

Early Intervention Monitoring Manual

Wyoming Department of Health
Developmental Disabilities Division

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Section I: Overview, Purpose, and Process

A. Statutory and Regulatory Requirements

The Individuals with Disabilities Education Act (IDEA) requires each state to have in place a general supervision system that monitors Part C early intervention programs' implementation of the law and its regulations. "This applies to all identified providers of early intervention services in the State, whether or not they receive Part C funds." [20 U.S.C. 1435(a)(10)(A)] The system is accountable for enforcing the requirements and for ensuring continuous improvement. According to Sections 616 and 642 of the 2004 amendments to the IDEA, "The primary focus of Federal and State monitoring activities...shall be on-- (A) improving early intervention results and functional outcomes for all children with disabilities; and (B) ensuring that States meet the program requirements under this part, with a particular emphasis on those requirements that are most closely related to improving early intervention results for infants and toddlers with disabilities."

The Wyoming Department of Health, Developmental Disabilities Division (DDD), Infant and Toddler Program has designed a general supervision and monitoring system that includes multiple methods to: 1) ensure implementation of IDEA and the accountability of regional programs and their providers; 2) identify and correct noncompliance; 3) facilitate improvement; and 4) support practices that improve results and functional outcomes for all children with disabilities and their families. These methods and strategies are interrelated and, as a whole, ensure that the 14 regional programs and their providers are implementing IDEA and improving results for children and their families

B. Purpose of Monitoring Manual

The purpose of this manual is to describe Wyoming's general supervision and monitoring system including the responsibilities of the state early intervention office and those of the regional programs and early intervention providers in the monitoring process.

C. System Components for Ensuring and Enforcing Implementation of IDEA

Wyoming DDD ensures and enforces implementation of IDEA through clearly defined expectations in the following:

1. **State Performance Plan/Annual Performance Report (SPP/APR)** – Every state is required to have a 6-year plan as an accountability mechanism for the state and regional programs. The SPP includes measurable indicators of the state's performance in specific statutory priority areas under Part C of IDEA (those most closely aligned with results for children and families). The SPP/APR include both compliance indicators (of which targets are 100%) and performance indicators (measurable and rigorous targets have been established by the state with stakeholder involvement). On an annual basis, the state is required to collect data from a variety of sources to report on its performance. Reporting includes each of the SPP/APR indicators and whether or not the state met the targets through the Annual Performance Report (APR).

2. **Indicators for Monitoring Regional Programs** – Wyoming Indicators for Monitoring Regional Programs include most of the SPP/APR Indicators (except those that apply only to the state) and a few other critical priority indicators identified by the state with the assistance of a stakeholder group. Although the state ensures implementation of all IDEA requirements through a wide range of activities, data is analyzed on an annual basis to monitor all regional programs' performance on each indicator, identify noncompliance and determine those programs that have the greatest need for improvement. Data from each monitoring indicator is aggregated for use by the state in responding to the SPP/APR indicators and preparing its Annual Performance Report for the federal government.
3. **Wyoming Part C Rules** – The rules codify provisions of Part C requirements in Wyoming state statute to ensure state authority for enforcing implementation of IDEA and its regulations in Wyoming.
4. **Wyoming Part C Early Intervention Program Policies and Procedures** – What providers do directly impacts compliance with IDEA requirements and results for children with disabilities and their families. As a result, Wyoming has developed policies and procedures that describe how the Wyoming Part C Rules are expected to be implemented by regional programs and their service providers. The policies and procedures: (1) are aligned with Part C of the IDEA; (2) are in effect statewide, and; (3) ensure that appropriate early intervention services, based on peer-reviewed research, to the extent practicable, are available for infants and toddlers with disabilities and their families. The policies and procedures include descriptions of methods the Wyoming DDD uses to identify noncompliance with Part C requirements and to ensure correction of noncompliance when found. The policies and procedures also describe program improvement through the use of follow-up activities, incentives, and sanctions. Specifically, Wyoming's integrated monitoring procedures examine early intervention service providers' implementation of the Wyoming rules and policies/procedures as well as their use of effective practices. In addition, data from various sources (e.g., monitoring, complaints/disputes) is reviewed annually to inform decisions about policies and procedures to ensure compliance and quality practices.
5. **Interagency Agreements** – The Wyoming DDD has in place several interagency agreements that identify the responsibilities of the state agencies in the coordination and implementation of Part C requirements. These agreements also include financial obligations and procedures if disputes arise. Data from various sources (e.g., monitoring, complaints/disputes) is reviewed annually to inform decisions about interagency agreements.
6. **Contracts with Regional Programs** – The Wyoming DDD contracts with regional programs for the provision of early intervention services. The provisions of the contract are designed to ensure the accountability of local programs in implementing Part C requirements. Each regional program is responsible for hiring or contracting with sufficient, qualified personnel to provide necessary services to infants and toddlers and their families. Wyoming DDD provides oversight and management of the contract with each region and also uses this information in monitoring program performance. Data from various sources (e.g., monitoring, complaints/disputes) is reviewed annually to inform decisions about contracts with regional programs.

7. **Complaints/Dispute Resolution System** – The Wyoming DDD uses the Part C Complaints/Dispute Resolution System to identify and correct noncompliance in the implementation of IDEA requirements and to identify components of the system that need improvement (e.g., policies, procedures, guidelines, written agreements). As part of monitoring activities, the state office also examines informal and formal dispute resolution data of regional programs to identify issues related to performance and help plan onsite or other program-specific monitoring activities.
8. **Off-site and Onsite Monitoring Activities** – Wyoming uses a combination of onsite and off-site monitoring activities that are linked or integrated to provide a comprehensive picture of each regional program's level of compliance and results. These activities: 1) are implemented fairly and consistently across regional programs; 2) identify areas of noncompliance; 3) trigger effective corrective actions, technical assistance, improvement strategies, fiscal decisions, and sanctions and/or incentives that ensure timely correction; and 4) lead to status determination of programs.
9. **Training and Technical Assistance (TA) System** – Training and TA are critical for ensuring implementation of IDEA requirements and distributing evidence-based practices to regional programs. Wyoming DDD provides technical assistance and training that is directly linked to the SPP/APR and state monitoring activities to help regional programs: 1) understand the requirements related to these indicators; and 2) develop and implement meaningful improvement plans to correct noncompliance, enhance their performance, and improve results for children and families.
10. **Corrective Action Plans (CAPs)** – Once noncompliance or low performance has been identified by the state, regional programs are required to develop Corrective Action Plans to ensure correction of noncompliance in a timely manner (within one year of written notification) and/or improve performance and meet the established measurable and rigorous targets for performance indicators. Wyoming DDD, in partnership with the regional programs, provides follow-up and tracks improvement and correction of noncompliance on an ongoing basis. Programs are released from Corrective Action Plans when noncompliance has been corrected and when programs meet the established targets for performance.
11. **Incentives and Sanctions** – Wyoming DDD recognizes regional programs' when they have met or exceeded the established targets. When performance has not improved and noncompliance is not corrected in a timely manner, Wyoming DDD has in place a range of formalized strategies and/or sanctions for enforcement along with written timelines.

