STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2024

Wyoming

PART C DUE
February 2, 2026

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) and early intervention service (EIS) providers and EIS programs 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 and their families. 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 and families 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 a periodic 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.

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 surveys, technical assistance is provided on how to increase response rates.

There are several components to EIEP's fiscal management approach. Annual financial statements or fiscal audits are collected and reviewed by WDH's Part C 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 subrecipient 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.

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). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

Wyoming contracts with fourteen (14) regional provider agencies to provide all aspects of Part C including referral, evaluation, enrollment, service provision, transition, 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 annual self-assessments required of each contracted provider. EIS programs are monitored through desk audits and on-site visits at least once every three years on a cyclical basis. The Wyoming Early Intervention and Education Program conducts cyclical monitoring of the fourteen (14) regions at a frequency of 4 to 5 each year, completing the cycle in the three (3) year period.

Onsite monitoring provides an opportunity for state Part C staff and EIS program staff to discuss the results of the desk audit. In addition, parent interviews are gathered to verify service delivery and IFSP documentation. The EIEP also attends a home visit to verify appropriate service delivery models are being implemented with families. 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 discussions and relay any areas of concern resulting from the desk audits. Monitoring reports are issued within ninety (90) days of the conclusion of the monitoring process for a particular EIS provider. If there are findings of noncompliance included in the report, a corresponding Corrective Action Plans (CAPs) is included within this timeline. 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.

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 subrecipient monitoring; program operations; budgeting, personnel practices, and documenting expenses according to federal requirements.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified noncompliance.

Data is reviewed for quality and completeness at the beginning of each month. During monthly reviews, incomplete or inaccurate data is 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 incomplete or poor quality are addressed with EIS programs for correction. For the cyclical monitoring system, a random selection of files are chosen at the rate of 20% of files or a minimum of 10 files, whichever is greater.

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. 20% of files are subsequently reviewed to verify compliance and programs are released as soon as they meet 100% compliance. No more than one year after identified.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

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.

Data is reviewed for quality and completeness at the beginning of each month. During monthly reviews, incomplete or inaccurate data is 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 incomplete or poor quality are addressed with EIS programs for correction. Programs are scored on data quality and completeness as part of their local determinations.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

WDH's EIEP program issues findings to regional programs. Within each of the fourteen (14) regional programs, findings are issued by the number of instances for that particular region. Findings are issued using the variety of general supervision methods used by the program in response to noncompliance.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

WDH, EIEP uses "pre-finding correction" when both prongs of federal requirements for verifying correction are met prior to issuing a finding.

If the state verifies that a program is (1) correctly implementing each specific noncompliance and achieves 100% compliance based on updated subsequent data review collected through the data system; and (2) if applicable, the program has corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the program. If these two requirements are met, within 3 months of finding the noncompliance a finding is not issued. If not met, a finding is issued.

Correction of findings of non-compliance is required as soon as possible, but no later than one year after noncompliance is identified.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need **of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.**

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 will issue a limited extended timeline for correction of remaining noncompliance. EIEP may initiate a Compliance Agreement with the regional provider to correct systemic non-compliance as outlined in WDH EIEP's policies and procedures. This could include a variety of sanctions such as required technical assistance, increased data submissions, revisions to internal policies and procedures. Continued noncompliance could result in a delay in receipt of funds.

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

Annual review of program data occurs throughout each reporting year. There are multiple steps involved in the preparation and reporting of SPP/APR data. Data are compiled and reviewed initially for completeness. 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 accuracy 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. Individual regional program determinations and report cards are issued annually prior to June 1 of each year, and posted publicly by June 1. The EIEP makes these determinations available on our website.

Determinations are based on the following:

(1) Compliance Indicators – all compliance indicators (1,7,8) are included in the determinations formula

(2) Results Indicators – results indicators 2, 3, and 4 are included in the formula

(3) Other factors: Quality of data (i.e., reliable and valid), Timeliness of data submitted, Audit of financial information, and Correction of Noncompliance.

Compliance, results, and other factor data are combined into one overall score.

Note: If program has any outstanding, uncorrected findings of noncompliance from monitoring, due process, audits, or complaints identified during the prior school year, then it cannot be in Meets Requirements.

- Programs in Compliance Agreements from the previous school year(s) cannot have a determination of Meets Requirements or Needs Assistance.

Upon issuing determinations, the EIEP schedules individual meetings with each program to review results and discuss any methods for improvement as needed. The determination methodology is a combination of compliance and results indicators and uses a percentage scale for making those determinations. Stakeholder input is included in determining a variety of results indicators.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep/infant-and-toddler-part-c-information/

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 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 mechanisms are described below.

EIS providers report they look forward to their annual report card; they use it to 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 our data contractor, 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 2024, topics included, but were not limited to: state eligibility requirements; proper documentation to support medical diagnosis, 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, fiscal practices, among other relevant topics.

WDH, EIEP, also uses integrated monitoring practices to inform needed TA to local providers. When issues are identified through the monitoring process, in addition to issuing necessary findings, 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 training and webinars offered by outside entities.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide 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 2024. Several trainings continue to be ongoing and available through the University of Wyoming Canvas platform. In addition, Early Intervention topics are being planned by the College of Teacher Education at the University of Wyoming, and EIEP for the summer of 2026 at TeacherCon. The WDH, EIEP continues to provide the online best practices modules for early intervention providers. This training 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. The modules are promoted periodically as a reminder to providers of their availability.

