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

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

**For reporting on   
FFY 2022**

**Wyoming**

U.S. Department of Education seal

**PART C DUE   
February 1, 2024**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

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

Additional information related to data collection and reporting

The WDH, EIEP has a web-based data system in place which stores all pertinent child file information in order to collect and report on APR and a variety of other data which is further described in the General Supervision System. This data system contains all Individualized Family Service Plan (IFSP) documents and dates of completion of IFSP events.  
  
WDH, EIEP utilizes this database system to report on monitoring priority areas as well as IDEA Sec. 618 data and Sec. 616 State Performance Plan/Annual Performance Report (SPP/APR) data. This system was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH. Data collected at referral and from the Individualized Family Service Plan (IFSP) for every eligible child and family is entered into the database by EIS Program staff. WDH, EIEP and EIS Programs are able to generate reports from the database on a regular basis to monitor compliance and performance and audit for data validity and reliability.

**General Supervision System**

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The WDH, EIEP Part C general supervision system includes multiple components to ensure IDEA requirements are met in the areas of integrated monitoring activities, data on processes and results, the SPP/APR, fiscal management, policies, procedures, and practices resulting in effective implementation, and improvement, correction, incentives, and sanctions.   
  
Wyoming contracts with fourteen (14) regional provider agencies to provide all aspects of Part C including referral, evaluation, enrollment, transition (as applicable) and exit. Integrated monitoring of each of the fourteen (14) regional programs occurs through a variety of means including conducting desk audits, onsite monitoring, and periodic review of program data. EIS programs are monitored through desk audits and on-site visits at least once every three years on a cyclical basis.   
  
The desk audit typically occurs in conjunction with on-site monitoring visits, but may be conducted at other times as the need arises. Desk audits consist of reviewing selected data from Wyoming's electronic database system which stores every Part C child file. Files are reviewed electronically to identify potential areas of non-compliance. Selected data typically includes the following areas, as well as other identified areas of need on an individual basis: documentation of complete initial evaluations and assessments, service provision, timely periodic reviews, timely annual reviews, outcomes are written in language that is parent friendly and IFSP outcomes are developed in accordance with priorities and concerns of the family, documentation of Informed Clinical Opinion initial and ongoing eligibility, developmental levels are completed within the IFSP, and all required forms are complete. It is noted that monitoring of APR data occurs annually as data are compiled for submission so this data review is not typically part of the desk audit.   
  
Onsite monitorings provide an opportunity for state Part C staff and EIS program staff to discuss the results of the desk audit. The EIS programs provide a copy of their policies and procedures to review and these are discussed as needed. State staff highlight program strengths during these discussion and relay any areas of concern resulting from the desk audits. Monitoring reports and corresponding Corrective Action Plans (CAPs) are issued within ninety (90) days of the conclusion of the monitoring process for a particular EIS provider. Corrections must occur as soon as possible but not more than one year from the date of the report. WDH, EIEP monitors the program’s progress on completing activities identified in the monitoring reports and CAPs and a final report is issued within one year of the date of the original report.  
  
Periodic review of program data occurs throughout each reporting year. Data are reviewed for completion at the beginning of each month. During monthly reviews, incomplete or inaccurate data is also identified for follow up. These monthly reviews consist of reviewing demographic data, documentation of eligibility category, environments where children are served, all dates in conjunction with the IFSP process, and exit data. Data that are missing or out of compliance are addressed in the same manner as the desk audit/onsite monitoring process outlined above.  
  
The review of data regarding processes and results occurs in multiple manners. The first manner is described above, as part of the integrated monitoring process. The second is as part of WDH, EIEP’s processes for reviewing data to ensure not only compliance but program improvement. Child outcome data are reviewed periodically for completeness and to determine if children are showing growth while they are enrolled in Part C. WDH, EIEP staff compare data to other states to identify trends and patterns that may be affecting the data and contributing to certain outcomes. Family survey completeness rates are reviewed on a monthly basis to ensure data is being collected from all geographic areas of the state. If areas of the state do not have many completed survey, technical assistance is provided on how to increase response rates.   
  
There are multiple steps involved in the preparation and reporting of APP/SPR data. Data are compiled and reviewed initially for completenesss. EIS providers are notified to complete any missing data within a specified time frame. Files are reviewed to determine if delays on timelines are due to exceptional family circumstances, or another identified reason. Data are reviewed and checked for accurary by several other parties. Stakeholders review all APR data prior to submission and stakeholders participate in analyzing the data compared to previous year’s performance and the targets.  
  
There are several components to EIEP’s fiscal management approach. Annual financial statements or fiscal audits are collected and reviewed by WDH’s grants management team. WDH, EIEP reviews each EIS provider’s fiscal policies and procedures in conjunction with the cyclical monitoring outlined above. Areas reviewed include responsible parties; internal controls; accounting practices; allowable/unallowable costs; cash management; procedures for determining eligibility; matching, level of effort, and earmarking; timelines for availability of funds; fiscal reporting; procedures for subrecipeint monitoring; program operations; budgeting, personnel practices, and documenting expenses according to federal requirements.  
  
The WDH, EIEP program policies are based on the federal regulations for Part C of the Individuals with Disabilities Education Act and Wyoming Department of Health Chapter 8 Rules.  
  
WDH, EIEP uses a variety of strategies to improve and sustain correction of noncompliance. When an instance of noncompliance is identified, the state issues a finding of non-compliance and works with the entity to ensure and verify correction of the noncompliance according to federal requirements. WDH, EIEP uses “pre-finding correction” when both federal requirements for verifying correction are met prior to issuing a finding. Correction of non-compliance is required as soon as possible, but no later than one year after noncompliance is identified.  
  
WDH, EIEP takes several steps to verify correction of noncompliance according to federal requirements. A corrective action plan (CAP) may be required as part of the finding, depending on the scope and level of noncompliance. A CAP for compliance may be developed involving the regional service providers. WDH, EIEP staff finalize the CAP and provides technical assistance, assuring all activities are completed in accordance with federal requirements.  
If a regional program or provider does not correct the noncompliance within one year, WDH, EIEP would initiate a Compliance Agreement with the regional provider to correct systemic non-compliance as outlined in WDH EIEP’s policies and procedures.  
  
Dispute resolution processes consistent with federal and state regulations are available including state administrative complaint resolutions, due process hearings, and mediations.

**Technical Assistance System:**

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

The WDH, EIEP has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance (TA) and support to all EIS Programs. The mechanisms include: review and analysis of program report card data based on the APR indicators with EIS providers; monthly calls for EIS providers to cover topics relevant in the field and based on current federal guidance; and technical assistance provided by WDH, EIEP staff in conjunction with desk audits, on-site visits, and subsequent findings and Corrective Action Plans. The WDH, EIEP also provides ongoing support and TA regarding all aspects of Wyoming's electronic data-based system to ensure timely and accurate reporting of all child data. Details of each TA mechanism are described below.  
  
EIS providers report they look forward to their annual report card; they use it share program results with local stakeholders and plan for their own internal technical assistance opportunities.WDH, EIEP staff offers each regional provider the opportunity to review their report card in a collaborative manner. Regions that receive a rating of Meets Requirements are not required to attend a meeting; all others are required to do so. Each indicator is reviewed in depth and strategies for improvement are discussed for indicators that indicated slippage or the target was not met. In addition, WDH, EIEP offered a TA opportunity presented by Susan Wagner, Ph.D, owner of Data Driven Enterproses, on child outcomes data- how it is measured, an in-depth look at the analysis, possible reasons for slippage, and the group as a whole offered strategies for program improvement.  
  
Monthly calls are conducted by WDH, EIEP staff for all EIS providers on relevant topics. Topics are chosen as a result of program data review or desk audits/onsite monitoring and identified areas of needed improvement, questions submitted from EIS providers in the field, and ongoing or updated federal guidance relevant to Part C. In FFY 2022, topics included, but were not limited to: state eligibility requirements; supporting children and families of children with hearing loss, the Battelle Developmental Inventory, used by EIS providers to measure child outcomes upon entry to and exit from the program; child find practices; procedural safeguards; dispute resolution; parent surveys; topics related to equitable services; transitions to preschool, among other relevant topics.  
  
WDH, EIEP, also uses integrated monitoring practices to provide TA to local providers. When issues are identified through the monitoring process, WDH, EIEP will provide information on a monthly call, meet with regional providers to clarify regulations and requirements, provide clarification on certain topics through emails, and send out resources such as trainings and webinars offered by outside entities.

**Professional Development System:**

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

The WDH, EIEP has multiple mechanisms in place to ensure the timely delivery of high quality professional development opportunities to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.The mechanisms include: training on Part C topics by experts in the field; partnerships with the University of Wyoming to deliver trainings on topics related to early intervention that are based on evidence-based practices (EBPs); and partnerships with Wyoming’s Parent Information Center, Wyoming’s Early Hearing Detection and Intervention program, and the Wyoming Department of Education. In addition, each of the fourteen (14) EIS providers submits an annual professional development plan to WDH, EIEP for review. Details of each professional development opportunity are described below.  
  
Several trainings on Part C topics by experts in the field were provided in FFY 2022. Niki Baldwin, Ph.D, a senior lecturer in the College of Teacher Education at the University of Wyoming, provided a four-part training series for EIS providers on the following topics: Foundations of Social/Emotional Development, Trauma Informed Practices, Early Learning Standards, and How To Bring It All Together (conclusion/summary/next steps). Beginning in 2019, the WDH, EIEP contracted with technical assistance specialists to develop an extensive Part C training component that is available to all early intervention providers. This training is now provided through online modules and covers the entire scope of the Part C process from best practices of initial screening to evaluation process and procedures to IFSP development and exit from services. The training is a requirement of all EIS Programs and is utilized by new and experienced program staff.  
  
Partnerships with Wyoming’s Parent Information Center, Wyoming’s Early Hearing Detection and Intervention Program, and the Wyoming Department of Education allowed for the following professional development opportunities for EIS providers: training on supporting families of children with hearing loss, parent training on procedural safeguards, and parent training on how to review and analyze early childhood data.  
  
The WDH, EIEP requires that all EIS Programs conduct their own professional development activities, in addition to what is provided through the means described above. Part C federal funds are provided to each EIS provider and as part of their annual contract, they are required to submit a plan for their professional development activities for the upcoming fiscal year. Topics covered in the local professional development plans include, but are not limited to: assisting families to support children with challenging behavior, trainings centered on effective practices for working with children diagnosed with Autism; family engagement; infant massage; and strategies for working with children with sensory challenges.

**Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. The numbers of submissions were monitored and providers were encouraged to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers and obtain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. One of the key stakeholder activities, which is described below, involved individual parents in training on data use from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.   
  
Parent members of the ICC provide input into many aspects of the Part C system through regular ICC meetings. Overall state results on the APR indicators are shared with ICC members. Each indicator is reviewed, progress is examined, and the group discusses the progress towards targets. The data are compared to the previous year. The state results are compiled in a way where targets that were met are displayed in green; targets that were not met are displayed in red so ICC members are easily able to identify areas of need in the state. Parent members contribute to the development of improvement strategies and evaluating progress during discussions about the SSIP work which involves training the early childhood workforce on Evidence Based Practices and gathering data regarding the effectiveness of these practices.

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

YES

**Number of Parent Members:**

3

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The ICC contains three parent members. As parents of young children with delvelopmental delays, they provide insight into many aspects of the Part C system. During meetings, reports are given on progress towards meeting the targets on the indicators. Present and past data showing trends over the course of time are discussed. Overviews of the SSIP work are provided and discussed as part of the meetings as well. The Executive Director from the PIC also participates in the ICC meetings. During this reporting period the PIC has provided information about the resources available to families, data on EI family activities and inquiries and any pertinent information they are seeing or hearing from families in the field.   
  
In the fall of 2023, the PIC, in partnership with DaSY and CIPR, executed the Family Data Leadership Project in Wyoming. The goal was to prepare parents or other family members to become Family Data Leaders (FDLs). According to dasycenter.org, FDLs are “individuals who can bring their family voice and experience along with a broad understanding of IDEA, data use, and systems building to inform Part C and Part B 619 program imnprovement…” WDH, EIEP participated in the event by providing names of parents potentially interested in the training, providing an overview of the Part C Data, and participating in data discussions during each of the sessions. Topics presented included an overview of the Family Data Leader Project, RECAP of the SPP/APR and other data topics, the Look! Think! Act! model and how to use it, and strategies for interpreting data scenarios to be successful during data discussions.  
  
Throughout 2021, the targets for the current APR were set through an extensive process of reviewing data trends, analyzing progress on the indicators, and improvement strategies. All members of the ICC were actively engaged in the target setting process. In FFY 2022, stakeholders agreed no changes to targets were needed but will be discussed again for FFY 2023 based on new performance data and trends. Additional information is described in the paragraph below.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey for Indicator C4. We monitored the numbers of submissions and stressed the importance of providers working with families to ensure a representative sample. WDH, EIEP gathered input from regions who had large representative numbers, in order to gain and share ideas with other providers to increase participation from all groups. WDH, EIEP did see response rates increase from families that were underrepresented in previous surveys. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
WDH, EIEP continues to focus on professional development and other activities surrounding family engagement. WDH, EIEP presented a training series focusing on family engagement, including an emphasis on parent participation in the entire IFSP process. Child Find activities have involved parents of children who receive early intervention services, in order to gain knowledge of their experiences during developmental screenings, evaluations, IFSP meetings, and service provision.   
  
WDH, EIEP has also partnered with the PIC and DaSY to offer the Family Data Leader training. The details of this training are described in the section above. The training occurred in the fall of 2023 and was attended by several parents and family members in the community.  
  
PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the PIC. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. The PIC has requested that WDH, EIEP share information in a presentation about the tools and strategies being used to improve social-emotional outcomes for children at next year’s annual conference. The purpose of this presentation will be to share the processes and strategies being implemented in the area of social-emotional outcomes. The target audience will be parents and they will be asked to provide input into the work being done in this area.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.