D. General Supervision and Monitoring Process

Wyoming DDD has developed a process to carry out general supervision activities to monitor state and regional programs that is based on the following key principles:

1. A limited number of indicators are consistently used to monitor the state and each regional program's level of performance, including compliance. In accordance with IDEA, the indicators are those that most closely align with improving results for children and families (e.g., SPP/APR Indicators and a few other critical priority indicators identified by the state with the assistance of a stakeholder group). However, the various

components of the state’s general supervision system are used to ensure implementation of all IDEA requirements.

2. Data are reviewed and analyzed throughout the year to identify emerging issues and initiate preventative supports including developing and modifying planned training and technical assistance.
3. A limited number of data sources are used to respond to the monitoring indicators. The data system responds to as many indicators as possible while other data sources (e.g., self assessment record review, list of personnel and their qualifications submitted with the contract) are limited in scope and are used to capture indicator data not collected by other means.
4. Off-site analysis of data is used to: a) monitor **all** regional programs once annually with the Wyoming monitoring indicators to identify noncompliance and trigger development of Corrective Action Plans); b) track progress in the correction of noncompliance; and c) identify targeted training and technical assistance needs.
5. Monitoring data is used annually to respond to SPP indicators and develop the APR.
6. Onsite visits are provided to those programs that have the greatest need. The visits focus on areas of need and are structured to uncover the underlying issues that contribute to the programs’ low performance and/or noncompliance.
7. Steps to ensure timely and accurate data are incorporated into quarterly activities at the state and regional levels.

The Wyoming General Supervision and Monitoring Process is structured to manage the various activities that must be completed throughout the year within specific time frames for both the state office and regional programs. Completing activities in accordance with requirements is as equally important as completing activities by established timelines. *Table 1, General Supervision and Monitoring Process Activities*, depicts the flow of general supervision and monitoring activities (by the state and regional programs) that occur on an annual basis. The table delineates activities that occur during each month of the year and it identifies activities that are carried out on a regular basis, either monthly or quarterly.

Table 1: General Supervision and Monitoring Process Activities

Time Frame	State Level Activities	Regional Program Activities
February to March	Review and revise general supervision/monitoring process with stakeholder input; revise policies, procedures and interagency agreements as appropriate based on data	Select regional programs to participate in stakeholder group
March to April	Develop and disseminate a RFP or contract renewal packet for the provision of early intervention services, including appropriate general supervision and monitoring responsibilities of regional programs	Begin preparation of application for funds (move down)
April	Analyze 618 data and prepare SPP/APR indicators 2, 5 and 6	
	Review RFP responses or contract renewal submission requirements from regional programs including activities, budget, personnel list, informal complaints log	Submit application and required information for the contract (April 30 th)

Table 1: General Supervision and Monitoring Process Activities

Time Frame	State Level Activities	Regional Program Activities
May	Inform programs of monitoring changes and disseminate self-assessment	Initiate self-assessment process
	Develop individual regional program contracts including sanctions as appropriate and disseminate for signature	Sign regional program contract and submit to state for final signatures
June	Issue final signed regional program contracts for the next fiscal year	
	Receive completed self-assessment and document timely submission	Submit completed self-assessment (June 30 th)
July and August	Conduct off-site data analysis (desk audit) on all programs	
	Summarize data and request confirmation from programs	Review summary of regional program performance and related data; confirm or submit data to substantiate change (10 days)
	Make Status Determinations of regional program performance	
	Select sites for onsite visits	
September	Notify programs of status determination, non-compliance, and onsite visit selection	Review Notification Letter and as appropriate develop and submit CAPs (30 days from receipt of Notification Letter) based on identification of non compliance; respond to status determination as appropriate; work with state in scheduling and coordinating the onsite visit, if selected
October	Review and approve Corrective Action Plans (CAPs) resulting from annual desk audit	Respond to requests from the State to modify CAPs as necessary
	Evaluate General Supervision System and SPP/APR process and improvement activities	When requested, participate in evaluation of the General Supervision System and activities implemented during the previous fiscal year
November	Compile regional program data for statewide analysis and prepare SPP/APR Indicators 1, 3, 4, 7-14	
December	Continue preparation and finalize SPP/APR	
January	Submit SPP/APR to the federal government	
February	Post final SPP/APR on website	
	Report state and program data to the public	
Monthly		Enter data by the 10 th of each month; check data entry for accuracy and to make sure all new or modified IFSPs are entered
	Review data on regional progress in correcting non-compliance/meeting targets; review CAPs and CAP tracking log; and release regional programs from CAPs as appropriate; enforce sanctions as necessary	Collect and review data to determine progress toward correcting non-compliance; report collected data to state as required; revise CAP if little or no progress; if sanctions are imposed, respond as required
Quarterly	Generate quarterly data reports from data base	Generate quarterly data reports, including summary of quarterly record reviews
	Review data for accuracy; request clarification or correction of data entry as necessary	Provide justification regarding data as requested or correct data as necessary
	Document timely submission of Family Surveys.; review to determine potential regional issues and TA needs.	Disseminate annual family surveys during IFSP meetings as scheduled and submit completed surveys by the 15 th of the month following the last month of each quarter

	Generate random selection of child records for each region for quarterly record reviews and share with regional programs	Complete quarterly record reviews and submit data to the state by the 10 th of the month following the end of each quarter
Quarterly	Document timely data entry of Child Outcomes Summary Forms (COSFs); review for accuracy and completeness.	Complete and enter Child Outcomes Summary Forms (COSFs) in data system within 30 days following completion
	Review data, including quarterly record review data, and discuss with regional program directors to determine potential issues and TA needs	Review data and discuss with state staff to identify potential issues and TA needs
	Provide training and TA related to emerging issues or general understanding of requirements and developing and implementing CAPs	Access training and TA to improve performance
	Prepare for, conduct and complete onsite monitoring visit and provide follow-up activities (e.g., monitoring report) for those regional programs selected for onsite visits (during 2 nd , 3 rd and 4 th quarters)	For those regional programs selected for onsite visits, work with state office staff in preparing for the visit and completing any required activities; participate in the visit as required by the state and review/respond to monitoring report as appropriate during 2 nd , 3 rd and 4 th quarters)
	Review and approve new CAPs developed as a result of onsite visits, complaints/disputes, etc.	Develop CAP and complete required actions specified by the state during 2 nd , 3 rd and 4 th quarters)

Section II: Components of Wyoming DDD's General Supervision and Monitoring System

Wyoming DDD has designed a General Supervision and Monitoring System that includes a variety of components that connect, interact and articulate with each other to form a comprehensive system. Each component informs and gains information from the others. The components are described separately and include the responsibilities of the state and the regional programs as appropriate.

A. Indicators for Monitoring Regional Programs

The Wyoming DDD monitoring indicators include a subset of the State Performance Plan/Annual Performance Report (SPP/APR) indicators¹ and a few other critical priority indicators identified by the state with the assistance of a stakeholder group. Several SPP/APR indicators (timely correction of noncompliance and timely data) have been adapted from a state level indicator to measure regional program performance. Each of the monitoring indicators reflects a specific statutory requirement under Part C and serves as a measurable indicator of each regional program's performance in implementing IDEA.

The stakeholder group identified priority indicators based on performance/compliance issues identified through previous monitoring of regional programs and a desire to focus on quality services (e.g., evidence-based practices). Stakeholders selected indicators that were most closely aligned to evidence-based practices that support positive results for children and families. The additional priority indicators identified by the state will change over time as performance on the current indicators improves and as new issues emerge.

