	70.00
Total N/A in APR	0.00
Total N/A in 618	0.00
Base	70.00
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

Part C State Annual Performance Report (APR) for FFY 2009**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009**

Accuracy is **100%** for FFY 2009. The State Performance Plan, Annual Performance Report, 618 Data Table 1 and 618 Data Table 2 was accurate. The 618 data table for exit submitted on November 1, 2010 was accurate at the time of submission.

The Wyoming Early Intervention Council (EIC) and the Wyoming Child Development Services (CDS) participated in several meetings and conference calls to ensure the accuracy for the February 2011 submission of the State Annual Performance Report. Both stakeholder groups participated to provide input and recommendations for this submission of the Annual Performance Report. The Annual Performance Report was developed and reviewed for accuracy by the Wyoming Department of Health (WDH) staff.

WDH currently uses multiple data collection mechanisms including the electronic database system, self-assessments and on-site monitoring to validate the accuracy of the child specific data reported in the electronic database. Any unusual findings in the data collected through these sources are identified and investigated to resolve any concerns with data accuracy prior to the submission of the 618 tables and Annual Performance Report. Through the electronic database system, the data can be analyzed as a whole or disaggregated by CDC regions and the sites within a CDC. This enables the WDH to be able to determine strengths and areas of need. The database system enhances the ability for the timely and accurate collection of required information which is reported to the Office of Special Education Programs.

❖ Child Outcome Summary Form

Wyoming is using the Child Outcome Summary Form (COSF) developed by Early Childhood Outcomes Center (ECO) to collect data on child outcomes for Indicator 3. This form has been revised to include Wyoming specific information such as the CDC location, and whether the child is receiving services under Part C or Part B (WDH is an Intermediate Education Unit under Wyoming Department of Education and is responsible for the implementation of Part B Preschool Special Education and Related Services for children three through five years of age). Wyoming has provided training and technical assistance to administrators and providers across the Regional CDCs to ensure consistent use of the data collection form. The WDH form also includes the “decision tree” to ensure accuracy and reliability in the data collection for this indicator. Finally, the WDH reviewed the data submitted and checked for accuracy and completeness and investigates any concerns identified regarding the data collected. The WDH has embedded quality assurance mechanisms regarding the COSF into ongoing monitoring processes.

❖ State of Wyoming Part C Family Survey – Early Intervention

WDH used the NCSEAM Survey for Part C as the basis for our family survey used to collect data for Indicator 4. Surveys are clear and family friendly, and have been translated into Spanish to provide all families with the opportunity to provide feedback. Each CDC developed an implementation plan for the Part C Family Survey. Reports based on the data collected have been sent to each Child Development Center director. CDCs have been asked to review their results, and make revisions to their implementation plans if necessary to increase the percentage of completed surveys.

❖ The Wyoming Part C Self Assessment

This form was redesigned and implemented in 2007 to be more clear and straightforward. Data collected is crosschecked with the electronic database to ensure accuracy. Any unusual findings are investigated and corrected prior to data submission to OSEP. A guidance document and sample was sent to each CDC in July 2007. All CDCs submitted their self-assessment results to the State in October 2008.

Part C State Annual Performance Report (APR) for FFY 2009

❖ Part C File Review Checklist

This form was developed with assistance from NECTAC to align with the Indicators in the State Performance Plan and collect information to verify compliance with Part C Federal Regulations. This form is used during on-site monitoring visits to verify compliance and areas where improvement is needed within an individual program. Data gathered during on-site visits is crosschecked with the electronic database to ensure accuracy.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

In FFY 2008 APR, WDH reported a compliance rate of 100%. In FFY 2008, WDH compliance rate of a 100% in Indicator 14 remains the same.

Improvement Activity 2:

Ongoing technical assistance on the use of the database will continue to be provided by the Part C Data Consultant. Training was provided at the State’s Annual Conference held in August 2006 to facilitate the change from the previous State data system to the web-based system. Training will continue as needed through 2011.

Ongoing

Update:

WDH has implemented a new Data system (SEAS). Training will continue as needed through 2011.

Improvement Activity 3:

All instances (100%) of individual student file noncompliance identified through monitoring must be corrected.

This activity is ongoing as noncompliance is identified.

Improvement Activity 4:

When reviewing a database, the WDH will chose a specific point in time for the purpose of identifying noncompliance and review from that point in time back one year to previous point in time for identification of noncompliance. If there is any instance of noncompliance identified during that year, the WDH would have to issue a finding, unless the WDH has documentation that the noncompliance was corrected for both Prong 1 and Prong 2 before the finding was issued. In that case, the WDH could choose not to issue a finding.

This activity is ongoing as noncompliance is identified.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

N/A

Part C State Annual Performance Report (APR) for FFY 2009

ANNUAL REPORT CERTIFICATION OF THE INTERAGENCY COORDINATING COUNCIL UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR) under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2011.

On behalf of the ICC of the State/jurisdiction of Wyoming, I hereby certify that the ICC is: [please check one]

- 1. [] Submitting its own annual report (which is attached); or
2. [X] Using the State's Part C APR for FFY 2009 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Signature of ICC Chairperson

Date

Address or e-mail

Daytime telephone number

1 Under IDLA Sections 619(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

2 If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2011.