**Soliciting Public Input:**

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

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH, EIEP is confident in the targets that were chosen. In January 2024, the ICC met again and supported retaining the targets set, with the possibility of considering the targets again based on FFY 2023 performance.  
  
The ICC reviews data and discussed improvement strategies throughout the reporting period. Progess towards child outcomes targets and the results of the family survey were reviewed by the group. Ideas were shared as to the barriers affecting progress and the current issues in the field affecting these two indicators. In the spring of every year, data from child and family outcomes are presented to providers via webinars with opportunity for discussion on performance trends and patterns. In turn, the program administrators share these data with providers and contractors to explore opportunities for program improvement.

**Making Results Available to the Public:**

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

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

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.**

The WDH, EIEP utilizes a variety of sources to inform the public on the many reporting requirements for the Part C program. This is completed as soon as practicable but no later than 120 days following the State's submission of the APR which includes the performance of each EIS Program on measurable indicators reported in the APR. All EIS Programs are sent their APR data which they also share with their boards and other local stakeholders.  
  
In addition, the WDH, EIEP meets individually with each EIS Program to review their APR data and discuss strategies towards improvement. The state's APR and the local performance reports for each of the EIS Programs are provided to WDH administrators and all are posted on the WDH, EIEP website at: https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep/infant-and-toddler-part-c-information/. This website is available to any member of the public. The State's ICC is provided with all of this information during the quarterly council meetings. The FFY 2022 APR report and each local performance report will be posted in the same manner. This includes any updated revisions made by the state to APR Performance targets.

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

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

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.39% | 99.44% | 100.00% | 100.00% | 98.90% |

**Targets**

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

**FFY 2022 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 173 | 176 | 98.90% | 100% | 99.43% | Did not meet target | No Slippage |

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

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

2

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

Exceptional Family Circumstances: Two (2) children of the 176 (1.14%) reviewed did not receive services within the specified timeline due to exceptional family circumstances as defined by IDEA Part C. The reason for the delay in the first case was the parent was undecided about whether or not they wanted language services and had a lot of questions. In addition, the provider and the parent kept missing each other on attempts to contact each other regarding the initiation of language services. The parent did not initially indicate questions or concerns regarding language services at the initial IFSP meeting. The other services on the IFSP were initiated within thirty (30) days of the IFSP meeting. These services included family service coordination, specialized instruction, and occupational therapy. In the second case, the parent cancelled the initial visit, and it was rescheduled as soon as possible after the missed visit.  
  
Program Reasons for Delays: One (1) of the 176 (0.57%) infants and toddlers did not receive services within the specified timeline due to provider issues; specifically, their contracted occupational therapist is only available on certain days. The initial service was not able to be scheduled within the timeline due to the limited availability of the therapist.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

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

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

State database

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

Full reporting period July 1, 2022 through June 30, 2023

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

The program conducts a data review based on a sample of child files for the full reporting period of July 1, 2022, through June 30, 2023. The sample equates to 15.16% of all child files and includes all EIS Programs. These files are picked at random for review of timely initial provision of a new service on the IFSP. The total number of children with an IFSP for this reporting period was 1161. The sample for this reporting period equates to 176 child files. All 176 child files were reviewed for timely initial provision of a new service on the IFSP.

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

Two programs did not meet the 100% target in FFY 2021. WDH, EIEP uses pre-finding correction and for both programs, all required verification was completed and documented. Therefore, no findings were issued. There was one file out of compliance in each of the two programs.   
To address noncompliance, the programs were required to analyze root causes to address program issues during a meeting between the Part C coordinator and program directors. During these meetings, each of the two (2) non-compliant files were reviewed and staff indicated they were aware of the timelines and how to schedule services so that timelines are met even with unforeseen delays. The reasons for delay were reviewed: in the first case, the provider had to cancel due to illness; in the second case, there was an error in scheduling due to oversight of the related service provider.  
  
Subsequent data reviews were then conducted for the two programs that did not meet 100% compliance. For the first program, thirteen (13) additional files were reviewed that had initial IFSP meetings between August 2022 and March 2023. This review consisted of 24.52% of active files at the time of the review. All thirteen files contained documentation that new IFSP services were initiated within the thirty (30) day required timeline. Service logs were reviewed showing the actual dates of the initial services. All thirteen (13) files were found to contain evidence that timely initial provision of the IFSP services occurred within the thirty (30) day required timeline.  
  
For the second program, seven (7) additional files were reviewed that had IFSP meetings between November 2022 and February 2023. This review consisted of 36.84% of active files at the time of the review. All seven (7) files contained evidence that new IFSP services were initiated within the thirty (30) day required timeline. Service logs were reviewed showing the actual dates of the initial services. All seven (7) files were found to contain evidence that timely initial provision of IFSP services occurred the thirty (30) day required timeline.  
  
In summary, both programs met 100% compliance after reviewing subsequent data.   
  
WDH, EIEP verified that each individual case of noncompliance was corrected. In FFY 2021, two (2) of the one hundred eighty-one (181) (1.10%) infants and toddlers did not receive services within the required timeline due to provider issues. In the first case, the child received the initial specialized instruction service thirty-three (33) days after the required initiation date. The other IFSP services (family service coordination and occupational therapy) were initiated within the required timeline. This was verified through a review of data and service logs in the statewide data system.  
  
In the second case, the child received the initial occupational therapy service forty-three (43) days after the required initiation date due to provider oversight. The other IFSP services (family service coordination and physical therapy) were initiated within required timelines. This was verified through a review of data and service logs in the statewide data system.  
  
In summary, all instances of individual noncompliance were corrected and the child received their service, although late. These were both documented as pre-finding correction and no findings were issued.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

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

**Response to actions required in FFY 2021 SPP/APR**

Two programs did not meet the 100% target in FFY 2021. WDH, EIEP uses pre-finding correction and for both programs, all required verification was completed and documented. Therefore, no findings were issued. There was one file out of compliance in each of the two programs.   
To address noncompliance, the programs were required to analyze root causes to address program issues during a meeting between the Part C coordinator and program directors. During these meetings, each of the two (2) non-compliant files were reviewed and staff indicated they were aware of the timelines and how to schedule services so that timelines are met even with unforeseen delays. The reasons for delay were reviewed: in the first case, the provider had to cancel due to illness; in the second case, there was an error in scheduling due to oversight of the related service provider.  
  
Subsequent data reviews were then conducted for the two programs that did not meet 100% compliance. For the first program, thirteen (13) additional files were reviewed that had initial IFSP meetings between August 2022 and March 2023. This review consisted of 24.52% of active files at the time of the review. All thirteen files contained documentation that new IFSP services were initiated within the thirty (30) day required timeline. Service logs were reviewed showing the actual dates of the initial services. All thirteen (13) files were found to contain evidence that timely initial provision of the IFSP services occurred within the thirty (30) day required timeline.  
  
For the second program, seven (7) additional files were reviewed that had IFSP meetings between November 2022 and February 2023. This review consisted of 36.84% of active files at the time of the review. All seven (7) files contained evidence that new IFSP services were initiated within the thirty (30) day required timeline. Service logs were reviewed showing the actual dates of the initial services. All seven (7) files were found to contain evidence that timely initial provision of IFSP services occurred the thirty (30) day required timeline.  
  
In summary, both programs met 100% compliance after reviewing subsequent data.   
  
WDH, EIEP verified that each individual case of noncompliance was corrected. In FFY 2021, 2 of the 181 (1.10%) infants and toddlers did not receive services within the required timeline due to provider issues. In the first case, the child received the initial specialized instruction service thirty-three (33) after the required initiation date. The other IFSP services (family service coordination and occupational therapy) were initiated within the required timeline. This was verified through a review of data and service logs in the statewide data system.  
  
In the second case, the child received the initial occupational therapy service forty-three (43) days after the required initiation date due to provider oversight. The other IFSP services (family service coordination and physical therapy) were initiated within required timelines. This was verified through a review of data and service logs in the statewide data system.  
  
In summary, all instances of individual noncompliance were corrected and the child received their service, although late. These were both documented as pre-finding correction and no findings were issued.

## 1 - OSEP Response

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 88.34% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target>= | 95.50% | 96.00% | 96.00% | 88.34% | 88.34% |
| Data | 95.77% | 92.09% | 92.94% | 88.34% | 92.97% |

**Targets**

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

**Targets: Description of Stakeholder Input**

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. The numbers of submissions were monitored and providers were encouraged to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers and obtain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. One of the key stakeholder activities, which is described below, involved individual parents in training on data use from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.   
  
Parent members of the ICC provide input into many aspects of the Part C system through regular ICC meetings. Overall state results on the APR indicators are shared with ICC members. Each indicator is reviewed, progress is examined, and the group discusses the progress towards targets. The data are compared to the previous year. The state results are compiled in a way where targets that were met are displayed in green; targets that were not met are displayed in red so ICC members are easily able to identify areas of need in the state. Parent members contribute to the development of improvement strategies and evaluating progress during discussions about the SSIP work which involves training the early childhood workforce on Evidence Based Practices and gathering data regarding the effectiveness of these practices.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,094 |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Total number of infants and toddlers with IFSPs | 1,161 |

**FFY 2022 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,094 | 1,161 | 92.97% | 89.17% | 94.23% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. The numbers of submissions were monitored and providers were encouraged to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers and obtain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. One of the key stakeholder activities, which is described below, involved individual parents in training on data use from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.   
  
Parent members of the ICC provide input into many aspects of the Part C system through regular ICC meetings. Overall state results on the APR indicators are shared with ICC members. Each indicator is reviewed, progress is examined, and the group discusses the progress towards targets. The data are compared to the previous year. The state results are compiled in a way where targets that were met are displayed in green; targets that were not met are displayed in red so ICC members are easily able to identify areas of need in the state. Parent members contribute to the development of improvement strategies and evaluating progress during discussions about the SSIP work which involves training the early childhood workforce on Evidence Based Practices and gathering data regarding the effectiveness of these practices.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| **A1** | 2020 | Target>= | 44.55% | 45.05% | 45.05% | 56.03% | 56.03% |
| **A1** | 56.03% | Data | 80.68% | 71.23% | 30.43% | 56.03% | 55.84% |
| **A2** | 2020 | Target>= | 52.98% | 52.98% | 52.98% | 76.00% | 76.00% |
| **A2** | 76.00% | Data | 65.22% | 76.61% | 66.53% | 76.00% | 70.87% |
| **B1** | 2020 | Target>= | 49.17% | 49.17% | 49.17% | 71.06% | 71.06% |
| **B1** | 71.06% | Data | 72.59% | 58.97% | 38.04% | 71.06% | 73.61% |
| **B2** | 2020 | Target>= | 55.00% | 55.00% | 55.00% | 60.00% | 60.00% |
| **B2** | 60.00% | Data | 54.06% | 55.18% | 45.82% | 60.00% | 54.13% |
| **C1** | 2020 | Target>= | 56.34% | 56.34% | 56.34% | 90.49% | 90.49% |
| **C1** | 90.49% | Data | 85.34% | 82.37% | 48.36% | 90.49% | 91.36% |
| **C2** | 2020 | Target>= | 56.16% | 56.16% | 56.16% | 77.88% | 77.88% |
| **C2** | 77.88% | Data | 69.71% | 82.32% | 72.11% | 77.88% | 80.91% |

**Targets**

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

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

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 66 | 14.22% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 48 | 10.34% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 51 | 10.99% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 299 | 64.44% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 99 | 165 | 55.84% | 56.40% | 60.00% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 350 | 464 | 70.87% | 76.44% | 75.43% | Did not meet target | No Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 84 | 18.10% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 116 | 25.00% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 119 | 25.65% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 145 | 31.25% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 235 | 319 | 73.61% | 71.43% | 73.67% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 264 | 464 | 54.13% | 60.19% | 56.90% | Did not meet target | No Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 39 | 8.41% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 56 | 12.07% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 98 | 21.12% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 271 | 58.41% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 154 | 193 | 91.36% | 90.51% | 79.79% | Did not meet target | Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 369 | 464 | 80.91% | 78.08% | 79.53% | Met target | No Slippage |

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

To determine why there is slippage in C1, the Part C Program examined results by the 14 EIS programs to determine if this slippage was present in all programs or if it was particular to just a certain EIS program. Data indicated that 12 of the 14 EIS programs saw a decrease in their C1 score.  
  
At the state level, significance testing was done to determine which groups were least likely to show growth. This was accomplished by reviewing individual program reporting, looking at data trends reported using the demographics of the population served and developmental areas of delay. This analysis showed there were no statistically significant differences by gender, race/ethnicity, or environment. Each EIS Program is provided with detailed reports of their Indicator 3 data which includes disaggregation of the scores by gender, race/ethnicity, disability, months in the program, etc. so that they can begin to determine which students improve/exit at age level and which do not.

**FFY 2022 SPP/APR Data**

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**.

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 987 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 304 |
| Number of infants and toddlers with IFSPs assessed | 464 |

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

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

NO

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

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

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

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

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

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| A | 2014 | Target>= | 96.56% | 97.26% | 97.26% | 93.55% | 93.55% |
| A | 93.54% | Data | 98.02% | 97.83% | 98.14% | 96.55% | 98.17% |
| B | 2014 | Target>= | 95.62% | 96.42% | 96.42% | 93.35% | 93.35% |
| B | 93.33% | Data | 98.51% | 96.82% | 97.53% | 95.85% | 97.81% |
| C | 2014 | Target>= | 95.62% | 96.42% | 96.42% | 92.55% | 92.55% |
| C | 92.53% | Data | 98.27% | 98.16% | 98.14% | 96.20% | 97.99% |

**Targets**

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

**Targets: Description of Stakeholder Input**

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. The numbers of submissions were monitored and providers were encouraged to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers and obtain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. One of the key stakeholder activities, which is described below, involved individual parents in training on data use from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.   
  