Wyoming DDD measures the performance of all regional programs (and their providers) on each of the general supervision indicators every year. The data from all regional programs' performance on each of the indicators is used by the state to respond to the relevant SPP/APR indicators on an annual basis. The data is also used in:

- identifying low performance and noncompliance;
- triggering the development of Corrective Action Plans;
- making Status Determinations; and
- selecting programs in greatest need for onsite monitoring visits.

Table 2 lists the Wyoming DDD Indicators for Monitoring Regional Programs.

¹ Several of the SPP/APR indicators are designed to measure the overall state performance but not regional program performance (e.g., timely resolution of complaints, disputes and mediation). As a result, these have not been included in the Wyoming DDD monitoring indicators for use in monitoring regional programs. (See Section I - B (1) for information about the SPP/APR)

Table 2: Indicators for Monitoring Regional Programs

A. SPP/APR Indicators (only those relevant to regional programs are included)
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (SPP/APR Indicator #1)
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children (SPP/APR Indicator #2)
3-1. Percent of infant and toddlers who have completed Child Outcomes Summary Forms: <ul style="list-style-type: none"> A. Near entry; B. Near exit for those who were in program at least 6 months; and C. That are high quality with ratings that reflect child’s functioning in the 3 outcome areas.
3-2. Percent of infants and toddlers with IFSPs who demonstrate improved: <ul style="list-style-type: none"> 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. (SPP/APR Indicator #3)
4. Percent of families participating in Part C who report that early intervention services have helped the family: <ul style="list-style-type: none"> A. Know their rights; B. Effectively communicate their children's needs; and C. Help their children develop and learn. (SPP/APR Indicator #4)
5. Percent of infants and toddlers birth to 1 with IFSPs compared to state data (This is a modified version of SPP/APR Indicator #5)
6. Percent of infants and toddlers birth to 3 with IFSPs compared to state data (This is a modified version of SPP/APR Indicator #6)
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. (SPP/APR Indicator #7)
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: <ul style="list-style-type: none"> A. IFSPs with transition steps and services; B. Notification to LEA, if child potentially eligible for Part B; and C. Transition conference, if child potentially eligible for Part B. (SPP/APR Indicator #8)
9. Percent of noncompliance findings that are corrected within one year by each component of the general supervision system (desk audit, self-assessment, complaints, hearings, onsite monitoring visits). (this is a modified version of SPP/APR Indicator #9)
10. Percent of regional program reported data (child count and exiting data, monthly data entry, contract submission requirements, CAPs, etc.) that are timely. (this is a modified version of SPP/APR Indicator #14)
B. State Selected Priority Indicators
11. Percent of children’s evaluations/assessments that are: <ul style="list-style-type: none"> A. Conducted by qualified personnel; B. Completed in all developmental areas, including vision and hearing
12. Percent of children whose parents received procedural safeguards at the appropriate times including: <ul style="list-style-type: none"> A. Written prior notice before proposing or refusing to initiate or change the identification, evaluation, or placement of the child or the provision of EI services to the child and family B. Consent prior to conducting the evaluation and assessment C. Consent prior to providing IFSP services

Table 2: Indicators for Monitoring Regional Programs

13. Percent of children for whom services are provided: A. As outlined on the IFSP B. By qualified personnel
14. Percent of children who received timely IFSP meetings: A. 6 month reviews B. Annual IFSP evaluation
15. Percent of children whose IFSP includes: A. Outcomes that are measurable B. Outcomes that are related to family priorities, concerns and resources C. Outcomes that are functional and reflect the child and family's every day routines and activities D. Strategies/activities designed to support the capacity of the family to enhance the child's development
16. Percent of children whose IFSPs include a statement/description of the child's developmental status in all areas including: A. The child's functional skills (in each area) B. The child's developmental levels (in each area)
17. Percent of children whose eligibility determinations included the use of clinical opinion
18. Percent of personnel employed by program and their contractors that meet state personnel standards/qualifications

Each indicator in *Table 2* has consistently defined measurement(s) and data source(s). Data sources include the following:

- 618 Data
- Data System Reports
- Annual Self Assessment
- CAP Tracking Log
- Complaints/Dispute Data
- Previous Monitoring Reports
- Data and Reports Submission Tracking Log
- Personnel Report (submitted with the annual application for contract)
- Family Survey Data
- Child Outcomes Summary Form Data

A comprehensive listing of the Wyoming monitoring indicators and their respective data source(s) and measurement(s) is in the *Indicators and Measurements for Monitoring Regional Programs* (Appendix A).

B. Data System: Data Entry and Verification

The Wyoming DDD has in place a web-based data system that all regional programs are required to use. The data system is designed to capture data to be reported to the federal government (e.g., Part C 618 Data Tables) as well as data regarding individual children's IFSPs.

Each regional program is responsible for developing procedures related to ensuring accuracy and reliability of data entry and the analyses and use of data on an ongoing basis. At a minimum, regional program procedures should address:

- who is responsible for data entry and their specific responsibilities;
- the process for reviewing data on a regular basis for accuracy and reliability;
- the process for making corrections and responding to the state's *Request for Data Clarification or Correction* form (Appendix B); and
- data reports for use in identifying potential issues and related training and technical assistance needs, looking at program performance, and tracking progress in improving performance and correcting noncompliance.

1. **Data Entry:** All regional programs are responsible for entering all required 618 data and each new and revised IFSP (e.g., revisions based on 6 month reviews and annual IFSP meetings) into the data system. Regional programs are responsible for completing monthly data entry by the 10th of the following month and for double checking the completeness and accuracy of their data entry according to regional program procedures.
2. **Data Verification:** State office staff review data entry on a quarterly basis to ensure that data is complete and accurate. If data entry appears incomplete or inaccurate, the state office issues a *Request for Data Clarification or Correction* form (Appendix B) to the appropriate regional program. The form identifies which data appears to be inaccurate or incomplete. Regional programs are required to provide documentation that the data entry is correct or when data entry was corrected. Regional Programs have 14 calendar days to submit their response to the state's request. In some instances, a copy of the IFSP or certain sections of the IFSP may need to be submitted to the state.

The state also verifies data entry through record review protocols during onsite visits to regional programs. In addition, the state reviews 50% of the records that each program used in completing their Annual Self Assessment to verify self assessment data reported to the state (see Section C. *Annual Self Assessment: Protocol and Process* for more information about the self assessment). The state may also conduct off-site data verification by requesting copies of individual child IFSPs and/or Child Outcome Summary Forms (COSFs) from regional programs.

3. **Report Generation:** State and regional program staff generate data reports on an ongoing basis for a variety of purposes. At a minimum, the state and regional programs generate reports:
 - quarterly to review data entry for accuracy and reliability;
 - quarterly to identify potential issues that may require technical assistance and/or training; and
 - ongoing for tracking progress in improving performance and correcting noncompliance.

In addition, the state generates reports annually to monitor regional program performance, respond to the SPP/APR indicators, and report 618 data to the federal government. *Table 3* summarizes data entry, verification and report generating activities

of both the state and the regional programs. It also provides time frames in which these activities should be completed.