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. This allows regions to target specific training needs.

In the summer of 2025, an Early Intervention Leadership Summit was provided to all interested participants, covering a variety of topics. The focus of this summit was to give leadership tools for overall program administration, leading to stronger Part C systems.

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 continued 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. The EIEP discussed the family survey response rates during several Part C calls and reminded providers to encourage participation from their families. In addition, our Child Find campaign will focus on targeting age bands to ensure each age group is appropriately represented. The survey was provided in two languages (English and Spanish). In the coming year we will explore having the survey available in other languages. The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. In addition, each regional program has adopted the most successful distribution method for their area based on data collected from the survey participants and parent input.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. In addition, previously, ICC members attended an ICC meeting in July 2021 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 stakeholders to determine successful Child Find Campaign strategies.

WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC) and meets regularly on a monthly basis. 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 training individual parents on data use through the Family Data Leaders Training, developed from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.

Stakeholders 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 and provide input on strategies for improvement. Stakeholders 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:

1

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.

Currently the ICC has one parent member as we recently lost a couple of members during the recent membership renewal process due to other commitments. The ICC is actively recruiting new members and is working with PIC to help with recruitment. Discussions to host annual receptions and invite families have been had to increase family participation and engagement with council activities. Parents of young children with developmental delays are vital members of the ICC as 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. Past and present data showing trends over the course of time and overviews of the SSIP work are provided and discussed as part of the meetings. The birth to three Parent Liaison from the PIC participates and is an active member in the ICC. 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.

As part of the work on the State Systemic Improvement Plan, PIC is also an active member of the Pyramid Model State Leadership Team. Representatives from PIC joined training offered throughout the year on Pyramid Model components.

During this past year, stakeholders, including parents, were involved with review of all APR data and child outcome information. Targets were reviewed and the stakeholder group agreed with keeping existing targets due to updated assessment tool norms. The rationale being that the group wanted to gather outcome information and re-examine in the coming year. The targets for the current APR were set through an extensive process of reviewing data trends, analyzing progress on the indicators, and improvement strategies. All members of the ICC were actively engaged in the target setting process. Additional information is described in the paragraph below.

Activities to Improve Outcomes for Children with Disabilities:

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

WDH, EIEP had discussions with EIS providers, in the previous year, 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. The survey was provided in two languages (English and Spanish). The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. WDH, EIEP added emojis to the rating scale to accommodate any families with reading or interpretation difficulties. The providers use multiple distribution methods to accommodate younger tech savvy families. The feedback on this feature was very positive.

WDH, EIEP continues to focus on professional development and other activities surrounding family engagement. WDH, EIEP continues to offer a training series focusing on family engagement, including an emphasis on parent participation in the entire IFSP process. WDH, EIEP held an annual conference with parent presentations and participation. 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.

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. In addition, WDH, EIEP meets monthly with PIC in order to ensure that parent needs or concerns are addressed immediately.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. They attended an ICC meeting in July 2021 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 are asked to complete a survey. The survey summarized data trends over the past six years and asks participants to provide input into the targets when changes in target setting are necessary. 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 2026, the ICC met again to review the FFY 2024 APR and discuss targets for FFY 2025. The ICC supported retaining the previously set targets, as new targets for FFY 2026 through FFY 2031 will need to be set in the coming months. The council did not feel the need to make any changes to the FFY 2025 targets.

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 2023 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 2023 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 2023 APR in 2025, 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 2023 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.40%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	98.90%	99.43%	98.88%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
174	174	98.88%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

N/A

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 the signed parent consent date compared to the 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, 2024 through June 30, 2025

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, 2024, through June 30, 2025. The sample equates to 14.93% 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 1165. The sample for this reporting period equates to 174 child files.

All 174 child files were reviewed for timely initial provision of a new service on the IFSP. All 174 children received initial services within thirty (30) days from parent consent for early intervention services.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

The EIEP did not issue a finding of noncompliance for Indicator 1 to a local early intervention program. Two (2) programs were cleared of noncompliance via pre-finding correction. The EIEP verified that the programs with noncompliance identified in FFY2023 have corrected each individual case of child-specific noncompliance and are correctly implementing the regulatory requirements by completing subsequent reviews of records to verify 100 percent compliance within three (3) months of identification. The EIEP ensures that both early intervention services programs with the identified noncompliance are correctly implementing the specific regulatory requirements by confirming that the identified early intervention services were provided consistently with OSEP QA 23-01. This subsequent review was completed between February 2025 and April 2025 and is consistent with OSEP QA 23-01.

For program one (1), a total of twenty (20) files were subsequently reviewed. The EIEP verified that all twenty (20) files had services delivered within the appropriate timeline.

For program two (2), a total of ten (10) files were subsequently reviewed. The EIEP verified that all ten (10) files had services delivered within the appropriate timeline. Due to this being one of the small programs, the minimum number of files were reviewed.

The EIEP verified that each individual case of noncompliance was corrected consistent with OSEP QA 23-01. Both individual cases of noncompliance were verified as corrected and the identified services were initiated, although late. For the two identified findings, the state verified that the noncompliance was corrected, and all early intervention services were provided by obtaining documentation confirming the delivery of early intervention services.