Parent members of the ICC provide input into many aspects of the Part C system through regular ICC meetings. Overall state results on the APR indicators are shared with ICC members. Each indicator is reviewed, progress is examined, and the group discusses the progress towards targets. The data are compared to the previous year. The state results are compiled in a way where targets that were met are displayed in green; targets that were not met are displayed in red so ICC members are easily able to identify areas of need in the state. Parent members contribute to the development of improvement strategies and evaluating progress during discussions about the SSIP work which involves training the early childhood workforce on Evidence Based Practices and gathering data regarding the effectiveness of these practices.

**FFY 2022 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,161 |
| Number of respondent families participating in Part C | 674 |
| Survey Response Rate | 58.05% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 650 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 674 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 652 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 674 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 656 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 674 |

| **Measure** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 98.17% | 93.73% | 96.44% | Met target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 97.81% | 93.43% | 96.74% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 97.99% | 92.86% | 97.33% | Met target | No Slippage |

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

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | NO |
|  |  |

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2021** | **2022** |
| Survey Response Rate | 47.48% | 58.05% |

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

The State compared the representation by race/ethnicity and age in the population to the representation in the respondents using a +/- 3% criteria to identify over-or under-representativeness.

**Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.**

The State compared the representation by race/ethnicity and age in the population to the representation in the respondents using a +/- 3% criteria to identify over-or under-representativeness.   
  
Using this methodology, no differences were found by race/ethnicity. Differences were found by age. The population of infants and toddlers with disabilities consists of 30.23% of children 1 year old; the respondents consist of 26.76% of children 1 year old (a difference of 3.47 percentage points). All other ages were within 3% of their population.   
  
It is important to note that every region is surveyed every year which is the best way to get involvement rates that are representative of the state as a whole in any given year. Parents from a wide range of regions from across the state responded to the survey. However, due to the differences in the response rate by age groups, EIEP concluded that results are not representative of the state.

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

NO

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

We are taking these steps to encourage more families of typically underrepresented groups as well as those groups who typically are not underrepresented to respond. We will continue efforts to encourage parents of Native American children and Hispanic children to respond, as well as parents of all other race/ethnicities. The EIEP has visited with staff in areas of the state where certain racial and ethnic groups were underrepresented, and encouraged the completion of the survey. We have also provided printed copies for regional staff to distribute to parents. We are also encouraging staff to text the survey link as well as to ask families to complete the survey during scheduled meetings. Providers will be encouraged to read the survey to families who are nonreaders to ensure they have a way to complete the survey. The number of responses will be monitored regularly while the survey is open so that areas that do not have many responses can be encouraged to use the strategies provided to increase the number of responses. The survey is provided in English and Spanish. These activities should increase the response rate for all regions and for families of all race/ethnicities.

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

In addition to strategies stated above to ensure response data are representative of those demographics, EIEP will follow up after the completion of the survey with providers to find out what went well and what barriers existed to gaining more responses, especially in groups that were underrepresented. Regional providers will also be given the opportunity to share successful strategies in monthly calls.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

Nonresponse bias occurs when nonrespondents are different in some systematic way from respondents. This is a concern when nonrespondents are different from respondents on the key variables the survey was designed to study; in other words, if respondents and nonrespondents differ in their opinions related to early intervention services in meaningful ways, such as the positivity of responses, then nonresponse bias is present. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. The FFY2022 response rate is 58%, which is high.   
  
Second, the representativeness of the responses can be examined. Differences were found by age, however, families from all regions across the state responded to the survey, making nonresponse bias less likely.   
  
Third, we can compare the responses of families who responded early in the process to those who responded later in the process. The idea being that perhaps those who do not immediately respond are different in some meaningful way than those who respond immediately. These results showed no statistically significant differences between families who responded earlier and families who responded later. Therefore, we conclude that nonresponse bias is not present.

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

## 4 - Prior FFY Required Actions

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

**Response to actions required in FFY 2021 SPP/APR**

Please see information above regarding the analysis of the extent to which the demographics of the families responding are representative of the population.  
  
WDH, EIEP continues to address representativeness when distributing the family surveys. We are taking these steps to encourage more families of typically underrepresented groups as well as those groups who typically are not underrepresented to respond. We will continue efforts to encourage parents of Native American children and Hispanic children to respond, as well as parents of all other race/ethnicities. The EIEP has visited with staff in areas of the state where certain racial and ethnic groups were underrepresented, and encouraged the completion of the survey. We have also provided printed copies for regional staff to distribute to parents. We are also encouraging staff to text the survey link as well as to ask families to complete the survey during scheduled meetings. Providers will be encouraged to read the survey to families who are nonreaders to ensure they have a way to complete the survey. The number of responses will be monitored regularly while the survey is open so that areas that do not have many responses can be encouraged to use the strategies provided to increase the number of responses. The survey is provided in English and Spanish. These activities should increase the response rate for all regions and for families of all race/ethnicities.

## 4 - OSEP Response

## 4 - Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.91% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 2.01% | 2.04% | 2.04% | 1.92% | 1.92% |
| Data | 2.57% | 3.00% | 2.86% | 2.31% | 2.52% |

**Targets**

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

Targets: Description of Stakeholder Input

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. The numbers of submissions were monitored and providers were encouraged to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers and obtain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. One of the key stakeholder activities, which is described below, involved individual parents in training on data use from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.   
  
Parent members of the ICC provide input into many aspects of the Part C system through regular ICC meetings. Overall state results on the APR indicators are shared with ICC members. Each indicator is reviewed, progress is examined, and the group discusses the progress towards targets. The data are compared to the previous year. The state results are compiled in a way where targets that were met are displayed in green; targets that were not met are displayed in red so ICC members are easily able to identify areas of need in the state. Parent members contribute to the development of improvement strategies and evaluating progress during discussions about the SSIP work which involves training the early childhood workforce on Evidence Based Practices and gathering data regarding the effectiveness of these practices.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers birth to 1 with IFSPs | 167 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/20/2023 | Population of infants and toddlers birth to 1 | 6,145 |

**FFY 2022 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 167 | 6,145 | 2.52% | 1.93% | 2.72% | Met target | No Slippage |

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

There is no additional information for this section.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 4.31% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 4.71% | 5.00% | 5.00% | 4.32% | 4.32% |
| Data | 5.42% | 5.91% | 5.71% | 5.87% | 6.12% |

**Targets**

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

Targets: Description of Stakeholder Input

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. The numbers of submissions were monitored and providers were encouraged to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers and obtain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. One of the key stakeholder activities, which is described below, involved individual parents in training on data use from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.   
  
Parent members of the ICC provide input into many aspects of the Part C system through regular ICC meetings. Overall state results on the APR indicators are shared with ICC members. Each indicator is reviewed, progress is examined, and the group discusses the progress towards targets. The data are compared to the previous year. The state results are compiled in a way where targets that were met are displayed in green; targets that were not met are displayed in red so ICC members are easily able to identify areas of need in the state. Parent members contribute to the development of improvement strategies and evaluating progress during discussions about the SSIP work which involves training the early childhood workforce on Evidence Based Practices and gathering data regarding the effectiveness of these practices.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers birth to 3 with IFSPs | 1,161 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/20/2023 | Population of infants and toddlers birth to 3 | 18,495 |

**FFY 2022 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,161 | 18,495 | 6.12% | 4.34% | 6.28% | Met target | No Slippage |

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

There is no additional information for this section.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 99.44% | 99.72% | 99.81% |

**Targets**

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

**FFY 2022 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 922 | 1,041 | 99.81% | 100% | 99.52% | Did not meet target | No Slippage |

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

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

114

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

Exceptional Family Circumstances: One hundred fourteen (114) of the 1,041 (10.95%) infants and toddlers did not have an initial evaluation and assessment and an initial IFSP meeting within Part C's forty-five (45) day timeline due to exceptional family circumstances as defined by IDEA Part C. The two predominate exceptional family circumstances were illness in the family, and parent cancellations due to various other reasons. Other reasons cited were: family was out of town for an extended period, difficulty scheduling with parents due to work and other schedules, and cancellations due to hazardous weather, as examples.  
  
Program Reasons for Delays: Five (5) of the 1,041 (0.48%) infants and toddlers did not receive timely initial evaluation/assessment and initial IFSP due to program reasons. Each of the five errors occurred within a different provider organization. The program reasons that impacted the provision of timely evaluation/assessment and initial IFSP meeting were documented as follows: the child had a sibling with meetings at the same time and the timeline was missed by the provider, delays due to a provider's summer schedule/program closure, child was unavailable for two weeks so the evaluation was delayed and then when the child was available an interpreter was not available for a time, initial parent cancellation led to the Family Service Coordinator not realizing the 45 day timeline had been exceeded, and the evaluation process was delayed due to the December holiday and provider's schedules.  
  
In all five cases, the meetings were held, although late. In the first case, the meeting was held forty-seven (47) days after referral. In the second case, the meeting was held fifty (50) days after referral. In the third, fourth, and fifth cases, the meetings were held fifty-four (54), fifty-five (55), and sixty-two (62) days after referral.

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

State database

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

Full reporting period July 1, 2022 through June 30, 2023

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

This data includes all IFSPs for the full reporting period and reflects the initial IFSPs from referral to the initial IFSP meeting and therefore reflects 100% of eligible infants and toddlers who were referred, evaluated, and should have an IFSP meeting during the reporting timeline for FFY 2022. The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data points are collected at referral date and for the date of the IFSP meeting and this information is entered into the statewide database by EIS Program staff. This web-based system provides the Wyoming Part C Program with all the data required to report on this Indicator including all child files which did not meet the regulation. The Part C Program can view every child file and review the documentation and justification on why the EIS Program failed to meet the forty-five (45) day timeline.

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

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

Two programs did not meet the 100% target in FFY 2021.There was one file out of compliance in each program, for a total of two files out of compliance. WDH, EIEP uses pre-finding correction. One finding was issued to one of the programs and for the other program, correction was verified pre-finding and no finding was issued.  
  
Both programs were required to analyze root causes to address program issues during a meeting between the Part C coordinator and program directors. During these meetings, each non-compliant file was reviewed and staff indicated they knew how to document the timelines in the data system. The reasons for delay were reviewed and were due to clerical error in calculating the timeline in one case and difficulty finding interpreter services to complete the evaluation and meeting within the timeline in the second case. WDH, EIEP supplied the providers with a spreadsheet with built in tools to calculate the timelines to reduce the chances of clerical error.   
  
The first program met compliance after a subsequent data review was completed in the statewide data system. The data review covered new IFSPs between the dates of November 2022 and February 2023. A total of forty (40) files were reviewed for this program which was 22.10% of active files at that time. The files were determined in compliance as all files had completed IFSPs within 45 days of the data of referral. In addition to the data points, the information was verified by a review of the forms associated with referrals, initial consents for evaluation, and IFSP signature pages to ensure accuracy of the data reported.   
  
 The second program did not meet 100% compliance upon review of subsequent data, so a letter of finding was issued. A total of thirteen (13) files were reviewed during the initial subsequent data review, which was 52% of active files at that time. The time frame of new IFSPs for that file review was September 2022 through October 2022. Twelve (12) files contained evidence that the forty-five (45) day timeline was met. One file was found to be out of compliance as the initial IFSP meeting occurred fifty (50) days after referral. The reason for delay was the evaluation took longer than expected as the team decided to pursue additional information to confirm a diagnosis of Autism. Since the provider did not meet compliance upon a subsequent review of data, a letter of finding was issued in April 2023. The one child for whom the IFSP meeting was late on the subsequent data review, did have their IFSP fifty (50) days after the referral.  
  
To determine that compliance was met, a subsequent review of data was completed that included all new IFSPs recorded since the letter of finding was issued, which was a total of thirteen (13) files for the time frame of April 2023 through January 2, 2024. In addition to the data points, the information was verified by a review of the forms associated with referrals, initial consents for evaluation, and IFSP signature pages to ensure accuracy of the data reported. 100% of the thirteen (13) files reviewed met the timeline required. Therefore, this program met the requirements noted in the letter of finding and the provider was released from the finding within nine (9) months of the issuing of the finding.

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

In FFY 2021, two (2) of the 1,046 (0.19%) children did not have evaluations and initial IFSP meetings within the 45-day timeline. One file in two different programs was found to be out of compliance. The two (2) infants and toddlers who did not receive evaluations and initial IFSP meetings within the forty-five (45) days did, in fact, have the evaluations completed and meetings held at a later date. This information was collected through a review of each of the two child files in the statewide database. The first child’s IFSP meeting occurred forty-six (46) days after initial referral and the second child’s IFSP meeting occurred fifty (50) days after initial referral. Data in the statewide database was reviewed as well as forms associated with the initial referral and consent for evaluation, and IFSP signature forms to determine the timeline between referral and IFSP meeting.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

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

**Response to actions required in FFY 2021 SPP/APR**

Two programs did not meet the 100% target in FFY 2021.There was one file out of compliance in each program, for a total of two files out of compliance. WDH, EIEP uses pre-finding correction. One finding was issued to one of the programs and for the other program, correction was verified pre-finding and no finding was issued.  
  
Both programs were required to analyze root causes to address program issues during a meeting between the Part C coordinator and program directors. During these meetings, each non-compliant file was reviewed and staff indicated they knew how to document the timelines in the data system. The reasons for delay were reviewed and were due to clerical error in calculating the timeline in one case and difficulty finding interpreter services to complete the evaluation and meeting within the timeline in the second case. WDH, EIEP supplied the providers with a spreadsheet with built in tools to calculate the timelines to reduce the chances of clerical error.   
  
The first program met compliance after a subsequent data review was completed in the statewide data system. The data review covered new IFSPs between the dates of November 2022 and February 2023. A total of forty (40) files were reviewed for this program which was 22.10% of active files at that time. The files were determined in compliance as all files had completed IFSPs within 45 days of the data of referral. In addition to the data points, the information was verified by a review of the forms associated with referrals, initial consents for evaluation, and IFSP signature pages to ensure accuracy of the data reported.   
  