Table 3: Data Entry, Verification, and Report Generation Responsibilities

Action	Time Frame	State Level Activities	Regional Program Activities
Data Procedures	Annually	Review and approve regional program procedures for ensuring data accuracy and any annual modifications to these procedures submitted with the regional programs' contract	Establish procedures for data entry, including steps to ensure accuracy and reliability, and generating reports; review/revise annually
Data Entry	Monthly		Enter child-specific IFSP data by the 10 th of each month
	Monthly		Enter COSF data 30 days following completion of COSF form
	Ongoing	Track whether or not regional programs enter data by the required timelines and submit data and reports in a timely manner; compile annually for monitoring purposes	
Data Verification	Monthly		Check data entry for completeness and accuracy as data is entered
	Quarterly	Review data entry for completeness and accuracy ; issue <i>Request for Data Clarification or Correction</i> form regarding inaccurate or incomplete data entry as necessary; review responses from regional programs as appropriate	Within 14 calendar days of receiving request, correct data as necessary and provide the state with date of correction or justification
	During Onsite Visit	Verify data through record reviews during onsite monitoring activities	Make child records available upon request from the state during onsite visits
	As Needed	As necessary, request copies of individual children's IFSPs/COSFs to conduct data entry verification	Submit copies of IFSPs/COSFs as requested by the state in accordance with timelines

Table 3: Data Entry, Verification, and Report Generation Responsibilities

Action	Time Frame	State Level Activities	Regional Program Activities
Report Generating	Quarterly	Generate quarterly data report to review data entry for accuracy	
	Quarterly	Generate quarterly data report for review and discussion with regional programs to identify potential issues and TA needs statewide and regionally	Generate quarterly data report and discuss with state to identify potential issues and TA needs; prepare for discussion with state staff
	As Needed	Generate specific data reports as necessary for onsite preparation (e.g., root cause analysis of factors contributing to low performance)	Generate specific data reports as necessary to identify underlying factors contributing to non-compliance and/or low performance in developing CAPs
	As Needed	Generate specific data reports for use in reviewing progress in correcting non-compliance/meeting targets	Generate specific data reports for use in reviewing progress toward correcting non-compliance in accordance with CAPs
	Annually	Generate specific data reports for use in reviewing progress in correcting non-compliance/meeting targets	

C. Annual Self Assessment: Protocol and Process

Each regional program is responsible for completing an Annual Self Assessment and reporting data for the following Wyoming monitoring indicators:

- timely services (SPP/APR Indicator #1)
- transition [steps and conference] (SPP/APR Indicator #8a and #8c)
- evaluation/assessment in all areas of development (Wyoming Indicator #11b)
- procedural safeguards [prior written notice and consent for evaluation/ assessment] (Wyoming Indicator #12a and #12b)
- service provision [according to IFSP and by qualified personnel] (Wyoming Indicator #13a and #13b)
- measurable and functional IFSP outcomes and strategies (Wyoming Indicator #15a-d)
- clinical opinion (Wyoming Indicator #17)

On an annual basis, the state reviews and revises (as necessary) the Annual Self Assessment. Specific record review items may change from year to year and additional tools may be added based upon modifications made to SPP/APR indicators by OSEP, state selected priority indicators, modifications to the data system, and feedback from regional programs on self-assessment items and related guidance. The state disseminates the *Annual Self Assessment* (Appendix C) to all regional programs in May each year and provides training and technical assistance to regional programs on the *Annual Self Assessment* protocol and process.

Regional programs are required to complete the *Annual Self Assessment* which involves reviewing a random selection of child records identified by the state² for 10% of all children who were enrolled in the program during the fiscal year (10% or 10 records, which ever is more). Regional programs are required to review information in the child's record for only those activities that occurred during the fiscal year. Since several record review items related to Indicators #3 and #15 are quality items, it is recommended that a team of reviewers (2 or more) independently rate these items to ensure inter-rater reliability. If reviewers provide different ratings for these items, the team should discuss these items and reach consensus on a final rating.

Regional programs are encouraged to request technical assistance if they have questions regarding the self assessment process and/or individual record review items. The self assessment must be submitted to the state by June 30th. The state office reviews each regional programs self assessment for completeness and logs the date the self assessment was submitted in the *Data and Report Submission Tracking Log* (Appendix D).

Table 4 summarizes the state level and regional program level activities related to implementing the self assessment process.

Table 4: Annual Self Assessment Activities

Action	Time Frame	State Level Activities	Regional Program Activities
Self Assessment Revisions	Annually	Review and revise the Annual Self Assessment as appropriate	
Random Selection of Child Records	May	Generate list of randomly selected child records for each regional program that must be reviewed for self assessment	
Dissemination of Self Assessment	May	Disseminate Annual Self Assessment to regional programs and list of randomly selected records for review	Initiate review of 10% of child records of children enrolled in services during fiscal year (or 10 records, which ever is more)
Training & Technical Assistance	May thru June	Provide training and technical assistance regarding the self-assessment process and individual record review items	Request technical assistance from the state as needed
Complete/ Submit Self-Assessment	June	Review each program's Annual Self Assessment for completeness and log timely submission	Finalize Annual Self Assessment, review for completeness and submit to the state by June 30 th

D. Off-site Monitoring Activities

Wyoming DDD uses off-site monitoring activities to: 1) monitor all regional programs on an annual basis, e.g. desk audit; 2) review quarterly data reports to identify emerging issues and plan appropriate technical assistance; 3) verify data entry and self assessment data; and 4) track regional program progress on correcting noncompliance and improving performance, e.g. *CAP Tracking Log* (Appendix E).

² Regional programs are also required to conduct quarterly record reviews using the annual self-assessment items by reviewing a random selection of child records provided by the state for 10% of all children currently enrolled in the program (or 10 records, which ever is more). The record review data is submitted to the state and is used in identifying emerging issues and determining training and technical assistance. See *D. Off-site Monitoring Activities, ongoing, Preventative Activities*.

1. **Annual Desk Audit:** Wyoming DDD uses a desk audit process to review data and information that are representative of each regional program's performance. The desk audit allows monitoring of every program on an annual basis without going onsite. Data and information include data system reports, 618 data, Annual Self Assessment data, family survey and child outcome data, complaints (informal and formal) and dispute data, previous monitoring reports, previous CAPs, Personnel Report (submitted with contract), *CAP Tracking Log* (Appendix E), and *Data and Report Submission Tracking Log* (Appendix D). The desk audit is conducted in July and August each year.

The state provides a summary of each regional program's performance on each Wyoming monitoring indicator using the Regional Program Report Card Summary Form (Appendix F). The state also provides relevant data reports for those indicators where the data system was used for monitoring program performance. Regional programs should confirm the data, or if the program does not agree with the data as reported, provide copies of documentation that substantiate data entry was not correct. This information must be submitted within 10 days of receiving the summary from the state. Following confirmation or correction of the regional program data, the state uses the data to:

- Identify areas of noncompliance, including findings and low performance that trigger the development of Corrective Action Plans;
 - Make status determinations of regional program's performance;
 - Select sites for onsite monitoring visits;
 - Notify programs of these findings and decisions; and
 - Respond to the SPP/APR that is due in February of each year.
2. **Identification of Noncompliance and Low Performance:** Through review and analysis of data during the desk audit, the state identifies noncompliance for compliance indicators (compliance indicators include: timely services, 45 day timeline, transition steps/notification/conference, timely correction of noncompliance, timely data, evaluation and assessment, procedural safeguards, service provision, timely IFSP meetings, measurable IFSP outcomes, IFSP developmental levels in all areas, clinical opinion). Noncompliance is identified when the target of 100% is not met by the regional program. The state consistently applies its definition of a finding of noncompliance for each compliance indicator across regional programs, requiring the development of a Corrective Action Plan (See *F. Corrective Action Plan*). All findings of noncompliance must be corrected within one year of identification (date of notification letter from the state) and are tracked for timely correction. Timely correction of all findings of noncompliance is reported in the subsequent year's SPP/APR Indicator #9.