For child one, initial Physical Therapy service was scheduled for December 1, 2023. The session was cancelled due to child illness and rescheduled for December 8, 2023. The rescheduled session was again cancelled due to child illness. A holiday break caused an additional delay in service delivery. The EIEP verified that the initial PT service was delivered on January 8, 2024, which was fifty-four (54) days after initial consent for service was obtained.

For child two, initial Physical Therapy service was scheduled for December 6, 2023. This session was cancelled due to child illness. A holiday break caused an additional delay in service delivery. Although the early childhood special educator addressed motor skills during visits, the Physical Therapist

did not conduct a PT service within the required timeline. The EIEP verified that the initial PT service was delivered on January 24, 2024, which was sixty-nine (69) days after initial consent for service was obtained.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

The EIEP did not issue a finding of noncompliance for Indicator 1 to a local early intervention program. Two (2) programs were cleared of noncompliance via pre-finding correction. The EIEP verified that the programs with noncompliance identified in FFY2023 have corrected each individual case of child-specific noncompliance and are correctly implementing the regulatory requirements by completing subsequent reviews of records to verify 100 percent compliance within three (3) months of identification. The EIEP ensures that both early intervention services programs with the identified noncompliance are correctly implementing the specific regulatory requirements by confirming that the identified early intervention services were provided consistently with OSEP QA 23-01. This subsequent review was completed between February 2025 and April 2025 and is consistent with OSEP QA 23-01.

For program one (1), a total of twenty (20) files were subsequently reviewed. The EIEP verified that all twenty (20) files had services delivered within the appropriate timeline.

For program two (2), a total of ten (10) files were subsequently reviewed. The EIEP verified that all ten (10) files had services delivered within the appropriate timeline.

The EIEP verified that each individual case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the early intervention service program, consistent with OSEP QA 23-01. Both individual cases of noncompliance were verified as corrected and the identified services were initiated, although late. For the two identified findings, the state verified that the noncompliance was corrected, and all early intervention services were provided by obtaining documentation confirming the delivery of early intervention services.

For child one, initial Physical Therapy service was scheduled for December 1, 2023. The session was cancelled due to child illness and rescheduled for December 8, 2023. The rescheduled session was again cancelled due to child illness. A holiday break caused an additional delay in service delivery. The EIEP verified that the initial PT service was delivered on January 8, 2024, which was fifty-four (54) days after initial consent for service was obtained.

For child two, initial Physical Therapy service was scheduled for December 6, 2023. This session was cancelled due to child illness. A holiday break caused an additional delay in service delivery. Although the early childhood special educator addressed motor skills during visits, the Physical Therapist did not conduct a PT service within the required timeline. The EIEP verified that the initial PT service was delivered on January 24, 2024, which was sixty-nine (69) days after initial consent for service was obtained.

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902.

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	2019	2020	2021	2022	2023
Target>=	96.00%	88.34%	88.34%	89.17%	90.01%
Data	92.94%	88.34%	92.97%	94.23%	93.84%

Targets

FFY	2024	2025
Target >=	91.67%	95.00%

Targets: Description of Stakeholder Input

WDH, EIEP continued 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. The EIEP discussed the family survey response rates during several Part C calls and reminded providers to encourage participation from their families. In addition, our Child Find campaign will focus on targeting age bands to ensure each age group is appropriately represented. The survey was provided in two languages (English and Spanish). In the coming year we will explore having the survey available in other languages. The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. In addition, each regional program has adopted the most successful distribution method for their area based on data collected from the survey participants and parent input.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. In addition, previously, ICC members attended an ICC meeting in July 2021 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 stakeholders to determine successful Child Find Campaign strategies.

WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC) and meets regularly on a monthly basis. 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 training individual parents on data use through the Family Data Leaders Training, developed from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.

Stakeholders 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 and provide input on strategies for improvement. Stakeholders 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 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,116
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	1,165

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,116	1,165	93.84%	91.67%	95.79%	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 continued 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. The EIEP discussed the family survey response rates during several Part C calls and reminded providers to encourage participation from their families. In addition, our Child Find campaign will focus on targeting age bands to ensure each age group is appropriately represented. The survey was provided in two languages (English and Spanish). In the coming year we will explore having the survey available in other languages. The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. In addition, each regional program has adopted the most successful distribution method for their area based on data collected from the survey participants and parent input.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. In addition, previously, ICC members attended an ICC meeting in July 2021 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 stakeholders to determine successful Child Find Campaign strategies.

WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC) and meets regularly on a monthly basis. 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 training individual parents on data use through the Family Data Leaders Training, developed from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.