 The second program did not meet 100% compliance upon review of subsequent data, so a letter of finding was issued. A total of thirteen (13) files were reviewed during the initial subsequent data review, which was 52% of active files at that time. The time frame of new IFSPs for that file review was September 2022 through October 2022. Twelve (12) files contained evidence that the forty-five (45) day timeline was met. One file was found to be out of compliance as the initial IFSP meeting occurred fifty (50) days after referral. The reason for delay was the evaluation took longer than expected as the team decided to pursue additional information to confirm a diagnosis of Autism. Since the provider did not meet compliance upon a subsequent review of data, a letter of finding was issued in April 2023. The one child for whom the IFSP meeting was late on the subsequent data review, did have their IFSP fifty (50) days after the referral.  
  
To determine that compliance was met, a subsequent review of data was completed that included all new IFSPs recorded since the letter of finding was issued, which was a total of thirteen (13) files for the time frame of April 2023 through January 2, 2024. In addition to the data points, the information was verified by a review of the forms associated with referrals, initial consents for evaluation, and IFSP signature pages to ensure accuracy of the data reported. 100% of the thirteen (13) files reviewed met the timeline required. Therefore, this program met the requirements noted in the letter of finding and the provider was released from the finding within nine (9) months of the issuing of the finding.  
  
In FFY 2021, two (2) of the 1,046 (0.19%) children did not have evaluations and initial IFSP meetings within the 45-day timeline. One file in two different programs was found to be out of compliance. The two (2) infants and toddlers who did not receive evaluations and initial IFSP meetings within the 45 days did, in fact, have the evaluations completed and meetings held at a later date. This information was collected through a review of each of the two child files in the statewide database. The first child’s IFSP meeting occurred forty-six (46) days after initial referral and the second child’s IFSP meeting occurred fifty (50) days after initial referral. Data in the statewide database was reviewed as well as forms associated with the initial referral and consent for evaluation, and IFSP signature forms to determine the timeline between referral and IFSP meeting.

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 93.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.15% | 98.14% | 99.32% | 95.38% | 99.28% |

**Targets**

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

**FFY 2022 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 509 | 518 | 99.28% | 100% | 99.61% | Did not meet target | No Slippage |

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

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

7

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

Exceptional Family Circumstances. Seven (7) of the 584 (2.05%) toddlers did not receive timely transition steps and services due to exceptional family circumstances as defined by IDEA Part C. The two predominate exceptional family circumstances were cancellations by the family and difficulty contacting the family to schedule home visits and meetings.  
  
Two (2) of the 584 toddlers (0.34%) did not receive a transition plan within the required timelines due to system delays. The errors occurred within two separate provider organizations. In the first instance, the FSC had to go out on emergency Family Medical Leave. The EIS program staff covering her caseload had difficulty scheduling with the family who required a translator. The translator had personal obligations at the time and was not able to schedule a meeting sooner. In the second instance, the FSC thought that transition conversations would have occurred during the annual IFSP review, but there was no documentation regarding transitions at that meeting.

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

State database

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

Full reporting period July 1, 2022 through June 30, 2023

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

The Wyoming Part C Program requires all EIS programs to enter 100% of the Part C children who are being served in the web-based software system from the initial referral to the Part C program up to the child's exit from Part C services. This information provides real-time data. This data system also provides data on 100% of the completed and documented transition planning or transition conference meetings conducted for the child and child's family, even if late for the full reporting period of July 1, 2022 to June 30, 2023.

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

Three programs did not meet the 100% target in FFY 2021. There was one file out of compliance in two of the programs, and two files out of compliance in one of the programs. WDH, EIEP uses pre-finding correction and for all three programs, all required verification was completed and documented. Therefore, no findings were issued.   
  
To address noncompliance, the programs were required to analyze root causes to address program issues during a follow up meeting between the Part C Coordinator and regional staff. During these meetings, each of the non-compliant files were reviewed. In each case where the timeline was missed, it was due to provider oversight. Each program indicated systems in place to calculate timelines so that future transitions would occur in a timely manner.  
  
Subsequent data reviews were then conducted for the three programs who did not meet 100% compliance. Data reviews consisted of a review of the data and IFSPs to ensure accuracy of the data reported. For the first program, a total of five (5) files were reviewed that had infants and toddlers approaching age three (3) between the dates of October 2022 and March 2023. These five (5) files were all the files that had infants and toddlers approaching age three (3) between the time the noncompliance was discovered and the subsequent data was reviewed. Four (4) of the files contained documentation that a transition plan had been implemented at least ninety (90) days before each child’s third birthday. The number of days before the child turned three that the transition plans were documented were: 94, 96, 103, and 171 days. In the fifth file, the child was referred to Part C four (4) months before their third birth date. After referral, there were family delays due to the family cancelling appointments and difficulty reaching the family to schedule meetings. That transition plan was not documented until fifty-one (51) days before the child turned three (3) due to exceptional family circumstances as defined by IDEA Part C. All five (5) files were found to contain evidence of timely transition plans, unless there were delays due to exceptional family circumstances.  
  
For the second provider who demonstrated non-compliance, a total of six (6) files were reviewed that had infants and toddlers approaching age three (3) between the dates of September 2022 and February 2023. These six (6) files were all of the files that had infants and toddlers approaching age three (3) between the time the noncompliance was discovered and the subsequent data were reviewed, and who were referred to Part C at least ninety (90) days prior to their third birth date. All six (6) of the files contained documentation that a transition plan had been implemented at least ninety (90) days before each child’s third birthday. The number of days before the children turned three (3) that the transition plans were documented ranged from 120 days to 171 days. All six (6) files were found to contain evidence of timely transition plans.  
  
For the third provider who demonstrated non-compliance, a total of four (4) files were reviewed that had infants and toddlers approaching age three (3) between the dates of November 2022 and February 2023. These four (4) files were all of the files that had infants and toddlers approaching age three (3) between the time the noncompliance was discovered and the subsequent data were reviewed, and who were referred to Part C at least ninety (90) days before each child’s third birthdate. The number of days before the child turned three (3) that the transition plans were documented were: 192, 232, 237, and 261 days. All four (4) files were found to contain evidence of timely transition plans.  
  
In summary, all three programs met 100% compliance after reviewing subsequent data.  
  
Individual cases of noncompliance were verified as corrected for FFY 2021. Four (4) of the five hundred fifty-two (552) (0.72%) toddlers did not receive timely transition plans with steps and services. Each infant and toddler did have a transition plan documented, although late. This was verified through a review of data and IFSPs in the statewide data system. In the first case, the transition plan was documented forty-eight (48) days before the child’s third birth date. In the second case, the transition plan was documented fifty (50) days before the child’s third birth date. In the third and fourth cases, the transition plans occurred sixty-five (65) and eighty-one (81) days before the child’s third birth date.  
  
In summary, all instances of individual noncompliance were corrected and the child received a transition plan with steps and services, although late. All four (4) transition plans were documented as pre-finding correction, and no findings were issued.  
  
WDH, EIEP launched a new data system in June of 2023. The data system contains multiple alerts to notify providers of upcoming timelines, including upcoming deadlines for transition activities. These alerts were implemented at the provider's request to assist them to meet timelines.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

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

**Response to actions required in FFY 2021 SPP/APR**

Three programs did not meet the 100% target in FFY 2021. There was one file out of compliance in two of the programs, and two files out of compliance in one of the programs. WDH, EIEP uses pre-finding correction and for all three programs, all required verification was completed and documented. Therefore, no findings were issued.   
  
To address noncompliance, the programs were required to analyze root causes to address program issues during a follow up meeting between the Part C Coordinator and regional staff. During these meetings, each of the non-compliant files were reviewed. In each case where the timeline was missed, it was due to provider oversight. Each program indicated systems in place to calculate timelines so that future transitions would occur in a timely manner.  
  
Subsequent data reviews were then conducted for the three programs who did not meet 100% compliance. Data reviews consisted of a review of the data and IFSPs to ensure accuracy of the data reported. For the first program, a total of five (5) files were reviewed that had infants and toddlers approaching age three (3) between the dates of October 2022 and March 2023. These five (5) files were all the files that had infants and toddlers approaching age three (3) between the time the noncompliance was discovered and the subsequent data was reviewed. Four (4) of the files contained documentation that a transition plan had been implemented at least ninety (90) days before each child’s third birthday. The number of days before the child turned three that the transition plans were documented were: 94, 96, 103, and 171 days. In the fifth file, the child was referred to Part C four (4) months before their third birth date. After referral, there were family delays due to the family cancelling appointments and difficulty reaching the family to schedule meetings. That transition plan was not documented until fifty-one (51) days before the child turned three (3) due to exceptional family circumstances as defined by IDEA Part C. All five (5) files were found to contain evidence of timely transition plans, unless there were delays due to exceptional family circumstances.  
  
For the second provider who demonstrated non-compliance, a total of six (6) files were reviewed that had infants and toddlers approaching age three (3) between the dates of September 2022 and February 2023. These six (6) files were all of the files that had infants and toddlers approaching age three (3) between the time the noncompliance was discovered and the subsequent data were reviewed, and who were referred to Part C at least ninety (90) days prior to their third birth date. All six (6) of the files contained documentation that a transition plan had been implemented at least ninety (90) days before each child’s third birthday. The number of days before the children turned three (3) that the transition plans were documented ranged from 120 days to 171 days. All six (6) files were found to contain evidence of timely transition plans.  
  
For the third provider who demonstrated non-compliance, a total of four (4) files were reviewed that had infants and toddlers approaching age three (3) between the dates of November 2022 and February 2023. These four (4) files were all of the files that had infants and toddlers approaching age three (3) between the time the noncompliance was discovered and the subsequent data were reviewed, and who were referred to Part C at least ninety (90) days before each child’s third birthdate. The number of days before the child turned three (3) that the transition plans were documented were: 192, 232, 237, and 261 days. All four (4) files were found to contain evidence of timely transition plans.  
  
In summary, all three programs met 100% compliance after reviewing subsequent data.  
  
Individual cases of noncompliance were verified as corrected for FFY 2021. Four (4) of the five hundred fifty-two (552) (0.72%) toddlers did not receive timely transition plans with steps and services. Each infant and toddler did have a transition plan documented, although late. This was verified through a review of data and IFSPs in the statewide data system. In the first case, the transition plan was documented forty-eight (48) days before the child’s third birth date. In the second case, the transition plan was documented fifty (50) days before the child’s third birth date. In the third and fourth cases, the transition plans occurred sixty-five (65) and eighty-one (81) days before the child’s third birth date.  
  
In summary, all instances of individual noncompliance were corrected and the child received a transition plan with steps and services, although late. All four (4) transition plans were documented as pre-finding correction, and no findings were issued.

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2022 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 364 | 364 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

0

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

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

In Wyoming, all fourteen (14) EIS Programs provide both Part C and Part B/619 services for their geographical area. All children who are potentially eligible for Part B/619 are identified in the state’s data system as potentially “Part B eligible.” Wyoming does not have an "opt-out" policy. In FFY 2022, (July 1, 2022, to June 30, 2023), there were three hundred and sixty-four (364) children exiting Part C identified as potentially eligible for Part B/619. The LEA and SEA received notification for all three hundred and sixty-four 364 (100%) of the children identified as potentially eligible as EIS Program staff enter this information into the state’s data system. The only cases where the LEA was not notified at least ninety days before the toddler's third birthdays occur when the toddler is referred to Part C less than ninety days before the third birth date which are considered late referrals to the Part C program.

**Do you have a written opt-out policy? (yes/no)**

NO

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

State database

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

Full reporting period July 1, 2022 through June 30, 2023

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

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

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

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.79% | 97.29% | 96.60% | 94.23% | 98.57% |

**Targets**

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

**FFY 2022 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 349 | 364 | 98.57% | 100% | 98.90% | Did not meet target | No Slippage |

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

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

0

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

**This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

11

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

Exceptional Family Circumstances. Of the three hundred sisty-four (364) toddlers potentially eligible for Part B, eleven (11) toddlers (3.02%) did not receive a timely conference due to exceptional family circumstances as defined by IDEA Part C. The three predominate exceptional family circumstances were cancellations by the family, difficulty scheduling with the family for various reasons, and illness within the family.  
  
Program Reasons for Delays. Four (4) of the 365 (1.1%) toddlers did not receive timely transition conferences due to system delays. The four errors occurred across three different provider organizations. In the first case, a combination of family factors, closures due to inclement weather, and holiday closures of the provider organization led to the transition conference being held late. In the second case, the toddler's date of birth was incorrectly keyed into the statewide data system. By the time the provider realized the error, there was a delay of eight (8) days in scheduling the transition conference. In the third case, the original family service coordinator (FSC) recorded the date of birth incorrectly. By the time the new FSC realized there was an error, the transition conference was not able to be scheduled at least ninety (90) days before the toddler turned three. In the last case, the provider did not document that a transition conference occurred. Although the FSC said they would have discussed it at the annual review, there was no documentation of the transition conversation.

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

State database

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

Full reporting period July 1, 2022 through June 30, 2023

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

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

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

Four (4) programs did not meet the 100% target in FFY 2021.There was one file out of compliance in two programs, and two files out of compliance in two programs. WDH, EIEP uses pre-finding correction and for all four (4) programs, required documentation of transition conferences were present in the files. Therefore, no findings were issued.   
  
To address noncompliance, the programs were required to analyze root causes to address program issues during a follow up meeting between the Part C Coordinator and regional staff. Each case of noncompliance was unique in FFY 2021 and the timeline was missed for a variety of reasons. Each non-compliant file was reviewed and each program was able to describe their processes for ensuring compliance going forward. In the first program, the previous Family Service Coordinator missed the timeline, and because that person had left the organization, additional information was not able to be obtained regarding the cause of the delay. In the second program, two timelines were missed due to the timeline being overlooked by the Family Service Coordinator. In the third program, the timeline was missed as the FSC made an error in calculating the timeline after the meeting was rescheduled at the request of the parent. In the last program, two timelines were missed due to oversite of the Family Service Coordinator.  
  
Subsequent data checks were completed for the four programs that did not meet 100% compliance. All subsequent data checks for each of the four (4) providers involved the review of transition data and IFSPs containing transition documentation. In all four (4) cases, providers met 100% compliance upon the first subsequent data check so no further data checks were initiated. For each subsequent data check, the sample contained all files that had infants and toddlers transitioning to preschool between the time the determinations were issued and the subsequent data was reviewed, who were referred to Part C at least ninety (90) days before their third birth dates, and who were potentially eligible for Part C.  
  