When individual child instances of noncompliance are identified but do not constitute a finding, it is not necessary to develop a Corrective Action Plan. However, the state requires the regional program to correct these individual instances and report activities implemented to correct the noncompliance. When instances of noncompliance involves timelines (e.g., 45 day timeline, provision of timely services, transition conference, prior written notice) or if a child has exited the program, regional programs must demonstrate that they have taken steps to ensure noncompliance does not occur with future children. Regional programs must correct specific instances of noncompliance as soon as possible but no later than one year after identification.

The state also uses the desk audit process to identify instances of low performance on performance indicators (e.g., natural environments, child outcomes, family outcomes, number served [birth to one and birth to three], functional IFSP outcomes, IFSP outcomes that reflect family concerns/priorities/ resources [CPRs], IFSP strategies/activities outcomes, IFSP developmental levels functionally described) for each regional program. If a regional program's performance is substantially less than the state established target for any performance indicator the regional program is required to develop a Corrective Action Plan to improve performance.

3. **Status Determinations:** Data analysis conducted during the desk audit process is used by the state to make status determinations for regional programs' performance on an annual basis. The four status determination categories are:
 - Meets Requirements
 - Needs Assistance
 - Needs Intervention
 - Needs Substantial Intervention

To make determinations, the state uses performance data for each regional program on the SPP/APR indicators as well as from other sources (e.g., fiscal audits, previous monitoring data). The state informs regional programs of their determination status and any related enforcement actions.

4. **Onsite Selection:** The state annually selects at least three (3) regional programs for an onsite visit. At least two (2) regions are selected based on greatest need (e.g., those with significant noncompliance and/or low performance based on data analysis during the desk audit and status determination level). One (1) additional region is randomly selected from among all remaining regions. All regions receive an onsite visit within a five year period.
5. **Notification Letter:** The state notifies each regional program in writing as to the identification of noncompliance, the need to develop Corrective Action Plan(s), their status determination level, and if the program has been selected for an onsite visit. This written notification is sent to regional programs usually in the month of September. Regional programs are responsible for reviewing the Notification Letter and responding to the state's requests as appropriate. (See *F. Corrective Action Plans* and *E. Onsite Monitoring Visit* for more information.)
6. **Ongoing, Preventative Activities:** Regional programs are required to conduct quarterly record reviews using the annual self-assessment items. Programs should review random selection of child records provided by the state for 10% of all children currently enrolled in the program (or 10 records, whichever is more). The record review data are submitted to the state as part of the state and regional program's joint ongoing, preventative activities. Following submission of the quarterly record review data, the state and regional programs jointly analyze and discuss quarterly data from the record review and data system via quarterly conference calls or face-to-face meetings. Quarterly data are compared to statewide data and previous annual and quarterly data to help identify trends/patterns. Discussions include determining if specific technical assistance is necessary to enhance performance around specific requirements of IDEA or in implementing quality practices. The technical assistance plan is reviewed and modified as appropriate to address statewide and region-specific

needs based on this analysis. This process serves as an ongoing preventative activity.

7. **Other Off-site Activities:** Other monitoring activities conducted off-site include reviewing and approving Corrective Action Plans, tracking progress and correcting noncompliance, providing some aspects of technical assistance and training, releasing programs from noncompliance, imposing sanctions, etc. These activities are addressed in subsequent sections of this manual.

Table 5 summarizes the off-site monitoring activities of both the state and the regional programs. The table also provides time frames in which the activities should be completed.

Table 5: Activities Related to Off-site Monitoring

Action	Time Frame	State Level Activities	Regional Program Activities
Annual Desk Audit	July - August	Conduct annual off-site data analysis (desk audit) on all programs for purpose of -monitoring	
	August	Provide a summary of each regional programs' data for each Wyoming monitoring indicator for regional confirmation of data	Review the data summary, confirm findings or provide documentation to substantiate change in data within 10 days of receipt of summary
Identification of Noncompliance	September	Identify noncompliance for each regional program as part of the Desk Audit, including systemic noncompliance that triggers CAPs	
Identification of Low Performance	September	Identify areas of low performance for each regional program that trigger CAPs	
Status Determination of Regional Programs	September	Make status determinations for each regional program based on established criteria	
Onsite Visit Selection	September	Select 2 programs based on greatest need and 1 program by random selection for onsite visits	
Notification Letter	September	Notify programs in writing of the identification of noncompliance and low performance, status determination, and onsite visit selection	Review notification letter; develop CAPs in areas of systemic noncompliance and low performance (see CAPs); respond to status determination as appropriate; if selected for onsite visit collaborate with state in preparing for visit
Ongoing, Preventative Activities	Quarterly	Generate list of randomly selected child records for each regional program to complete quarterly record reviews (10% of all children enrolled in the program or 10 records, which ever is more)	Complete quarterly record review of records randomly selected by the state and submit
		Generate quarterly data report	Generate quarterly data report

Table 5: Activities Related to Off-site Monitoring

Action	Time Frame	State Level Activities	Regional Program Activities
		Review quarterly report data, including quarterly record review data, with regional program directors to determine potential issues and TA needs	Review data with state staff to identify potential issues and TA needs

E. Onsite Monitoring Activities

Wyoming DDD conducts onsite monitoring visits primarily to those programs in greatest need. The primary purpose of the onsite visit is to determine the underlying reasons that contribute to the program’s noncompliance and/or low performance (e.g., root cause analysis). The onsite visit also includes the verification of data. At least three (3) regional programs receive an onsite monitoring visit annually of which (2) regional programs are selected based on greatest need and the other through random selection.

1. **Onsite Visit Preparation:** Preparation for the onsite visit is critical for successfully uncovering the underlying causes of the regional program’s noncompliance and/or low performance. Data that has been analyzed during the Annual Desk Audit (e.g., annual monitoring of programs) serves as the basis for determining the focus of the onsite visit and planning the appropriate onsite monitoring activities. For most onsite visits, data collection occurs only in those areas in which the program has greatest needs. However, in some instances, a more comprehensive review of the regional program may be appropriate.

The following steps are included in the preparation process for the onsite visit following written notification to the program of their selection.

- a. **Initial Conference Call** – State staff are responsible for scheduling and conducting an initial conference call with the regional program director (and other program staff as determined by the regional program director) to initiate mutual planning and coordination of the onsite visit. During the initial call, state staff:
 1. Review the results of the Desk Audit that contributed to the regional programs selection for the onsite monitoring visit. (If the regional program was randomly selected for the onsite visit, this information is shared instead.)
 2. Share general information about the purpose of an onsite monitoring visit and typical activities that occur before, during and after the onsite visit.
 3. Respond to questions regarding the onsite monitoring visit.
 4. Schedule the onsite visit with the regional program director as well as several conference calls to plan the details of onsite visit (e.g., logistics, who should be involved in interviews, files that need to be available).