Stakeholders 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 and provide input on strategies for improvement. Stakeholders 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	2019	2020	2021	2022	2023
A1	2020	Target>=	45.05%	56.03%	56.03%	56.40%	56.77%
A1	56.03%	Data	30.43%	56.03%	55.84%	60.00%	74.64%
A2	2020	Target>=	52.98%	76.00%	76.00%	76.44%	76.88%
A2	76.00%	Data	66.53%	76.00%	70.87%	75.43%	85.88%
B1	2020	Target>=	49.17%	71.06%	71.06%	71.43%	71.80%
B1	71.06%	Data	38.04%	71.06%	73.61%	73.67%	62.71%
B2	2020	Target>=	55.00%	60.00%	60.00%	60.19%	60.38%
B2	60.00%	Data	45.82%	60.00%	54.13%	56.90%	63.44%
C1	2020	Target>=	56.34%	90.49%	90.49%	90.51%	90.54%
C1	90.49%	Data	48.36%	90.49%	91.36%	79.79%	75.46%
C2	2020	Target>=	56.16%	77.88%	77.88%	78.08%	78.29%
C2	77.88%	Data	72.11%	77.88%	80.91%	79.53%	81.24%

Targets

FFY	2024	2025
Target A1>=	57.52%	59.00%
Target A2>=	77.75%	80.00%
Target B1>=	72.53%	74.00%
Target B2>=	60.75%	61.50%

Target C1>=	90.58%	90.67%
Target C2>=	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	57	10.33%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	12	2.17%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	70	12.68%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	413	74.82%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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	82	139	74.64%	57.52%	58.99%	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	483	552	85.88%	77.75%	87.50%	Met 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	140	25.36%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	32	5.80%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	101	18.30%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	279	50.54%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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	133	273	62.71%	72.53%	48.72%	Did not meet target	Slippage

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	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	380	552	63.44%	60.75%	68.84%	Met target	No Slippage

Provide reasons for B1 slippage, if applicable

To examine the decline in Indicator B1, the BHD-EEIP analyzed results across the state's 14 regions to determine whether the decrease was localized or statewide. Results showed that 11 of the 14 regions experienced a decline in their B1 score, indicating that the slippage was broadly distributed rather than confined to a small number of regions.

Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or placement) experienced greater declines than others. The magnitude of decreases was comparable across subgroups, with no subgroup standing out as disproportionately affected.

Overall, avoiding slippage would have required an additional 38 children demonstrating sufficient growth. Although the State sought to identify a specific cause, the analyses did not point to any single region or subgroup. The evidence suggests the decline reflects a general, statewide pattern rather than an isolated or targeted issue.

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	104	18.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	14	2.54%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	120	21.74%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	314	56.88%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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	134	238	75.46%	90.58%	56.30%	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	434	552	81.24%	78.69%	78.62%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

To examine the decline in Indicator C1, the BHD-EEIP analyzed results across the state's 14 regions to determine whether the decrease was localized or statewide. Results showed that 12 of the 14 regions experienced a decline in their C1 score, indicating that the slippage was broadly distributed rather than confined to a small number of regions.

Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or placement) experienced greater declines than others. The magnitude of decreases was comparable across subgroups, with no subgroup standing out as disproportionately affected.

Overall, avoiding slippage would have required an additional 46 children demonstrating sufficient growth. Although the State sought to identify a specific cause, the analyses did not point to any single region or subgroup. The evidence suggests the decline reflects a general, statewide pattern rather than an isolated or targeted issue.

Provide reasons for C2 slippage, if applicable

To examine the decline in Indicator C2, the BHD-EEIP analyzed results across the state's 14 regions to determine whether the decrease was localized or statewide. Results showed that 10 of the 14 regions experienced a decline in their C2 score, indicating that the slippage was broadly distributed rather than confined to a small number of regions.

Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or placement) experienced greater declines than others. Results indicated that males had a decline in their scores whereas females did not. In addition, children who were served in community-based settings experienced a decline in their scores whereas children served in the home did not.

Overall, avoiding slippage would have required only an additional 14 children meeting age expectations. Although declines were observed across most regions, subgroup analyses indicate that the slippage was not evenly distributed. Decreases were observed among males and among children served in community-based settings, whereas females and children served in the home did not show declines. No single region emerged as a primary contributor, and these findings describe observed differences in outcomes rather than evidence of a causal relationship.

FFY 2024 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.	1,042
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.	311
Number of infants and toddlers with IFSPs assessed.	552

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.

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.

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	2019	2020	2021	2022	2023
A	2014	Target>=	97.26%	93.55%	93.55%	93.73%	93.91%
A	93.54%	Data	98.14%	96.55%	98.17%	96.44%	96.86%
B	2014	Target>=	96.42%	93.35%	93.35%	93.43%	93.51%
B	93.33%	Data	97.53%	95.85%	97.81%	96.74%	97.19%
C	2014	Target>=	96.42%	92.55%	92.55%	92.86%	93.16%
C	92.53%	Data	98.14%	96.20%	97.99%	97.33%	98.02%

Targets

FFY	2024	2025
Target A>=	94.28%	95.00%
Target B>=	93.68%	94.00%
Target C>=	93.78%	95.00%

Targets: Description of Stakeholder Input

WDH, EIEP continued 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. The EIEP discussed the family survey response rates during several Part C calls and reminded providers to encourage participation from their families. In addition, our Child Find campaign will focus on targeting age bands to ensure each age group is appropriately represented. The survey was provided in two languages (English and Spanish). In the coming year we will explore having the survey available in other languages. The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. In addition, each regional program has adopted the most successful distribution method for their area based on data collected from the survey participants and parent input.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. In addition, previously, ICC members attended an ICC meeting in July 2021 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 stakeholders to determine successful Child Find Campaign strategies.

WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC) and meets regularly on a monthly basis. 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 training individual parents on data use through the Family Data Leaders Training, developed from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.

Stakeholders 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 and provide input on strategies for improvement. Stakeholders 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 2024 SPP/APR Data

The number of families to whom surveys were distributed	1,165
Number of respondent families participating in Part C	681
Survey Response Rate	58.45%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	680
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	681
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	674
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	681
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	679
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	681

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	96.86%	94.28%	99.85%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family	97.19%	93.68%	98.97%	Met target	No Slippage

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
effectively communicate their children's needs (B1 divided by B2)					
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	98.02%	93.78%	99.71%	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	2023	2024
Survey Response Rate	52.60%	58.45%

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

+/- 3% discrepancy in the proportion of responders compared to the population of a given target group

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 or by age.

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)

YES

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

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 non-readers 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.

In addition, 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. 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 FFY2024 response rate is 58%, which is high.

Second, the representativeness of the responses can be examined. Differences were not found by race/ethnicity or child age 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 by region 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 2024 SPP/APR, the State must report whether its FFY 2024 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 2023 SPP/APR

The FFY2024 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. We are confident that the overall results are representative of the State, given that we heard from parents from a wide range of regions from across the state and given the representativeness of the demographics.

4 - OSEP Response

4 - Required Actions

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis. If the State is required to report on the reasons for slippage, the State must include the results of its analyses.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.91%

FFY	2019	2020	2021	2022	2023
Target >=	2.04%	1.92%	1.92%	1.93%	1.94%
Data	2.86%	2.31%	2.52%	2.72%	3.32%

Targets

FFY	2024	2025
Target >=	1.96%	2.00%

Targets: Description of Stakeholder Input

WDH, EIEP continued 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. The EIEP discussed the family survey response rates during several Part C calls and reminded providers to encourage participation from their families. In addition, our Child Find campaign will focus on targeting age bands to ensure each age group is appropriately represented. The survey was provided in two languages (English and Spanish). In the coming year we will explore having the survey available in other languages. The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. In addition, each regional program has adopted the most successful distribution method for their area based on data collected from the survey participants and parent input.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. In addition, previously, ICC members attended an ICC meeting in July 2021 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 stakeholders to determine successful Child Find Campaign strategies.

WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC) and meets regularly on a monthly basis. 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 training individual parents on data use through the Family Data Leaders Training, developed from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.

Stakeholders 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 and provide input on strategies for improvement. Stakeholders 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 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	242
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, 2024	06/03/2025	Population of infants and toddlers birth to 1	5,979

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
242	5,979	3.32%	1.96%	4.05%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

While the target was met and there was no slippage (in fact there was an increase in the percentage of infants and toddles birth to 1 with IFSPs), the WDH/EIEP: acknowledges the importance of child find activities. Our program tracks child find data from each regional program monthly. This data includes the number of children screened, the number of children identified, referral sources, and referral methods. This information is used to meet with regional providers and stakeholders to develop appropriate and targeted Child Find efforts.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis. If the State is required to report on the reasons for slippage, the State must include the results of its analysis.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	4.31%

FFY	2019	2020	2021	2022	2023
Target >=	5.00%	4.32%	4.32%	4.34%	4.37%
Data	5.71%	5.87%	6.12%	6.28%	6.39%

Targets

FFY	2024	2025
Target >=	4.41%	4.50%

Targets: Description of Stakeholder Input

WDH, EIEP continued 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. The EIEP discussed the family survey response rates during several Part C calls and reminded providers to encourage participation from their families. In addition, our Child Find campaign will focus on targeting age bands to ensure each age group is appropriately represented. The survey was provided in two languages (English and Spanish). In the coming year we will explore having the survey available in other languages. The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. In addition, each regional program has adopted the most successful distribution method for their area based on data collected from the survey participants and parent input.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. In addition, previously, ICC members attended an ICC meeting in July 2021 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 stakeholders to determine successful Child Find Campaign strategies.

WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC) and meets regularly on a monthly basis. 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 training individual parents on data use through the Family Data Leaders Training, developed from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.

Stakeholders 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 and provide input on strategies for improvement. Stakeholders 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 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	1,165
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, 2024	06/03/2025	Population of infants and toddlers birth to 3	18,191

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,165	18,191	6.39%	4.41%	6.40%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

While the target was met and there was no slippage, the WDH/EIEP: acknowledges the importance of child find activities. Our program tracks child find data from each regional program monthly. This data includes the number of children screened, the number of children identified, referral sources, and referral methods. This information is used to meet with regional providers and stakeholders to develop appropriate and targeted Child Find efforts.

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

Provide detailed information about the timely correction of 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.44%	99.72%	99.81%	99.52%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,054	1,167	100.00%	100%	99.74%	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.

110

Provide reasons for delay, if applicable.

Exceptional Family Circumstances: 110 of the 1,1167 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 predominant circumstances were illnesses within the family, and parental cancellations due to various reasons. Other reasons cited were: family being out of town for extended periods, difficulty scheduling with parents due to work and other schedule conflicts, and difficulty with shared custody schedules.