For the first provider, a total of five (5) files were reviewed that had infants and toddlers transitioning to preschool between the dates of October 2022 and March 2023. Four (4) of the files contained evidence that a transition conference had occurred at least ninety (90) days before each child’s third birthday. The number of days before the child turned three (3) that the transition conferences were documented were: ninety (90), ninety-six (96), one hundred three (103), and one hundred seven (107) days. In the fifth file, the child was referred to Part C four (4) months before their third birth date. After referral, there were family delays due to the family cancelling appointments and difficulty reaching the family to schedule meetings. That transition conference was not documented until fifty-one (51) days before the child turned three (3) due to exceptional family circumstances as defined by IDEA Part C.  
  
For the second provider who demonstrated non-compliance, a total of six (6) files were reviewed that had infants and toddlers transitioning to preschool between the dates of September 2022 and February 2023. All six (6) of the files contained evidence that a transition conference had been implemented at least ninety (90) days before each child’s third birthday. The number of days before the children turned three that the transition conferences occurred ranged from one hundred twenty (120) days to one hundred seventy-one (171) days.   
  
For the third provider who demonstrated non-compliance, a total of twenty-four (24) files were reviewed that had infants and toddlers transitioning to preschool between the dates of July 2022 and February 2023. Twenty-three (23) of the files contained evidence that a transition conference had been implemented at least ninety (90) days before each child’s third birthday. In one file, the family reported they were moving out of state in December 2022 so a transition conference was not scheduled. The family’s move was delayed. By the time the provider was notified that the family did not move, the ninety (90) day timeline had passed. The transition conference occurred seventy-four (74) days before the child turned three. The number of days before the children turned three that the transition conferences occurred ranged from ninety-one (91) days to two hundred twenty-eight (228) days.   
  
For the fourth provider who demonstrated non-compliance, a total of four (4) files were reviewed that had infants and toddlers transitioning to preschool between the dates of November 2022 and January 2023. All four (4) files contained evidence that a transition conference had been implemented at least ninety (90) days before each child’s third birthday. The number of days before the children turned three that the transition conferences occurred ranged from one hundred ninety-two (192) to two hundred sixty-one (261) days.  
  
WDH, EIEP verified that each individual case of noncompliance was corrected. In FFY 2021, six (6) out of four hundred twenty (420) (1.43%) of toddlers did not receive timely transition conferences. Each case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from the date of notification of noncompliance. The lead agency verified the program corrected all individual child noncompliance through a review of data and IFSP forms within the statewide database. All infants and toddlers did have a transition conference documented, although late. These conferences occurred the following number of days before the third birth date: forty-six (46), sixty-one (61), sixty-two (62), sixty-two (62), seventy-one (71), and eighty-one (81) days.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

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

**Response to actions required in FFY 2021 SPP/APR**

Four (4) programs did not meet the 100% target in FFY 2021.There was one file out of compliance in two programs, and two files out of compliance in two programs. WDH, EIEP uses pre-finding correction and for all four (4) programs, required documentation of transition conferences were present in the files. Therefore, no findings were issued.   
  
To address noncompliance, the programs were required to analyze root causes to address program issues during a follow up meeting between the Part C Coordinator and regional staff. Each case of noncompliance was unique in FFY 2021 and the timeline was missed for a variety of reasons. Each non-compliant file was reviewed and each program was able to describe their processes for ensuring compliance going forward. In the first program, the previous Family Service Coordinator missed the timeline, and because that person had left the organization, additional information was not able to be obtained regarding the cause of the delay. In the second program, two timelines were missed due to the timeline being overlooked by the Family Service Coordinator. In the third program, the timeline was missed as the FSC made an error in calculating the timeline after the meeting was rescheduled at the request of the parent. In the last program, two timelines were missed due to oversite of the Family Service Coordinator.  
  
Subsequent data checks were completed for the four programs that did not meet 100% compliance. All subsequent data checks for each of the four (4) providers involved the review of transition data and IFSPs containing transition documentation. In all four (4) cases, providers met 100% compliance upon the first subsequent data check so no further data checks were initiated. For each subsequent data check, the sample contained all files that had infants and toddlers transitioning to preschool between the time the determinations were issued and the subsequent data was reviewed, who were referred to Part C at least ninety (90) days before their third birth dates, and who were potentially eligible for Part C.  
  
For the first provider, a total of five (5) files were reviewed that had infants and toddlers transitioning to preschool between the dates of October 2022 and March 2023. Four (4) of the files contained evidence that a transition conference had occurred at least ninety (90) days before each child’s third birthday. The number of days before the child turned three (3) that the transition conferences were documented were: ninety (90), ninety-six (96), one hundred three (103), and one hundred seven (107) days. In the fifth file, the child was referred to Part C four (4) months before their third birth date. After referral, there were family delays due to the family cancelling appointments and difficulty reaching the family to schedule meetings. That transition conference was not documented until fifty-one (51) days before the child turned three (3) due to exceptional family circumstances as defined by IDEA Part C.  
  
For the second provider who demonstrated non-compliance, a total of six (6) files were reviewed that had infants and toddlers transitioning to preschool between the dates of September 2022 and February 2023. All six (6) of the files contained evidence that a transition conference had been implemented at least ninety (90) days before each child’s third birthday. The number of days before the children turned three that the transition conferences occurred ranged from one hundred twenty (120) days to one hundred seventy-one (171) days.   
  
For the third provider who demonstrated non-compliance, a total of twenty-four (24) files were reviewed that had infants and toddlers transitioning to preschool between the dates of July 2022 and February 2023. Twenty-three (23) of the files contained evidence that a transition conference had been implemented at least ninety (90) days before each child’s third birthday. In one file, the family reported they were moving out of state in December 2022 so a transition conference was not scheduled. The family’s move was delayed. By the time the provider was notified that the family did not move, the ninety (90) day timeline had passed. The transition conference occurred seventy-four (74) days before the child turned three. The number of days before the children turned three that the transition conferences occurred ranged from ninety-one (91) days to two hundred twenty-eight (228) days.   
  
For the fourth provider who demonstrated non-compliance, a total of four (4) files were reviewed that had infants and toddlers transitioning to preschool between the dates of November 2022 and January 2023. All four (4) files contained evidence that a transition conference had been implemented at least ninety (90) days before each child’s third birthday. The number of days before the children turned three that the transition conferences occurred ranged from one hundred ninety-two (192) to two hundred sixty-one (261) days.  
  
WDH, EIEP verified that each individual case of noncompliance was corrected. In FFY 2021, six (6) out of four hundred twenty (420) (1.43%) of toddlers did not receive timely transition conferences. with steps and services. Each case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from the date of notification of noncompliance. The lead agency verified the program corrected all individual child noncompliance through a review of data and IFSP forms within the statewide database. All infants and toddlers did have a transition conference documented, although late. These conferences occurred the following number of days before the third birth date: forty-six (46), sixty-one (61), sixty-two (62), sixty-two (62), seventy-one (71), and eighty-one (81) days.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

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

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

## 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

**Response to actions required in FFY 2021 SPP/APR**

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1 Mediations held | 0 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. The numbers of submissions were monitored and providers were encouraged to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers and obtain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. One of the key stakeholder activities, which is described below, involved individual parents in training on data use from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.   
  
Parent members of the ICC provide input into many aspects of the Part C system through regular ICC meetings. Overall state results on the APR indicators are shared with ICC members. Each indicator is reviewed, progress is examined, and the group discusses the progress towards targets. The data are compared to the previous year. The state results are compiled in a way where targets that were met are displayed in green; targets that were not met are displayed in red so ICC members are easily able to identify areas of need in the state. Parent members contribute to the development of improvement strategies and evaluating progress during discussions about the SSIP work which involves training the early childhood workforce on Evidence Based Practices and gathering data regarding the effectiveness of these practices.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target>= | 100.00% | 100.00% |  |  |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2022 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

***Targets:*** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

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

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

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

NO

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

NO

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

NO

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

https://health.wyo.gov/wp-content/uploads/2024/01/FFY-2022-State-Systemic-Improvement-Plan-Documents.docx

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2021 | 70.87% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **Current Relationship** | **2022** | **2023** | **2024** | **2025** |
| Target | Data must be greater than or equal to the target | 76.44% | 76.88% | 77.75% | 80.00% |

**FFY 2022 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of Part C Children who exited with age-appropriate social-emotional skills | Number of Part C Children Who Exited | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| 350 | 464 | 70.87% | 76.44% | 75.43% | Did not meet target | No Slippage |

**Provide the data source for the FFY 2022 data.**

Battelle Developmental Inventory Second Edition (BDI-2) and Third Edition (BDI-3) Data Manager and State Database  
  
The baseline chosen was FFY 2021 because that is the first year that the data set included data from all regional providers.

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

In FFY2016, the state changed the tool for collecting child outcomes data to the Battelle Developmental Inventory Second Edition (BDI-2). The change to the new process was fully implemented for all newly enrolled infants/toddlers as of June 30, 2019, with all EIS Programs using the BDI-2 for both entry and exit child outcome reporting on skill levels in all five BDI-2 developmental domains. The scoring process for the BDI-2 entails converting the z-score on a given domain area to the 7-point Child Outcome Rating scale. Exit scores on the 7-point rating scale are then compared to entry scores on the 7-point rating scale to determine which of the five OSEP progress categories (a, b, c, d, or e) a given student falls, using the same calculation method as that used for the Child Outcomes Summary in 2020-21, the Early Intervention and Education Program (EIEP) began to measure growth in two ways: by examining changes in z-scores (which is the method always used) and by using the Battelle's Change Sensitive Scores (CSS). A child who makes at least a 20-point gain in CSS (which corresponds to significant growth based on the 90% confidence intervals) from entry to exit is said to have made growth.  
Starting in FFY2022, children entering the Part C program are given the BDI-3. Riverside Publishing is phasing out the BDI-2, and thus, it is necessary to start using the BDI-3 for children entering the Part C program. For those children who entered with the BDI-2, they exit with the BDI-2. There was a small number of children who both entered and exited in FFY2022, and thus, their BDI-3 scores were added to the scores for the children who entered and exited using the BDI-2. As more children receive entry and exit scores with the BDI-3, a systematic analysis of the comparison between the BDI-2 and BDI-3 scores will be conducted.

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://health.wyo.gov/wp-content/uploads/2024/01/FFY-2022-State-Systemic-Improvement-Plan-Documents.docx

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

NO

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

Coherent Improvement Strategy One: Pyramid Model   
  
Originally, input was sought through stakeholder meetings for this coherent improvement strategy and stakeholders provided valuable information to the WY EIEP. The EIEP contracted with the Pyramid Model Consortium (PMC) because the model has components which promote positive social-emotional interactions. The Pyramid Model (PM) is a framework into which care-givers, professionals, and systems can assess, align, and implement evidenced based strategies and practices that support children socially and emotionally. The PMC continued to support the work of implementing the model in Wyoming in the current reporting year by providing technical assistance on all aspects of implementation.  
  
A state leadership team (SLT) was formed to include WDH, EIEP staff, an early childhood specialist from the Wyoming Department of Education (WDE), a professional development specialist from the WDE, a representative from the Wyoming Head Start Collaboration Office. The purpose is to work with the PMC on scaling up the practices beyond Part C to impact more children and families. Throughout the reporting year, WDH, EIEP continued to consult with a Technical Assistance specialist from the National Center for Pyramid Model Innovations (NCPMI). As part of that work, other key personnel were added to the state leadership team: the Executive Director from Wyoming’s Parent Information Center, an outreach parent liaison from the Parent Information Center, the licensing/childcare supervisor from the Wyoming Department of Family Services, and the external evaluator for the SSIP.  
Although informal meetings and conversations with the state leadership team occurred from the beginning of the work with the PMC, the official kickoff meeting took place in November 2023. The meeting was facilitated by the technical assistance specialist from NCPMI. Topics for the on-site meeting included an overview of the SLT, the approach to implementation and scale-up of the model, effective meeting strategies, meeting logistics, overview of the Benchmarks of Quality (BOQ) and the State Implementation Guide (SIG), and discussion of next steps.  
  
Coherent Improvement Strategy 2. Evidence-Based Practices and Family Engagement (EBP/FE)   
Providers continue to access the four recorded trainings centered on the newly updated Wyoming Early Learning Standards: Foundations of Social-Emotional Development, Trauma-Informed Practices, Wyoming Early Learning Standards, and Executive Functioning/Bringing It All Together.   
  
The three WY EIEP Professional Development Series online modules were accessible to all local EIS providers. New and experienced family service coordinators continue to use the modules as the basis for training on Diagnostic Evaluations for Eligibility, IFSP Development and Ongoing Progress Monitoring, and IFSP Reviews. These modules are available online on an ongoing basis through a partnership with the University of Wyoming and the use of their Learning Management System.  
  
WDH, EIEP developed a training site to store and allow for easier access to past trainings, as providers reported difficulty in locating the multiple recordings in the past. The training site is in its final phases of development and will be accessible to EIS providers in 2024.  
  
WDH, EIEP chose a qualified trainer with experience in the area of family engagement to present a webinar series for EIS providers. Seven trainings were provided and topics included the assessment process, intake procedures, routines-based family assessments, writing functional IFSPs, and support-based home visits. This trainer also included specific training on working with families of children with hearing loss and those who use English as a second language. The training series occurred in the summer of 2023 and the webinars were recorded so that new providers will have access to the materials.  
  