- b. **Selection of Onsite Review Team** – Onsite visits are conducted by a team selected by state staff. The onsite team should have varying expertise and experiences and may be comprised of the following:
- State staff
 - Regional program director or his/her designee from another region
 - Stakeholder, such as family member, ICC member, parent center (PTI) representative, service provider
 - Others as determined appropriate

The selection of members for each of the Onsite Review Teams may occur at multiple times during the year or at the same time. Selecting teams at the same time enables the state to provide initial orientation to all onsite team members during one event.

- c. **Onsite Review Team Orientation/Training** – State staff are responsible for preparing and training onsite review team members: 1) the purpose and focus of the onsite visit; 2) their potential roles in the onsite visit; and 3) expectations related to preparing for and conducting the onsite visit. State staff may choose to have an initial orientation for all Onsite Review Team members. However, several conference calls should be held with each team to adequately plan for the onsite visit with each respective regional program and to ensure that individual team members are prepared to carry out their assigned responsibilities. Onsite review team orientations may be completed through conference calls or any other means deemed appropriate.
- d. **Data Analyses** – State staff are responsible for reviewing data and information during the Annual Desk Audit to: 1) determine if additional data and information is needed prior to the onsite visit; and 2) confirm the focus of the onsite visit based on the programs' performance. If additional data/information is requested from the regional program, this information is reviewed/analyzed as part of the preparation process. Regional programs are responsible for providing additional information/data upon request.
- e. **Selection of Root Cause Analysis and Related Requirements Tools** – The intent of the onsite visit is to uncover the underlying reasons for noncompliance or low performance of certain indicators. *Root Cause Analysis and Related Requirements Record Review* items (Appendix G) and *Root Cause Interview Questions* (Appendix H) have been developed to correspond with each of the Wyoming monitoring indicators. State staff, with input from the Onsite Review Team, select the appropriate items from these tools to use during the onsite visit based on the area(s) of focus. Root cause analysis record review items and interview questions may be adapted as appropriate to specifically address individual needs of regional programs based on data analysis. (Note: To ensure consistency with the OSEP related requirements, related requirements record review items should not be eliminated or modified.)
- f. **Onsite Visit Planning Calls** - State staff are responsible for working with the regional program in solidifying the details of the onsite visit. State staff confirm with the regional program the area(s) of noncompliance/low

performance that will be the focus of the onsite visit, the activities that will occur while onsite. Onsite activities typically include team meetings, interviews [face-to-face, focus groups, forums, interviews by phone], conducting child record and other file reviews, and an exit meeting). Regional programs are responsible for arranging these logistics and assisting the state staff in arranging interviews with individuals, arranging focus groups, and providing access to child records, administrative and other files/documents.

- g. **Onsite Review Team Assignments** – State staff, with input from the Onsite Review Team, are responsible for all final arrangements for the onsite visit. This includes the development of a list of all materials needed for the visit, finalizing logistics and schedules, ensuring that families/providers/community partners are invited to focus group meetings or informed that they may be contacted for individual interviews, etc.

Table 6 outlines state and regional program activities related to preparing for an onsite visit.

Table 6: Preparation for the Onsite Visit

Action	Time Frame	State Level Activities	Regional Program Activities
Initial Conference Call with Regions Selected for Onsite Visits	September	Schedule and conduct initial conference call with programs selected for onsite visits	Coordinate with state in scheduling initial onsite planning call, decide which staff should participate, participate on the call
		Schedule onsite visit and several planning conference calls with regional programs	Coordinate with state to schedule the onsite visit and several additional planning calls to prepare for onsite visit
Selection of Onsite Review Team	Fall to Winter	Identify potential Onsite Review Team members, invite and confirm their participation	
Onsite Review Team Orientation and Training	Fall, Winter and/or Spring	Prepare Onsite Review Team members through orientation and training, conference calls, and/or resource materials regarding the purpose and focus of the onsite visit and their potential roles and responsibilities	
Data Analysis	Fall, Winter and/or Spring	Review data from Annual Desk Audit to determine if additional data is needed and to confirm focus areas for onsite	
		Request additional data from regional program if necessary and review/analyze when submitted	Provide additional data/information to state and Onsite Review Team if requested
Selection of Root Cause Analysis and Related Requirement Tools	Fall, Winter and/or Spring	With assistance from the Onsite Review Team, select appropriate Root Cause Analysis and Related Requirement Tools; adapt and develop protocols to ensure investigation of contributing factors of low performance/noncompliance	

Table 6: Preparation for the Onsite Visit

Action	Time Frame	State Level Activities	Regional Program Activities
Regional Program Onsite Visit Planning Calls	Fall, Winter and/or Spring	Conduct several planning conference calls with regional programs to finalize details of onsite visit, including agenda and logistics	Participate on planning calls with state staff; assist Onsite Review Team with logistics and arranging of interviews
Assignment of Onsite Review Team Responsibilities	Fall, Winter and/or Spring	Assign Onsite Review Team members with responsibilities for onsite visit and prepare them to carry out these responsibilities	

2. **Conducting Onsite Visits:** Using a team of reviewers with varying expertise and experiences is critical for conducting onsite visits and ensuring that contributing factors impacting regional program performance are identified. Individual team members have responsibilities for carrying out the various planned onsite activities. They are also responsible for sharing information that they uncover based on their observations and/or interviews. The team uses a consensus building process, where no one person is totally responsible for making a decision about the regional program’s performance. To achieve consensus, reviewers share information, analyze data, and work through issues until they arrive at a well-informed decision. Throughout the onsite visit, the review team discusses the information they gather to determine if the other team members are observing or hearing similar things.

Onsite visits are individualized based upon the analysis of data and needs of the regional program (e.g., areas of noncompliance or low performance). Activities that may be planned for the visit include the following:

- a. **Entrance Meeting** – An entrance meeting is usually held with regional program administrators and staff to review the purpose of the onsite visit, review the agenda and activities that will occur, and to provide an opportunity for the regional program to share general information with the onsite review team.
- b. **Data Collection** – Onsite data collection activities focus on the reason for the onsite visit. Data collection is designed for root cause analysis of low performance and/or noncompliance and to explore performance on related requirements. Onsite data collection activities usually include some or all of the following:
 - interviews with directors/administrators
 - open meeting, focus group and/or interviews with parents
 - interviews with staff/providers
 - interviews with community partners
 - review of child records
 - review of other written documentation (e.g., personnel files, contracts, administrative records)

The regional program supports the onsite data collection by allowing the participation of staff in requested interviews, and in making child records or other written documentation available to the Onsite Review Team.

- c. **Data Verification** – The onsite record review process is also used for verifying data entered into the state data system by comparing IFSPs with data entered. The state verifies self assessment data reported by the regional program by reviewing 50% of the records that each program used in completing their Annual Self Assessment.
- d. **Analyses of Data Collected Onsite** – The Onsite Review Team analyzes data collected during the onsite visit to determine root cause analysis of low performance and noncompliance and to identify performance on related requirements. The analysis triangulates data from multiple sources. Such analysis may lead to the identification of noncompliance and the need for Corrective Action Plans or modification to existing plans.
- e. **Reporting Results** – The Onsite Review Team reports results of onsite data collection, verification and analysis to regional program staff prior to completing the onsite visit. Reporting may occur throughout the onsite visit during scheduled meetings with regional program staff and/or during an exit meeting. State staff should coordinate with the regional program director to decide which regional staff are expected to participate in these meetings.