Program Reasons for Delays: Three (3) of the 1,167 infants and toddlers did not receive timely initial evaluation/assessment and initial IFSP due to program reasons. All three errors occurred within one provider organization. The program reasons that impacted the provision of timely evaluation/assessment and initial IFSP meeting were documented as follows: The provider did not contact the family within a timely manner after referral was received, and there was a lack of follow-up between voicemail messages to schedule evaluations.

In all three cases, the meetings were held, although late. In the first case, the IFSP meeting was eighty-one (81) days after referral. In the second case, the IFSP meeting was seventy-three (73) days after referral. In the third case, the IFSP meeting was fifty-six (56) 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, 2024 through June 30, 2025

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 2024. 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 2023

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

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

There were no pre-findings issued for indicator 7 in FFY 2023.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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 at age 3 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 at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	93.60%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.32%	95.38%	99.28%	99.61%	99.44%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
478	484	99.44%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

6

Provide reasons for delay, if applicable.

Exceptional Family Circumstances. six (6) of the 484 toddlers did not receive timely transition steps and services due to exceptional family

circumstances as defined by IDEA Part C. The two predominant exceptional family circumstances were cancellations by the family and illness within the family.

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, 2024 through June 30, 2025

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, 2024 to June 30, 2025.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

The EIEP issued two (2) findings of noncompliance for Indicator 8A to two (2) local early intervention programs in FFY 2023. Program one had one (1) file out of compliance, and program two had two (2) files out of compliance. To address noncompliance, both 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 the meeting, each of the non-compliant files were reviewed. In each case where the timeline was missed, it was due to provider oversight. Both programs indicated they had systems in place to calculate timelines, and written processes were developed and discussed with staff to ensure that transitions occurred in a timely manner. Subsequent data reviews were then conducted for the two programs. Data reviews consisted of a review of the data and IFSPs to ensure the accuracy of the data reported.

For program one (1), a total of seventeen (17) files were subsequently reviewed. The EIEP verified that 100% of files subsequently reviewed had transition steps and services in place prior to the children turning three.

For program two (2), a total of eighteen (18) files were subsequently reviewed. The EIEP verified that 100% of files subsequently reviewed had transition steps and services in place prior to the children turning three

The EIEP verified that both programs achieved 100% compliance and are correctly implementing the requirement based on updated subsequent data collected and reviewed through the statewide data system.

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

The EIEP verified that each individual case of noncompliance was corrected for FFY 2023. Three (3) of the five hundred thirty-nine (539) toddlers who did not receive timely transition plans with steps and services 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 seventy-three (73) days before the child's third birth date. In the second case, the transition plan was documented eighty (80) days before the child's third birthday. In the third case, the transition plan was documented eighty-six (86) days before the child's third birthday. All children received transition steps and services, although late. The documentation of transition discussion is present in the statewide data system.

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

There were no pre-findings issued for indicator 8A in FFY 2023

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

Two (2) findings of noncompliance were issued for Indicator 8A to two (2) local early intervention programs in FFY 2023. The missed timelines were due to provider oversight, despite both programs reporting that they had systems in place for timeline calculation. To ensure correction, both programs implemented written processes and held discussions with staff.

The EIEP verified that both programs achieved 100% compliance and are correctly implementing the requirement based on updated subsequent data collected and reviewed through the statewide data system.

The EIEP also verified that for each individual case of child-specific noncompliance, the required transition steps and services were ultimately provided, thus correcting the noncompliance identified in FFY 2023.

8A - OSEP Response

8A - Required Actions

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 at age 3 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 at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
337	337	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.

N/A

Describe the method used to collect these data.

In Wyoming, all 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 2024, there were 337 children exiting Part C identified as potentially eligible for Part B/619. All toddlers receiving Part C services as of ninety (90) days prior to their 3rd birthday are considered potentially eligible for Part B services. The LEA and SEA received notification for all 337 of the children identified as potentially eligible as EIS Program staff enter this information into the state's data system . Because the data system is used by both programs the notification is automated. 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 birthdate 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, 2024 through June 30, 2025

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 2023

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

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

There were no pre-findings issued for indicator 8B in FFY 2023.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 at age 3 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 at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.40%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.60%	94.23%	98.57%	98.90%	99.24%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
313	337	99.24%	100%	99.70%	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.

23

Provide reasons for delay, if applicable.

Exceptional Family Circumstances. Of the three hundred thirty-seven (337) toddlers potentially eligible for Part B, twenty-three (23) toddlers did not receive a timely conference due to exceptional family circumstances as defined by IDEA Part C. The three predominant 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. One (1) of the three hundred thirty-seven (337) toddlers did not receive a timely transition conference due to system delays. The error occurred in one (1) organization. The delay was due to a scheduling error by the provider, which caused the missed timeline. The provider discussed the transition to preschool with the family, but did not hold the transition conference at least 90 days prior to the child's third birthday.

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, 2024 through June 30, 2025

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).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

35Part C

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

The EIEP issued two (2) findings of noncompliance for Indicator 8C to two (2) local early intervention programs in FFY 2023. Program one had one (1) file out of compliance, and program two also had one (1) file out of compliance. To address noncompliance, both programs were required to analyze the root causes to address program issues during a follow-up meeting between the Part C Coordinator and regional staff. During the meeting, each of the non-compliant files were reviewed. In each case where the timeline was missed, it was due to provider oversight. Both programs indicated they had systems in place to calculate timelines, and written processes were developed and discussed with staff to ensure that transition conferences occurred in a timely manner. Subsequent data reviews were then conducted for the two programs. Data reviews consisted of a review of the data and IFSPs to ensure the accuracy of the data reported.