WDH, EIEP continues a partnership with the University of Wyoming’s Project ECHO. Each spring and fall, Project ECHO hosts an early childhood series that is attended by EI providers  
  
The development of a toolbox of social-emotional resources was delayed due to time constraints of EIEP staff and other priorities. In 2023, volunteers initiated the process of gathering information containing local resources from EIS providers but not a lot of input was received. Additional stakeholder input was sought and it was decided that the initial toolbox could contain statewide resources in the area of social-emotional development and that is being drafted at this time. The local ICC vas very interested in this toolbox and volunteered to compile some resources. They advised the group not to duplicate work that other groups have already done. It was suggested by the council to look at the work of Wyoming Quality Counts, Wyoming 211, the Early Childhood State Advisory Council, and Project Aware (through the Wyoming Department of Education). WDH, EIEP will begin to compile these resources to share with the council at the next meeting in April 2024.  
  
Coherent Improvement Strategy 3. Assessment   
This strategy includes BDI training and technical assistance for providers in the area of data entry.   
  
Throughout 2022-23, the EIS providers continued to reliably use the BDI-2 to collect data for the child outcome reporting. Providers began using the BDI-3 for all child outcomes entries in July 2022, and the BDI-2 continued to be used for exits for children who were assessed using the BDI-2 upon entry. Trainings were provided on administration of the BDI to ensure fidelity and accuracy of data reported. WDH, EIEP met with regions to review the results of their report cards that summarized their performance in 2021-22. Included in these discussions were a review of their child outcomes social-emotional data. Virtual meetings were conducted to review and analyze Indicator 3 data.  
  
WDH, EIEP had previously identified ongoing training needs to administering the BDI to ensure providers are conducting the assessment with fidelity. Stakeholders also indicated the need for updated technical assistance guides for recording results in the state data system and the online scoring platform to ensure all entries and exits are recorded in a way that can later be analyzed. In 2021-22, the WDH, EIEP continued to provide technical assistance to the EIS providers on data collection. The Technical Assistance Guide was updated to include specific information about how to document Part C exit data when a child is transitioning to Part B/619. Trainings were provided during monthly data calls in 2022 on how to document child outcome information in both the state data system and the online scoring platform. These trainings were provided again in January 2023 to both Part C providers and preschool providers who document transition data for children who transition from Part C to Part B/619. The information provided included the purpose and significance of the child outcomes process, areas of measurement, and documentation of data and assessment information for Part C entry and exit scores. Data from the previous fiscal year were also reviewed so that providers could see how the state performed as a whole. In addition, regions are provided reports that include their child outcome scores over time. This information is disaggregated by various characteristics such as gender, disability, time in program, type of exit. The purpose of these reports is so that region staff better understand their child outcome data and come determine action steps for improvement. Virtual meetings are held with region staff to go over the reports.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Strategy 1. Professional Development. The PM training began in spring 2023. Initial evaluations were administered at the conclusion of each live webinar as a measure of skills obtained by providers, and evaluations will be developed to measure effectiveness of coaching and the fidelity of provider’s use of PM practices in the future.   
Short-term outcome: providers will have increased knowledge to support positive social-emotional development for children ages birth to three and their families. Intermediate outcomes: Providers will implement new skills related to social-emotional development when working with families and improvements in social-emotional practices will be sustained. These outcomes relate to quality standards, professional development (PD), and technical assistance (TA), and quality standards.   
The measures in this strategy support achievement of the SiMR as new tools and strategies will be introduced to families and caregivers of children in the Part C program in order to support their social-emotional development; thus, showing a positive improvement over time in the social-emotional assessments given at exit of the program. By working closely with the SLT and practitioner coaches, and solving problems along the way through TA, this should contribute to sustainability of the program. Once a strong network has been set-up to utilize the model, WDH, EIEP can scale up to more provider organizations as the strategies for success will already be in place.   
Strategy 2. Evidence-Based Practices and Family Engagement  
Activity 1: Part C Early Childhood Social-Emotional Training Series  
A total of 103 individuals attended the trainings. 86% of respondents in the training evaluation said their knowledge increased as a result of the training, 83% said their skills increased, and 79% said they will change what they do on the job.  
Based on Providers Survey results, 43% of respondents said they are knowledgeable about the WY Early Learning Standards Emotional Development subdomain; 35% said they are knowledgeable about the Social Development subdomain.   
Activity 2: EIEP PD Module Series   
Feedback from providers indicated the modules are comprehensive and useful as a training tool. A total of 13 providers accessed the online modules. In post-training evaluations, 100% of respondents said their knowledge increased; 92% said they will change what they do on the job; 100% rated the overall topics/content as good/great; and 85% rated the quality and usefulness of the activities as good/great.   
Short-term outcomes: providers will have increased knowledge and skills in the use of WY Early Learning Standards and providers will have increased knowledge on use of tools to support family engagement.   
Strategies involved in working towards the achievement of the short-term outcomes support system change and are necessary for achievement of the SiMR and sustainability of systems improvement efforts.  
Intermediate outcomes: providers will reach fidelity in the use of the state’s chosen EBPs and families will benefit from provider tools and skills in the area of social-emotional development.  
These virtual trainings addressed key areas of the parent-child relationships, such as supportive relationships, reducing sources of stress, increasing family engagement, and cultural considerations.  
Activity 3: UW ECHO Trainings  
A total of 105 individuals attended four UW ECHO Early Childhood trainings that related to social-emotional development. Based on survey results, 95% said the training contributed to their understanding of early childhood education; 91% said they are confident in successfully implementing something from the sessions; and 95% said they were likely to use the knowledge they gained in the training.   
Short-term outcome: providers will have increased knowledge on use of tools to support family engagement. This relates to the quality standards and PD area of systems framework.  
Activity 4: Family Capacity Training  
A total of 71 individuals attended the trainings. 68% of respondents said their general knowledge increased as a result of the training, 70% said their skills increased, and 69% said they will change what they do on the job.  
The Part C Family Survey was modified in 2019-20, with input from stakeholders, to include three questions that address the area of social-emotional skills. Based on the 2022-23 results, 96% said early intervention services helped them understand their child’s social-emotional needs; 97% said they were given information on routines, activities, and physical settings that support their child’s needs; and 96% said that as a result of early intervention services, their child is better able to manage his/her emotions.   
The ICC reviewed the results and survey questions, and voted to continue to target these three areas on the survey.   
Activity 5: Toolbox of Social-Emotional Development Resources  
The toolbox is being developed and is anticipated to be released by summer 2024. Once the toolbox has been distributed to providers, the WDH, EIEP will gather information on whether providers like the toolbox and if providers state the resources in the toolbox impact their knowledge, skills, and what they do on the job. The format of the toolbox has changed slightly since the idea was initially introduced. Based on stakeholder input, the resource will consist of a compilation of social-emotional resources available to all providers.  
Short-term outcome: families will have increased knowledge on use of tools to support family engagement.   
With the new focus for the toolbox being effective strategies for working with children with difficult behavior and high social-emotional needs, strategies will focus on family engagement and skills for working directly with the child in different routines and situations in the home and in other community settings. This is related to the PD area of systems framework as providers are coming together as a group to share ideas for the toolbox, and will have access to new strategies to put into practice in their everyday work.   
Strategy 3. Assessment  
A total of 112 individuals attended the BDI trainings in 2022-23. In addition, 40 providers attended a January 2023 call to review information on how to document child outcome entry and exits in the statewide data system and the scoring platform. WDH, EIEP had found errors in documenting transition assessments when the child was transitioning from Part C to Part B and providers were given detailed written instructions and a recording from the call to review at a later date, if needed. Providers were engaged in the discussion and asked questions about the process. In this reporting period, the number of errors recording transitions was reduced.  
As a result of BDI trainings, 56% said their knowledge increased; 53% said their skills increased; and 52% said they have made changes in their practice.  
Short-term outcomes: providers will follow a consistent process for measuring child outcomes and recording results, and providers will implement child outcomes assessments with fidelity. Intermediate outcomes: increased completion data will be available for child outcomes and quality of child outcomes data will improve. Progress continues to improve on these two outcomes, but WDH, EIEP will continue to provide training and TA based on needs identified through analysis of the data. Larger group TA will be provided in the form of provider calls, as well as individual TA with regions through a review of their indicator data.  
These outcomes are related to the following areas of the systems framework: data, quality standards, and TA. Data and quality standards are key components in achievement of the SiMR. As more assessments are included in the data set for social-emotional outcomes, and the data set contains high quality data, combined with all of the other trainings offered, WDH, EIEP should see progress towards the SiMR.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Strategy 1. Professional Development   
The ICC recommends continued collaboration with PMC and bringing other providers into Cohort 2.   
Ongoing work with PMC for trainings, fidelity, data collection tools, and evaluation plans will take place in the next reporting period. Training will consist of virtual trainings with qualified trainers, online modules, and virtual and/or on-site TA. Each region that is part of the cohort will identify practitioner coaches. Coaches will be trained on the model and its implementation, including fidelity measures, and act as the on-site TA resource, once training for that role is complete. In addition, implementation coaches will be identified through collaboration with early childhood partners. Once identified, coaches will receive training through PMC. Ongoing stakeholder input will be gathered in quarterly ICC meetings, and with stakeholders as needed.  
The SLT will continue to meet and grow, under the advisement of the PMC. Progress on the implementation of the model will be evaluated and the plan will be revised as needed.   
A qualified vendor to assist WDH, EIEP with implementation of the PM was selected through the RFP process and that vendor will support the EIEP and providers participating in implementation of the PM going forward.  
WDH, EIEP is planning an Early Childhood Conference for birth to five providers in June 2024. This two day conference will consist of the following topics for EIS providers: General Supervision, DMS 2.0, federal updates, Part C Eligibility, Plans of Safe Care (a federal mandate to refer children born with substance exposure to Part C), Positive Solution for Families (an evidence-based, parent and provider training and coaching series to support children with social-emotional needs), behavior strategies for young children, BDI assessment, Bridges Out of Poverty, addressing attachment needs in young children, and procedural safeguards. Many EIS providers have already registered to attend and WDH, EIEP anticipates the topics will be valuable to their work with young children.  
Outcomes anticipated to be achieved during the next reporting period are: providers will have increased knowledge to support positive social-emotional development for children birth to three and their families, and providers will implement new skills related to social-emotional development.   
Strategy 2. Evidence-Based Practices and Family Engagement   
Activity 1: Part C Early Childhood Social-Emotional Training Series: These recorded trainings will continue to be available. New FSCs and early interventionists will watch the trainings as well as experienced providers who want a refresher. Attendance and training evaluations to determine how satisfied participants are with the training and how useful participants perceive the training will be used.  
Activity 2: EIEP PD Module Series: This series will continue to be used as a required component of the initial training process for new providers. The modules cover the entire process from assessment to development of the IFSP to ongoing progress monitoring. Recently stakeholders expressed these modules are valuable in their practices. Pre/post tests will be administered to measure the increase in knowledge as a result of the modules.  
Activity 3: UW ECHO Trainings: EIEP will continue to encourage early childhood providers to take advantage of this resource. Participants will be surveyed to gather data on their satisfaction with the trainings, how useful they perceived the trainings to be, and on the impact to their practices.   
Activity 4: Family Capacity Training: this training was provided in the summer of 2023 and webinars were recorded so that it is available to all Part C providers in the future. The training addressed family engagement from the beginning of the evaluation process to developing the IFSP and carrying out the services in the family’s natural environment. It also included strategies for working with families of children with hearing loss and families who use English as a second language. Attendance will continue to be tracked and surveys will be used to determine how satisfied participants are with the training and how useful participants perceive the training to be.  
Activity 5: Toolbox of Social-Emotional Development Resources: The toolbox will be designed as a compilation of successful strategies for working with children with social-emotional needs. These strategies will be gathered from providers across the state and from statewide resources and reviewed by the ICC.  
The combination of these strategies provides a comprehensive approach to working towards meeting the short and intermediate outcomes. The short-term outcomes that WDH, EIEP anticipates will be met are: providers will have increased knowledge and skills in the use of the WY Early Learning Standards, and will have increased knowledge on the use of tools to support family engagement. Knowledge, experience, and skills will continue to grow over time, and there is not really an end point to this goal. Progress is anticipated to occur towards the intermediate outcome of providers benefitting from tools and skills in the area of social-emotional development.  
Strategy 3. Assessment  
EIEP will meet with individual providers to review their annual performance on their FFY 2022 report cards and schedule a session with a data team to provide an opportunity for regions to analyze their child outcomes data. Regions will be encouraged to look for root causes of their data trends, identify barriers to reaching the targets, and strategize processes for improvement with their fellow providers and WDH, EIEP staff.  
  
WDH, EIEP transitioned to a new data system on July 1, 2023 and will continue to provide TA to providers on the use of the new system to collect data.   
  
The transition to the BDI-3 assessment began in July 2022. Although the majority of the data for this reporting period was collected through the use of the BDI-2, there were some children whose entry and exit scores were obtained using the BDI-3. The training and TA that was provided on both tools emphasized how to accurately score the assessment and the tools and strategies for administering assessments with fidelity. Trainings are planned for the next reporting period as there are always new providers and others who need additional training. For children who were assessed using the BDI-3 at entry to the program, the BDI-3 will be used for the exit assessment. In response to using the BDI-3 and to address questions surrounding timelines for administration, the TA guide was updated in January 2024.  
  
Through an analysis of the data for this reporting period, the EIEP has uncovered a need for the development of procedures for collecting child outcomes entry and exit data. Previously, the EIEP has provided specific guidance surrounding the timelines for entry and exit, but input from providers indicates further, more detailed guidance is needed. The procedures will also address who is responsible for conducting the assessments. Examples of information provided in the guidance will be: when can the exit assessment be administered for Part C (i.e., can it take place after the child turns three), and who is responsible for assessments when a child transitions from Part C to Part B (is it Part C staff or preschool staff). The EIEP believes this will be helpful in streamlining procedures for providers. Timelines for data entry and other relevant topics identified by stakeholders will also be included in the guidance.  
  
EIEP anticipates the combination of these activities will result in progress towards the short- and intermediate-term outcomes: providers will follow a consistent process for measuring child outcomes and recording results; providers will implement child outcome assessments with fidelity; increased completion data will be available for child outcomes; and quality of the child outcomes data will improve.