The state also makes every effort to draft a written report identifying, (1) the regional program’s performance on related requirements, and (2) factors that may be contributing to low performance and/or noncompliance. This draft report is not the official onsite visit Findings Report that triggers the one year timeline for correcting noncompliance.

- f. **Planning Targeted Technical Assistance** – Prior to completing the onsite visit, the Onsite Review Team and regional program staff should discuss potential targeted technical assistance needs to help the regional program improve performance and/or correct noncompliance. These activities should be included in the Corrective Action Plan.
- g. **Issuing Findings Report** - State staff finalize an official written Findings Report (in accordance with *Findings Report Checklist* – see Procedure Manual) within 30 days following the onsite visit. The report outlines findings as well as the methods and sources of information used to identify noncompliance or low performance with requirements (including citations). The findings report should specify expected actions that programs must complete such as submitting or modifying Corrective Action Plans, expected evidence of correction and improvement, and timelines to ensure that noncompliance is corrected in a timely manner but no later than one year.

Table 7 identifies the state and regional program activities related to conducting the onsite visit.

Table 7: Onsite Visit Activities

Action	Time Frame	State Level Activities	Regional Program Activities
Data Collection	Fall, Winter and/or Spring	Conduct data collection activities (interviews, focus groups/open forums, record reviews, other document reviews) for root cause analysis of noncompliance/low performance and identification of program performance on related requirements in focus areas	Make available staff, child records and other written materials (e.g., personnel files, contracts, administrative records)
Onsite Data Verification	Fall, Winter and/or Spring	Verify data entry by comparing IFSPs with data in the state data system	Make available child records
		Verify self-assessment data reported by the regional program by reviewing 50% of the records that each program used in completing Annual Self Assessment	Make available child records used in completing Annual Self Assessment
Analysis of Onsite Data Collection	Fall, Winter and/or Spring	With Onsite Review Team, analyze data collected while onsite to determine root cause of low performance/noncompliance and identify program performance on related requirements	
Reporting Results	Fall, Winter and/or Spring	Meet with Regional Program staff to report results of data collection and analysis while onsite (ongoing throughout onsite visit and/or at the exit meeting)	Regional Program Director determines which staff participate in meetings with Onsite Review Team; participate in meetings
Planning Targeted Technical Assistance	Fall, Winter and/or Spring	Discuss and plan with regional program targeted technical assistance to support improved program performance and correction of noncompliance	Discuss needs for and plan with Onsite Review Team the provision of targeted technical assistance to improve program performance and correct noncompliance
Issuing Findings Report	Fall, Winter and/or Spring	Finalize and issue a Findings Report that identifies root cause of low performance/noncompliance, performance on related requirements, findings of noncompliance that trigger development or modification of CAPs	Review Findings Report

F. Developing and Implementing Corrective Action Plans and Tracking Progress and Corrections

Wyoming DDD requires that regional programs develop Corrective Action Plans when findings of noncompliance or low performance (not meeting established targets on performance indicators) have been identified during the Annual Desk Audit or during onsite visits. The state identifies the evidence of change data and timelines in which regional programs are expected to make progress toward meeting targets and correcting noncompliance. Regional Programs are expected to include the evidence of change data/timelines in their Corrective Action Plan.

If findings of noncompliance or low performance are identified as a result of the annual desk audit, regional programs are strongly encouraged to convene a team of knowledgeable staff/providers to conduct a root cause analysis to identify contributing factors of findings of noncompliance or low performance. For example, root causes may be related to policies and procedures, provider knowledge or skills, training and technical assistance, administrative structures (including supervision), and personnel issues. The *Program Root Cause Questions for Developing Meaningful Corrective Action Plans* (Appendix I) includes the types of questions that the regional program team should use in exploring contributing factors of low performance and/or findings of noncompliance to develop a meaningful Corrective Action Plan.

As appropriate, the Corrective Action Plan must include strategies related to the root cause(s). Strategies may include improving policies and procedures, improving provider knowledge and skills, providing training and technical assistance, modifying administrative structures (including supervision), and addressing personnel issues.

The state is responsible for providing technical assistance to regional programs developing their Corrective Action Plans. Technical assistance may include support in identifying underlying causes of low performance and noncompliance and in developing appropriate strategies for improvement.

Regional programs must complete and submit Corrective Action Plans no later than 30 days following written notification of noncompliance (e.g., Notification Letter following Annual Desk Audit, Written Findings Report following onsite monitoring visit). Upon receipt of regional programs' Corrective Action Plans, state staff review the plans using the *Review Checklist Corrective Action Plan/Improvement Plan* (Appendix J) and provide written notification of their approval of the CAPs to regional programs.

In accordance with evidence of change requirements and timelines, regional programs report progress data to the state. The state reviews the data and other information provided and verifies that the noncompliant policies, procedures and/or practices have been revised and that noncompliance has been corrected. When data and information substantiate correction of noncompliance, the state releases the regional program from the Corrective Action Plan through written communication. The state completes the *CAP Tracking Log* (Appendix E) as data is submitted, including when noncompliance has been corrected. If data does not show expected progress toward correcting noncompliance or improving performance, the state may impose changes to the Corrective Action Plan and/or impose targeted technical assistance prior to the one year deadline for timely correction.

Table 8 outlines Corrective Action Plan activities.

Table 8: Corrective Action Plans and Tracking Progress and Corrections

Action	Time Frame	State Level Activities	Regional Program Activities
Requiring CAP Development	Fall, Winter and/or Spring	Identify expected evidence of change and timelines with written notification of the identification of findings of noncompliance that require the development of CAPs	Review findings of noncompliance, areas of low performance and evidence of change expectations

Table 8: Corrective Action Plans and Tracking Progress and Corrections

Action	Time Frame	State Level Activities	Regional Program Activities
Root Cause Analysis following Desk Audit	Fall		If findings of noncompliance or low performance were identified through the Annual Desk Audit, convene a team of knowledgeable staff/providers to conduct a root cause analysis of factors contributing to the noncompliance or low performance
Developing CAPs Including Strategies to Address Root Cause Areas	Fall, Winter and/or Spring		As appropriate, identify improvement activities related to improving policies and procedures, changing provider practices, providing training and technical assistance, modifying administrative structures (including supervision), and addressing personnel issues as appropriate
Providing TA for Developing CAP	Fall, Winter and/or Spring	Provide technical assistance to regional program to support them in developing effective CAP	Request technical assistance as needed to assist with root cause analysis and/or developing meaningful strategies for correcting noncompliance/improving performance
Submitting CAPs	Fall, Winter and/or Spring		Submit completed CAP within 30 days of written identification of noncompliance
Reviewing / Approving CAP	Fall, Winter and/or Spring	Receive and review CAPs using CAP Checklist; provide written approval	Modify CAP if necessary to meet state approval
Providing Targeted TA in Implementing CAP	Ongoing	Provide targeted technical assistance to regional programs in their implementation of CAP	Receive targeted technical assistance
Tracking Correction and Progress	Fall, Winter and/or Spring	Review progress data submitted by regional programs, document progress on <i>CAP Tracking Log</i> , verify correction, and release programs from CAPS	Collect and submit data according to timelines to report progress in meeting evidence of change and for correcting noncompliance
		Require modifications to CAP or impose targeted technical assistance if progress toward correction or improving is not being made as expected	Review progress data and modify CAP and/or utilize technical assistance as required
		When noncompliance has been corrected, notify regional programs in writing of release from CAP	Review written notification of release from CAP