For program one (1), a total of seventeen (17) files were subsequently reviewed. The EIEP verified that 100% of files subsequently reviewed had transition steps and services in place prior to the children turning three.

For program two (2), a total of eighteen (18) files were subsequently reviewed. The EIEP verified that 100% of files subsequently reviewed had transition steps and services in place prior to the children turning three

The EIEP verified that both programs achieved 100% compliance and are correctly implementing the requirement based on updated subsequent data collected and reviewed through the statewide data system.

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

The EIEP verified that each individual case of noncompliance was corrected for FFY 2023. Two (2) of the three hundred ninety-three (393) toddlers who did not receive a timely transition conference did have a meeting documented, although late. This was verified through a review of data and IFSPs in the statewide data system.

In the first case, the transition conference was conducted seventy-three (73) days before the child's third birth date. In the second case, the conference was conducted fifty-four (54) days prior to the child's third birthday. All children received transition conference meetings, although they were held late. The documentation of the transition conference is present in the statewide data system.

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

There were no pre-findings issued for indicator 8C in FFY 2023.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

Two (2) findings of noncompliance were issued for Indicator 8C to two (2) local early intervention programs in FFY 2023. The missed timelines were due to provider oversight, despite both programs reporting that they had systems in place for timeline calculation. To ensure correction, both programs implemented written processes and held discussions with staff.

The EIEP verified that both programs achieved 100% compliance and are correctly implementing the requirement based on updated subsequent data collected and reviewed through the statewide data system.

The EIEP has also verified that for each individual case of child specific noncompliance, the required transition conference meetings were ultimately held and documented in the statewide data system, thus correcting the noncompliance identified in FFY 2023.

8C - OSEP Response

The State did not demonstrate that each EIS program or provider corrected the findings of noncompliance identified in FFY 2023 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State reported, The EIEP issued two (2) findings of noncompliance for Indicator 8C to two (2) local early intervention programs in FFY 2023. Program one had one (1) file out of

compliance, and program two also had one (1) file out of compliance."; however, in the FFY 2023 SPP/APR, the State reported three instances of noncompliance. Therefore, OSEP could not determine whether the State verified that each EIS program or provider with noncompliance identified in FFY 2023: (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.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023: (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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS908.

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 baselines 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 baselines 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 under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442).

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 2023 SPP/APR

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS907.

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 baselines 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 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1 Mediations held	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

WDH, EIEP continued 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. The EIEP discussed the family survey response rates during several Part C calls and reminded providers to encourage participation from their families. In addition, our Child Find campaign will focus on targeting age bands to ensure each age group is appropriately represented. The survey was provided in two languages (English and Spanish). In the coming year we will explore having the survey available in other languages. The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. In addition, each regional program has adopted the most successful distribution method for their area based on data collected from the survey participants and parent input.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. In addition, previously, ICC members attended an ICC meeting in July 2021 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 stakeholders to determine successful Child Find Campaign strategies.

WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC) and meets regularly on a monthly basis. 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 training individual parents on data use through the Family Data Leaders Training, developed from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.

Stakeholders 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 and provide input on strategies for improvement. Stakeholders 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	2019	2020	2021	2022	2023
Target>=					
Data					

Targets

FFY	2024	2025
Target>=		

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 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 2024. 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

Results Indicator: 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 3, 2025). 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 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) 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/2026/01/WY-Part-C-SSIP-Theory-of-Action_1.18.2023_508-Compliant-2.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	2024	2025
Target	Data must be greater than or equal to the target	77.75%	80.00%

FFY 2024 SPP/APR Data

Number of Part C Children who exited with age-appropriate social-emotional skills	Number of Part C Children Who Exited	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
483	552	85.88%	77.75%	87.50%	Met target	No Slippage

Provide the data source for the FFY 2024 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. Only 8% of exiting Part C Children were tested with the BDI-2; the other 92% were tested with the BDI-3. Children who took the BDI-2 are less likely to exit at age level than children who took the BDI-3 (due to a change in the norm group and the test itself). Because of this, a new child outcome scoring process is being implemented in 2025-26.

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, which 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/2026/01/WY-Part-C-SSIP-Evaluation-Plan-2025-26-2.docx

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

YES

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

The Pyramid Model evaluation measures were finalized at the end of the 2024-25 school year and formally added to the 2025-26 evaluation plan. In addition, child outcomes data measures were added. The new measures include:

Pyramid Model:

- State Leadership Team Benchmarks of Quality
- Early Intervention Benchmarks of Quality
- Program Coaching Log
- Early Interventionist Pyramid Practices Fidelity Instrument
- Practitioner Coaching Log
- Practitioner Coach Survey on Program Coaches
- Teaching Pyramid Infant Toddler Observation Scale (if applicable)
- Practitioner Survey on Practitioner Coaches
- PM Early Intervention Family Survey

Child Outcomes Data:

- Routines-Based Family Conversations
- Child Find Social-Emotional Referrals

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

The evaluation plan has been updated to reflect Wyoming's progression from exploration to initial implementation of the Pyramid Model. The added measures were piloted during 2024-25 with Cohort 1 implementation sites (Regions 2, 5, and 14) and align with NCPMI guidance and the Early Intervention Benchmarks of Quality. The Pyramid Model measures enable monitoring of implementation fidelity at state, program, coaching, and practitioner levels.