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

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

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

The Pyramid Model focuses on positive caregiver-child interactions. The definition of the model is: “The Pyramid Model is a tiered (promotion, prevention, intervention) public health framework into which care-givers, professionals, and systems can assess, align, and implement evidence-based strategies and practices that support children socially and emotionally.”  
  
The Part C Early Childhood Social-Emotional Training Series provided by Niki Baldwin, Ph.D. were based on Wyoming’s Early Learning Standards, which contain relevant evidence-based practices, including family engagement. Simple strategies were reviewed to increase executive functioning in young children, and provide resources to families who are seeing challenging behaviors in their young children, which has a positive impact on caregiver- child relationships.   
  
The family engagement webinar series that was presented in the summer of 2023 emphasized the importance of the family’s input into the process from referral to exit. Resources were included with the webinars to emphasize family engagement, including addressing cultural differences and other specific topics.  
  
The WY EIEP Professional Development Series online modules that are required by new Family Service Coordinators and every three years thereafter continue to be available. There are three modules contained in this Professional Development Series. Module One: Diagnostic Evaluations for Eligibility, Module Two: IFSP Development, and Module Three: Ongoing Progress Monitoring and IFSP Reviews. Module One focuses on best practices for the intake process from referral to evaluation, best practices in evaluation and assessment in early intervention, procedures for determining and documenting team-based eligibility decisions, and procedural safeguards for families related to evaluation, assessment, and eligibility determination, and strategies for engaging them in team decision-making.   
  
Learning objectives for Module Two include how children learn and the impact on IFSP development; Part C requirements for the content of the IFSP; IFSP team member roles and responsibilities; the process for developing high-quality IFSPs, including writing functional outcomes for children and families; how to complete the IFSP forms; and supporting transition from early intervention to preschool and other community services at age three.  
  
Module Three covers progress monitoring, best practices for authentic assessment and the knowledge of age-expected development to inform progress monitoring, and IDEA Part C requirements for IFSP reviews. The information in all three modules is directly tied to the family EBP to work with the family to create outcomes or goals, develop individualized plans, and implement practices that address the family’s priorities and concerns and the child’s strengths and needs.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

The work with the Pyramid Model and the PMC is intended to impact the SiMR in several ways. There will be an increased specific focus on caregiver/child relationships, social- emotional development, and empowering families to implement strategies to manage difficult behaviors. Providers who have used the model report that it eases stress in the home, provides a positive, structured environment for the child to participate in daily routines, and eases caregiver stress. The model and it’s practices, tools and resources all address the Family EBP and the Interaction EBP: Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs, and practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching feedback, and other types of guided support. The Pyramid model will directly impact teacher/provider practices, as there are essential skills used as part of the model that provides a foundation for practices. Parent/caregiver outcomes are expected to improve as the priorities and concerns of the parent surrounding their child’s social-emotional development are addressed through these practices. Social-emotional outcomes are expected to improve as that is what has occurred for other programs using the model.  
  
As stated above, there are multiple avenues of professional development, technical assistance, and individualized support offered to address the EBPs of including the family in the process and positive interactions. The goal of the trainings provided during the reporting period was to support the early intervention provider's practices in implementing EBPs in order to support families in the area of social-emotional development and to ultimately improve child outcomes data as a result of improved practices. Providers did report their focus on social-emotional development for families they serve, their knowledge and skills increased, and they made changes in their practices. Improving practices over time would impact the SiMR as more children would be exiting the program with age-appropriate positive social-emotional skills. In fact, there was improvement in the SiMR in the FFY2022 reporting year when the entire states data is considered, rather than just the original pilot groups.  
  
Going forward, through the PD framework, additional resources, and continued technical assistance in the area of assessment, are intended to impact the SIMR by enhancing procedures and practices at the local level and changing provider practices. Providers will build on their skills for working with children with social-emotional needs through additional training and support. An initial cohort of providers will receive intensive training on the Pyramid Model and coaching support as they work towards fidelity, thereby increasing their use of EBPs which are intended to increase performance in the SiMR.

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

For the work on the Pyramid Model, tools are available and will be utilized to ensure the model is being implemented with fidelity. The implementation of the model in Wyoming is in the beginning stages at this time. Trainings provided by qualified trainers will address fidelity, and conversations are taking place at this time to discuss on-site technical assistance. The providers in Cohort One participated in the initial online and live webinar trainings, and began to implement the practices. When barriers are identified, or providers are struggling to incorporate the strategies into their work, on-site technical assistance will be provided.  
  
The instruments that will be used to measure fidelity for the implementation of the model are the Early Intervention Pyramid Practices Fidelity Instrument (EIPPFI) and the Part C Benchmarks of Quality (BOQ). These tools are used to assess the implementation of Pyramid Model practices by early interventionists in the coaching of family caregivers. The National Center for Pyramid Model Innovations (NCPMI) states that the fidelity tools will be used to identify coaching goals, provide feedback, and show growth in practice implementation. The data from the EIPPFI will be collected on a spreadsheet that provides analyses on what practices practitioners are demonstrating the use of and which practices they may need more support on to increase use. Providers will be able to use the tools to evaluate their own practice, and it can also be used by a practitioner coach who is providing support and coaching to providers on the implementation of the practices.  
  
The data from the SLT BOQ will also be collected on a spreadsheet provided by NCPMI that is intended to show progress over time. The initial BOQ was completed in January 2024, after the formation and initial meeting of the SLT. The initial data shows that 80% of the indicators are “Not in Place,” 20% of the indicators are “Emerging/Needs Improvement,” and 0% of the indicators are “In Place.”  
  
The annual Provider Survey offers insight as to the extent to which providers are implementing practices with fidelity. While this is a self-reported measure, and thus not as reliable as on external observational tool, it does provide information regarding what practices are being implemented in the field. Data from the recent administration of the survey is currently under review. EIEP staff will review the results of the survey and what providers are reporting, and use that information to develop additional trainings provided by EIEP staff, provide guidance, and develop follow up-trainings on topics where providers are seeking additional information.  
  
The state continued to monitor the fidelity of the administration and use of the BDI-2 and BDI-3 data. Records in the scoring platform for the BDI-2 are regularly monitored to ensure the files contain all of the needed information, that the purpose of the assessment was properly recorded, and that the areas of delay identified in the assessment are addressed through IFSP outcomes. All new Part C providers are required to participate in the training offered by the publisher before administering the tool. The training covers how to administer the assessment (interview, observation, practice), what to look for in a child’s response, how to score, among other items. Experienced providers are encouraged to attend the training at least once, as the publisher also addresses issues with “examiner drift” to ensure that the assessment is being administered according to the publisher’s specifications.

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

The Providers Survey and Part C Family Survey are additional data that the EIEP collects each year. The provider survey gathers information on the specific early intervention strategies that providers are using and on provider knowledge in the areas of eligibility, writing functional outcomes, and conducting parent interviews. Information is also gathered on provider practices for delivery of services to children/families and trainings the providers have attended.  
  
The Directors Survey was designed to gather information about the extent to which providers use data to make eligibility decisions surrounding social-emotional services/decisions surrounding the IFSP that relate to child outcomes and services. Included are questions related to the evaluation tools, parent interview tools, and behavioral screening tools that are used. Below are the results by coherent improvement strategies.   
  
Coherent Improvement Strategy 1. Professional Development (PD)  
From the 2022-23 Provider Survey results, 98% of providers said they focus on social-emotional well-being of the child during home visits.   
  
Coherent Improvement Strategy 2. Evidence Based Practices and Family Engagement  
From the 2022-23 Provider Survey results:  
98% of providers said they conduct RBIs.  
93% of providers said they are knowledgeable about writing functional outcomes.  
91% of providers said they conduct eligibility trainings.   
  
Coherent Improvement Strategy 3. Assessment  
From the 2022-23 Provider Survey results:  
85% of providers said they are using the results from the child outcomes data to improve services provision.  
As a result of the BDI trainings,  
56% said their knowledge increased,   
53% said their skills increased,  
55% said they made changes in their practice, and  
43% said the BDI trainings impacted their clients.

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

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

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

YES

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

The percentage of children exiting demonstrating age-appropriate social-emotional skills has increased in FFY2022 which suggests that the activities the WDH, EIEP is implementing are working. However, there is still work to be done as the providers continue to report seeing increases in difficult behaviors in this population. The WDH, EIEP believes that the current SSIP, with a renewed focus on some key EBPs will give providers the tools to support families requesting services in the area of social-emotional development and will address the lagging social-emotional skills. Further, the EIEP gathered feedback from stakeholders who voiced support for continued implementation as work in this area supports general sustainability. This is something that cements best practices in Wyoming for early intervention and assisting families to support children with social-emotional needs.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. The numbers of submissions were monitored and providers were encouraged to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other providers and obtain participation from all groups. WDH, EIEP did see response rates increase from families on the reservation. The survey was provided in two languages (English and Spanish). WDH, EIEP met directly with the EIS providers on the reservation to discuss how to increase response rates. The EIS providers found that families are more likely to complete the survey if the providers bring it to them during a home visit or at another time that is convenient for them.  
  
Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting that was focused on sharing data from the previous five years of work in the area of social-emotional outcomes for children. They asked questions and provided input into the discussions surrounding the outcomes of children in the program. In order to gain input on targets from a larger, more diverse group outside of the ICC, parents, caregivers, and providers were asked to complete a survey. The survey summarized data trends over the past six years and asked participants to provide input into the targets going forward. WDH, EIEP also has worked with parents of children in the program through our state Child Find Campaign. Interviews were conducted with several parents in different areas of the state, highlighting the parent’s experience with developmental screenings, evaluations, and services. WDH, EIEP found it very valuable to gain this insight and the purpose of the videos, which are shared statewide via a website and social media, are meant to empower parents with knowledge about the whole IFSP process.  
  
WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC). PIC representatives serve on the ICC as well as the additional specially selected stakeholder group. PIC has provided trainings in the past for EI providers on important topics such as the Prior Written Notice, emphasizing the importance of ensuring that parents are informed. WDH, EIEP attends the annual conference hosted by the Parent Information Center. This partnership allows WDH, EIEP to continue to gain an understanding of the needs of parents and hear from those in the field receiving EI services. One of the key stakeholder activities, which is described below, involved individual parents in training on data use from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.   
  
Parent members of the ICC provide input into many aspects of the Part C system through regular ICC meetings. Overall state results on the APR indicators are shared with ICC members. Each indicator is reviewed, progress is examined, and the group discusses the progress towards targets. The data are compared to the previous year. The state results are compiled in a way where targets that were met are displayed in green; targets that were not met are displayed in red so ICC members are easily able to identify areas of need in the state. Parent members contribute to the development of improvement strategies and evaluating progress during discussions about the SSIP work which involves training the early childhood workforce on Evidence Based Practices and gathering data regarding the effectiveness of these practices.

WDH, EIEP works closely with the state's ICC and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement. During the target setting exercises, parent members of the ICC were involved in the analysis of the data and participated in the process of setting targets. In order to increase the amount of stakeholder input from parents and providers across the state, target setting surveys were administered. Parents and other caregivers were provided information on the historical data and were asked to provide their opinion on targets given a number of choices. The targets for the SiMR were also reviewed with the specially selected subgroup focused on the SSIP. The subgroup has parent members. Each year, the ICC reviews the APR data in detail, including reviewing the data in relation to the previous year’s performance and the targets. Discussions surrounding the data include an analysis of the reasons for changes in performance, reviewing the appropriateness of the targets, and strategies for improvement.  
  
In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.  
  
Progress on the SSIP and ongoing compliance for the other indicators is monitored and discussed with the ICC. The ICC provides input on the state's supervision system, and provides input on professional development and what is needed from the perspective of the field.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. Input is sought from the ICC as to the status of compliance, performance, and the SSIP. In January 2023, the ICC met to review the current data for this reporting period, and voted to make a slight change to the target for Social Emotional Child Outcomes Summary Statement Two, which is also the target for the SSIP. The previous target was slightly below what the SiMR indicated as a target (79.50% verses 80%) so the target was updated to reflect the number that would be reached in 2025, if the SiMR goal is met. In January 2024, after further discussions on current data with the ICC, no changes to the targets were made.  
  
During the reporting period, the ICC met four (4) times. During one meeting, WDH EIEP provided updates, and the council shared ideas for collaboration with the Department of Family Services’ Plans of Safe Care, which relates to the SSIP work and the social-emotional development of young children. In three additional meetings, WDH, EIEP provided updates on the SSIP work and gathered feedback. The APR data was reviewed with the ICC and they asked questions and provided discussion on all of the indicators.  
  
WDH, EIEP meets regularly with regional providers on topics that affect the APR data as a whole. WDH, EIEP reviews compliance indicators, documentation, and current status of the data with providers on monthly statewide calls as well as Part C specific calls. The providers as stakeholders ask questions and provide input as to what is needed for training and technical assistance.  
  
  
Stakeholder input was received through three avenues in this reporting year: the ICC, the providers participating in Cohort 1 for the Pyramid Model implementation, and the providers as a larger group. The details are described below. The specially selected stakeholder group did not meet during this reporting period, but if potential changes are considered to the implementation of the PM, the group will reconvene.

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

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, and members from the state's Department of Health, Department of Family Services, and Department of Education.  
  
Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input about the status of the SSIP work. When the SSIP was revised in FFY 2020, the specially formed stakeholder group viewed information presented by an Early Head Start program in the state who had been using the Pyramid Model for home visits for years. After this information had been received, it was presented to the larger ICC. The ICC voted to move forward with the Pyramid Model. Since that decision was made, the larger ICC reviewed the status of the SSIP at each quarterly meeting, asked questions, and made recommendations for the rollout of the model. Some of these recommendations were to not provide trainings with no follow up or support, and to not implement too many new strategies at once for the providers to learn, because providers are overwhelmed with meeting the requirements of the program during times of significant staffing shortages.  
  