G. Training and Technical Assistance

Training and technical assistance are critical for ensuring implementation of IDEA requirements and implementation of evidence-based practices by all regional programs. Wyoming DDD analyzes statewide data from the Annual Desk Audit and the SPP/APR and develops an annual

training and technical assistance plan. The plan outlines statewide and region-specific technical assistance and training that is directly linked to the SPP/APR and state monitoring indicators, state improvement activities, state monitoring activities, and complaints/disputes. The annual training and technical assistance plan is updated and revised quarterly based on review and analysis of quarterly data reports as part of preventative activities used by the state. The state provides statewide and regional training and technical assistance based on the plan. In addition, targeted technical assistance and training is provided to regional programs in enhancing their performance, correcting noncompliance, and improving results for children and families.

Table 9 outlines responsibilities of the state and regional programs related to technical assistance and training.

Table 9: Training and Technical Assistance Responsibilities

Action	Time Frame	State Level Activities	Regional Program Activities
Annual TA and Training Plan	Annual	Analyze statewide data from Annual Desk Audit and the state's performance on the SPP/APR Indicators; develop an annual training and technical assistance plan	
Quarterly Statewide and Regional TA Plan	Quarterly	Analyze quarterly data reports and revise annual training and technical assistance plan to reflect statewide and region-specific needs	Review quarterly data reports with state assistance in identifying region-specific training and technical assistance needs
Providing Training and TA	Ongoing	Provide statewide technical assistance and training to all regional programs on IDEA requirements, SPP/APR and state priority monitoring indicators, improvement and Corrective Action Plan strategies, and state monitoring activities	Attend/access statewide training and technical assistance provided by the state
	Ongoing	Provide targeted technical assistance and training that addresses region-specific needs	Request and access regional training and technical assistance

H. Reporting Data to the Public

In accordance with federal requirements, Wyoming DDD annually reports both state and regional program performance data (e.g., 618 and SPP/APR data) to the public. At a minimum, public reporting includes the SPP/APR and each regional program's performance on SPP/APR indicators #1 through #8 (e.g., timely services, natural environments, child outcomes, family outcomes, children serviced birth to age one and birth to age three, 45 day timeline, and transition steps/notification/conference). The report on regional program performance includes state targets and each regional program's percentage (and numbers) in comparison to the state targets. Wyoming DDD makes every effort to ensure the data is understandable to a wide variety of audiences (e.g., parents, advocates, administrators, state policy makers, service providers). The state posts the data on its website to ensure broad dissemination.

Table 10 summarizes state activities related to reporting data to the public.

Table 10: Activities Related to Reporting Data to the Public

Action	Time Frame	State Level Activities	Regional Program Activities
Making Data Understandable	February	Develop data report on state and regional program performance that is understandable to broad audiences	
Disseminating Data to the Public	February	Post SPP/APR and state and regional program performance on SPP/APR Indicators #1 through #8 on the website	

I. Incentives and Sanctions

Wyoming DDD uses incentives and sanctions as part of enforcing compliance with IDEA requirements. Regional programs that achieved outstanding performance by meeting or exceeding targets earn public recognition, as posted on the state’s web page. When performance has not improved and noncompliance is not corrected in a timely manner, sanctions may be imposed.

Wyoming DDD reserves the right to use any appropriate enforcement actions to correct persistent deficiencies related to compliance indicators and IDEA requirements. Persistent deficiencies are defined as substantial noncompliance issues identified by DDD either through data reports, onsite review, corrective actions taken, previous monitoring reports, unique characteristics of the regional program, program’s efforts and capacity to correct the identified problem, and other quality assurance activities that have continued after being identified and noticed in writing to the regional program without significant improvement for six months as determined by DDD. Enforcement actions may include:

- Directing the use of funds to correct the noncompliance
- Imposing special conditions on the contract
- Denying or recouping payment for services for which noncompliance is documented
- Terminating or not renewing the contract

Wyoming DDD provides written notification of impending enforcement action and the timelines for those actions. The regional program has the opportunity to meet with state staff to review the available data, explain what will be necessary to achieve compliance, and review the evidence of change that will be necessary to demonstrate sufficient improvement to reverse the enforcement action, if appropriate.

Activities related to incentives and sanctions are summarized in *Table 11*.

Table 11: Incentives and Sanctions

Action	Time Frame	State Level Activities	Regional Program Activities
Incentives	With Status Determination	Recognize regional programs that achieved outstanding performance by meeting or exceeding targets	
Sanctions	With Status Determinations	Impose sanctions for enforcing correction of noncompliance when necessary	Respond to written notification of sanctions as appropriate

J. Disputes and Complaints

Regional programs must make every effort to resolve complaints or disputes informally as identified by parents, advocates, providers. When in the process of attempting to resolve disputes, regional programs are required to make arrangements for interpreter or translator services, including alternative methods of communication.

The state requires that regional programs track the informal resolution of complaints/disputes by completing the *Informal Complaints Tracking Log* (Appendix K). Use the log to document the date of the complaint, name of complainant, nature of the complaint, when it was resolved, and a description of the resolution. Regional programs should determine procedures for collecting information from service providers/service coordinators and determine who is responsible for documenting the informal complaints in the tracking log. The Informal Complaint Tracking Log is submitted to the state annually with contract submission requirements.

The state reviews the nature of the informal complaints and how the complaints were resolved. This information assists in:

- planning statewide and regional specific technical assistance and training;
- preparing for onsite monitoring visits, including identification of focus areas.

In accordance with Wyoming Part C rules and policies and procedures, regional programs must provide parents with support and guidance in filing formal complaints, requesting an impartial due process hearing, and/or requesting mediation if informal resolution is not reached at the regional level.

State and regional program activities related to disputes and complaints are summarized in *Table 12*.

Table 12: Disputes and Complaints

Time Frame/ Deadline	State Level Activities	Regional Program Activities
Initially		Establish procedures for collecting information on informal complaints
Ongoing		Make every effort to resolve complaints informally; track them on the <i>Informal Complaints Tracking Log</i>

Table 12: Disputes and Complaints

Time Frame/ Deadline	State Level Activities	Regional Program Activities
As Necessary		Provide families with support and guidance in filing formal complaints, requesting impartial due process hearing, and/or requesting mediation if informal resolution is not achieved
Annually	Review <i>Informal Complaints Tracking Log</i> to identify potential issues for TA and training plan and for onsite visit preparation	Submit completed <i>Informal Complaints Tracking Log</i> with contract submission requirements

K. Regional Program Contracts for Providing Early Intervention Services

Each regional program is responsible for completing all contractual scope of work activities and deliverables in accordance with the provision of their contracts and requirements of the state.

State and regional program activities related to contracts are summarized in *Table 13*.

Table 13: Program Contracts

Time Frame/ Deadline	State Level Activities	Regional Program Activities
As required	Issue regional contracts annually	Submit contract submission requirements, deliverables and complete scope of work activities as required