Stakeholders also shared ideas for the toolbox of resources. The purpose is to provide positive strategies that have been proven to work well in working with children with social-emotional challenges. Initially, ideas from providers across the state would be compiled and distributed as a resource, but based on stakeholder input, the resource will instead be developed to include national resources that are available to all providers. After examining the local resources, it was concluded that some resources are specific to local communities, and the resource is going to be designed to be used by all providers. The stakeholders want to spread the message that “parents don’t have to do all of this by themselves”. Regarding checklists or other measures of assessing the skills of providers implementing new strategies via the Pyramid Model or other avenues, the group wasn’t in favor of using any of the checklists currently available that they viewed and EIEP will continue to seek out avenues for this measure to bring back to the group for consideration. The group also provided input on the selection of additional cohorts for the Pyramid Model work, and feels that an application process would be a way to get providers on board as they will see the value in participation.  
  
For the SSIP work going forward, this specially selected stakeholder subgroup will meet as needed. The members consist of one parent representative, a representative from Parents Helping Parents of Wyoming, an executive director from a large provider organization, an executive director from the reservation, two social-emotional experts currently working in the field with families from different geographical regions of the state, and an early learning specialist from the Wyoming Department of Education.   
  
EIEP has also sought ongoing stakeholder input surrounding the use of the BDI and challenges to implementation and reporting of data. When EIEP updated the technical assistance guide in 2020, it was sent to several stakeholders for input before being distributed statewide. The providers felt the specific guidance was very helpful, especially in the area of how to document transition information when children transition from Part C services to preschool. EIEP hosts monthly statewide data calls and monthly Part C calls, and child outcomes measures have been on the agenda in this reporting period.

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

YES

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

Very few concerns were expressed during this reporting period. Several stakeholders who received training in Cohort One wanted more content as part of the training instead of the group discussions that were a large part of the live webinar training. WDH, EIEP will re-examine the training needs once a new contract is executed with the chosen vendor.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

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

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

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

WDH, EIEP continues to receive TA from NCPMI. One major focus of the TA is the identification of implementation coaches for the PM. This was also discussed at the initial SLT meeting in November 2023. The identification of coaches is a key piece and it will be difficult to implement next steps until coaches are identified. To date, conversations have occurred with providers, representatives from Head Start, and the University of Wyoming. Discussions surrounding the utilization of the Professional Learning Collaborative in Wyoming to build a coaching network are being discussed at the time of submission.

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Lead Agency Director

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

**Name:**

Kim Caylor

**Title:**

Early Intervention and Education Program Unit Manager

**Email:**

kim.caylor@wyo.gov

**Phone:**

3077777146

**Submitted on:**

04/09/24 12:05:10 PM

# Determination Enclosures

## RDA Matrix

**Wyoming**

2024 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination** (1)

| **Percentage (%)** | **Determination** |
| --- | --- |
| 81.25% | Meets Requirements |

**Results and Compliance Overall Scoring**

| **Section** | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 5 | 62.50% |
| **Compliance** | 14 | 14 | 100.00% |

**2024 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 464 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 987 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 47.01 |
| **Data Completeness Score** (please see Appendix A for a detailed description of this calculation) | 1 |

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

|  |  |
| --- | --- |
| **Data Anomalies Score** (please see Appendix B for a detailed description of this calculation) | 1 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2022 Outcomes Data to other States’ 2022 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score** (please see Appendix C for a detailed description of this calculation) | 2 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2022 data to your State’s FFY 2021 data**

|  |  |
| --- | --- |
| **Performance Change Score** (please see Appendix D for a detailed description of this calculation) | 1 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and Skills SS1 (%)** | **Outcome B: Knowledge and Skills SS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet Needs SS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2022** | 60.00% | 75.43% | 73.67% | 56.90% | 79.79% | 79.53% |
| **FFY 2021** | 55.84% | 70.87% | 73.61% | 54.13% | 91.36% | 80.91% |

**(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2024: Part C."**

**2024 Part C Compliance Matrix**

| **Part C Compliance Indicator** (2) | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2021** (3) | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 99.43% | N/A | 2 |
| **Indicator 7: 45-day timeline** | 99.52% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 99.61% | N/A | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 98.90% | N/A | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Programmatic Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:** [**https://sites.ed.gov/idea/files/2024\_Part-C\_SPP-APR\_Measurement\_Table.pdf**](https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf)

**(3) This column reflects full correction, which is factored into the scoring only when the compliance data are >=90% and <95% for an indicator.**

**Appendix A**

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

**The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2022 in the State’s FFY 2022 IDEA Section 618 Exit Data.

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

**Appendix B**

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

**Anomalies in Your State's FFY 2022 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2022 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2018 – FFY 2021 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2022 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

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

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

**Expected Range of Responses for Each Outcome and Category, FFY 2022**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.57 | 3.26 | -1.69 | 4.83 |
| **Outcome B\Category a** | 1.39 | 3 | -1.6 | 4.39 |
| **Outcome C\Category a** | 1.26 | 2.6 | -1.33 | 3.86 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 24.07 | 9.01 | 6.05 | 42.08 |
| **Outcome A\ Category c** | 20.96 | 13.11 | -5.27 | 47.19 |
| **Outcome A\ Category d** | 26.97 | 9.61 | 7.74 | 46.2 |
| **Outcome A\ Category e** | 26.43 | 15.4 | -4.37 | 57.23 |
| **Outcome B\ Category b** | 25.63 | 9.71 | 6.21 | 45.04 |
| **Outcome B\ Category c** | 29.44 | 12.56 | 4.32 | 54.57 |
| **Outcome B\ Category d** | 31.02 | 8.11 | 14.8 | 47.25 |
| **Outcome B\ Category e** | 12.51 | 8.23 | -3.96 | 28.98 |
| **Outcome C\ Category b** | 20.98 | 8.89 | 3.19 | 38.76 |
| **Outcome C\ Category c** | 23.49 | 13.59 | -3.68 | 50.66 |
| **Outcome C\ Category d** | 33.36 | 8.28 | 16.8 | 49.93 |
| **Outcome C\ Category e** | 20.91 | 15.22 | -9.53 | 51.35 |

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

**Anomalies in Your State’s Outcomes Data FFY 2022**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **464** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 0 | 66 | 48 | 51 | 299 |
| **Performance (%)** | 0.00% | 14.22% | 10.34% | 10.99% | 64.44% |
| **Scores** | 1 | 1 | 1 | 1 | 0 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 0 | 84 | 116 | 119 | 145 |
| **Performance (%)** | 0.00% | 18.10% | 25.00% | 25.65% | 31.25% |
| **Scores** | 1 | 1 | 1 | 1 | 0 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 0 | 39 | 56 | 98 | 271 |
| **Performance (%)** | 0.00% | 8.41% | 12.07% | 21.12% | 58.41% |
| **Scores** | 1 | 1 | 1 | 1 | 0 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 4 |
| **Outcome B** | 4 |
| **Outcome C** | 4 |
| **Outcomes A-C** | 12 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 1 |

**Appendix C**

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

**Comparing Your State’s 2022 Outcomes Data to Other States’ 2022 Outcome Data**

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2022**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 45.63% | 35.29% | 54.05% | 27.07% | 51.93% | 33.56% |
| **90** | 82.58% | 69.37% | 81.10% | 56.55% | 85.30% | 71.29% |

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

**Your State’s Summary Statement Performance FFY 2022**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 60.00% | 75.43% | 73.67% | 56.90% | 79.79% | 79.53% |
| **Points** | 1 | 2 | 1 | 2 | 1 | 2 |

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

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

**Appendix D**

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

**Comparing your State’s FFY 2022 data to your State’s FFY 2021 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2021) is compared to the current year (FFY 2022) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

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

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

e.g., C3A FFY2022% - C3A FFY2021% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2021 to FFY 2022

1 = No statistically significant change

2= statistically significant increase from FFY 2021 to FFY 2022

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

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

| **Summary Statement/ Child Outcome** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **FFY 2022 N** | **FFY 2022 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 197 | 55.84% | 165 | 60.00% | 4.16 | 0.0520 | 0.8001 | 0.4236 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 360 | 73.61% | 319 | 73.67% | 0.06 | 0.0339 | 0.0167 | 0.9867 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 324 | 91.36% | 193 | 79.79% | -11.57 | 0.0328 | -3.5206 | 0.0004 | YES | 0 |
| **SS2/Outcome A: Positive Social Relationships** | 508 | 70.87% | 464 | 75.43% | 4.56 | 0.0284 | 1.6081 | 0.1078 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 508 | 54.13% | 464 | 56.90% | 2.76 | 0.0319 | 0.8662 | 0.3864 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 508 | 80.91% | 464 | 79.53% | -1.38 | 0.0256 | -0.5391 | 0.5898 | NO | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **5** |

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

## Data Rubric

**Wyoming**

**FFY 2022 APR** (1)

**Part C Timely and Accurate Data -- SPP/APR Data**

|  |  |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | N/A | 0 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |

**APR Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 12 |
| **Timely Submission Points** - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
| **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

**(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.**

**618 Data** (2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/Settings Due Date: 8/30/23** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 2/21/24** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/15/23** | 1 | 1 | 1 | 3 |

**618 Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 9 |
| **Grand Total** (Subtotal X 2) = | 18.00 |

**Indicator Calculation**

|  |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator) (3) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.**

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

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

**DATE: February 2024 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 8/30/2023 |
| Part C Exiting | Part C Exiting Collection in EMAPS | 2/21/2024 |
| Part C Dispute Resolution | Part C Dispute Resolution Survey in EMAPS | 11/15/2023 |

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

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

## Dispute Resolution

**IDEA Part C**

**Wyoming**

**Year 2022-23**

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check “Missing’ if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

**Section A: Written, Signed Complaints**

|  |  |
| --- | --- |
| **(1) Total number of written signed complaints filed.** | 0 |
| (1.1) Complaints with reports issued. | 0 |
| (1.1) (a) Reports with findings of noncompliance. | 0 |
| (1.1) (b) Reports within timelines. | 0 |
| (1.1) (c) Reports within extended timelines. | 0 |
| (1.2) Complaints pending. | 0 |
| (1.2) (a) Complaints pending a due process hearing. | 0 |
| (1.3) Complaints withdrawn or dismissed. | 0 |

**Section B: Mediation Requests**

|  |  |
| --- | --- |
| **(2) Total number of mediation requests received through all dispute resolution processes.** | 0 |
| (2.1) Mediations held. | 0 |
| (2.1) (a) Mediations held related to due process complaints. | 0 |
| (2.1) (a) (i) Mediation agreements related to due process complaints. | 0 |
| (2.1) (b) Mediations held no related to due process complaints. | 0 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints. | 0 |
| (2.2) Mediations pending. | 0 |
| (2.3) Mediations not held. | 0 |

**Section C: Due Process Complaints**

|  |  |
| --- | --- |
| **(3) Total number of due process complaints filed.** | 0 |
| Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)? | PARTC |
| (3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures). | N/A |
| (3.1) (a) Written settlement agreements reached through resolution meetings. | N/A |
| (3.2) Hearings fully adjudicated. | 0 |
| (3.2) (a) Decisions within timeline. | 0 |
| (3.2) (b) Decisions within extended timeline. | 0 |
| (3.3) Hearings pending. | 0 |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 0 |

**State Comments:**

**This report shows the most recent data that was entered by:**

Wyoming

**These data were extracted on the close date:**

11/15/2023

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

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

## Final Determination Letter

June 18, 2024

Honorable Stefan Johansson

Director

Wyoming Department of Health

401 Hathaway Building

Cheyenne, 82002

Dear Director Johansson:

I am writing to advise you of the U.S. Department of Education’s (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Wyoming meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Wyoming's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Wyoming's 2024 determination is based on the data reflected in Wyoming's “2024 Part C Results-Driven Accountability Matrix” (RDA Matrix). The RDA Matrix is individualized for Wyoming and consists of:

1. a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
2. a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
3. a Compliance Score and a Results Score;
4. an RDA Percentage based on both the Compliance Score and the Results Score; and
5. Wyoming's Determination.

The RDA Matrix is further explained in a document, entitled “[How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2024: Part C](https://sites.ed.gov/idea/how-the-department-made-determinations/)” (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department’s determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Wyoming.) For 2024, the Department’s IDEA Part C determinations continue to include consideration of each State’s Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

* positive social-emotional skills;
* acquisition and use of knowledge and skills (including early language/communication); and
* use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State’s Child Outcomes FFY 2022 data.

You may access the results of OSEP’s review of Wyoming's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Wyoming's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Wyoming is required to take. The actions that Wyoming is required to take are in the “Required Actions” section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the “OSEP Response” and/or “Required Actions” sections.

Your State will also find the following important documents in the Determinations Enclosures section:

1. Wyoming's RDA Matrix;
2. the HTDMD [link](https://sites.ed.gov/idea/how-the-department-made-determinations/);
3. “2024 Data Rubric Part C,” which shows how OSEP calculated the State’s “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
4. “Dispute Resolution 2022-2023,” which includes the IDEA Section 618 data that OSEP used to calculate the State’s “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, Wyoming's 2024 determination is Meets Requirements. A State’s 2024 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State’s last three IDEA Part C grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the “longstanding noncompliance” section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Wyoming must report annually to the public, by posting on the State lead agency’s website, on the performance of each early intervention service (EIS) program located in Wyoming on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Wyoming's submission of its FFY 2022 SPP/APR. In addition, Wyoming must:

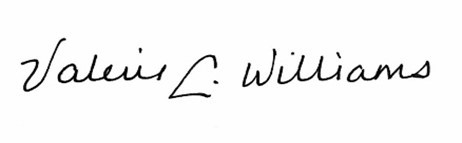
1. review EIS program performance against targets in Wyoming's SPP/APR;
2. determine if each EIS program “meets the requirements” of Part C, or “needs assistance,” “needs intervention,” or “needs substantial intervention” in implementing Part C of the IDEA;
3. take appropriate enforcement action; and
4. inform each EIS program of its determination.

Further, Wyoming must make its SPP/APR available to the public by posting it on the State lead agency’s website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

1. includes Wyoming's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
2. will be accessible to the public via the ed.gov website.

OSEP appreciates Wyoming's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Wyoming over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Valerie C. Williams

Director

Office of Special Education Programs

cc: State Part C Coordinator