Child outcomes measures were also added to establish linkages between implementation activities, strengthen the assessment of progress toward the SiMR, and improve the quality of social-emotional outcomes data. These changes ensure that Wyoming's SSIP evaluation system is fully aligned with its chosen evidence-based practices, supports data-informed decision-making at all levels, and reflects the State's current phase of implementation and capacity-building efforts.

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

Strategy 1. Professional Development (Pyramid Model)

Initially, input was sought via stakeholder meetings for this improvement strategy. Information was provided to the EIEP, & we contracted with the Pyramid Model Consortium (PMC) because the model has components that promote positive social-emotional interactions. The Pyramid Model (PM) is a framework that enables caregivers, professionals, and systems to assess, align, & implement evidence-based strategies & practices that support children socially & emotionally. PMC continued to support the work of implementing the model in Wyoming in the current reporting year by providing TA on all aspects of implementation.

A state leadership team (SLT) was formed to include EIEP staff, early childhood specialist from WY Dept. of Ed. (WDE), a PD specialist from WDE, a representative from WY Head Start Collab Office. The purpose is to work with PMC on scaling up the practices to impact more children and families. EIEP continued to consult with a TA specialist from the National Center for Pyramid Model Innovations (NCPMI). As part of that work, key personnel were added to the SLT: the Executive Director from WY Parent Information Center (PIC), outreach parent liaison (PIC), licensing/childcare supervisor from WY Dept of Family Services, external evaluator for the SSIP, WY Part B 619 Coordinator, and, most recently a representative from University of WY.

Although informal meetings and conversations with the SLT occurred from the beginning of work with PMC, the official kickoff meeting took place in November 2023. The meeting was facilitated by the TA 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.

In FFY 2023, the SLT held monthly meetings. The team set a vision and mission, reviewed and rated the BOQ. The team planned to evaluate and survey current and prospective providers and reviewed the results. An in-person event was held in January 2025 BOQs were updated, membership guidelines and criteria were created, and team discussed next steps for implementation and initiation of cohort 2.

Over the past year, the SLT continued to hold monthly meetings. The team developed an evaluation and survey of current providers, a cohort participation application, an SLT membership application/agreement, a member recruitment/orientation package, an orientation evaluation, and SLT members attended all training opportunities provided to new cohort 2 participants. An in-person event is scheduled for March 2026 to update the BOQ, review and update the state's action plan, create a plan for future professional development, and discuss the potential for a cohort 3.

Strategy 2. Evidence-Based Practices & Family Engagement

Providers continue to access the four recorded trainings centered on the newly updated WY Early Learning Standards: Foundations of Social-Emotional Development, Trauma-Informed Practices, WY Early Learning Standards, and Executive Functioning/Bringing It All Together.

WY EIEP PD Series online modules were accessible to EIS providers. New and experienced family service coordinators continue to use the modules for training on Diagnostic Evaluations for Eligibility, IFSP Development and Ongoing Progress Monitoring, and IFSP Reviews. The modules are available on an ongoing basis through a partnership with the University of Wyoming's Learning Management System.

EIEP is developing a site to store and allow linkages for easier access to training, as providers report difficulty in locating multiple recordings and locations of training. The site is currently being developed and will be made available to providers as soon as all training is located, uploaded and linkages to sites are active and working.

EIEP chose a qualified trainer with experience in family engagement to present a webinar series for EIS providers. Seven sessions were provided and topics included the assessment process, intake procedures, routines-based family assessments, writing functional IFSPs, and support-based home visits. The trainer also included training on working with families of children with hearing loss and those who use English as a second language. Training occurred in the summer of 2023, and webinars were recorded so providers can access the materials. This training will be available to providers again in 2026, as it will be a good refresher for seasoned staff and valuable information for new providers.

EIEP continues partnership with the University of Wyoming's Project ECHO. However, Project ECHO is now operating as Act Early ECHO. Each spring and fall, Act Early hosts an early childhood training series that is often attended by EI providers

The development of a toolbox of social-emotional resources continues. The toolbox of resources has evolved into regional toolboxes in collaboration with our ICC and the local providers. Resources have been included and revisions and additions continue.

Strategy 3. Assessment

This strategy includes BDI training and TA for providers on data entry.

In 2023 & part of 2024, EIS providers continued to use the BDI-2 to collect data for child outcome reporting. Providers began using BDI-3 for all child outcomes entries and exits in July 2024, this included children who were assessed using BDI-2 on entry. Training continued to be provided on administration of the BDI to ensure fidelity and accuracy of data reported. EIEP met with regions to review results of their report cards that summarized their performance in 2022-23. Included in the discussions were a review of child outcomes social-emotional data. Virtual meetings were conducted to review and analyze Indicator 3 data.

EIEP identified ongoing training needs to administer the BDI to ensure providers are conducting the assessment with fidelity. Stakeholders indicated the need for updated TA guides for recording results in the data system and online scoring platform to ensure entries and exits are recorded in a way that can later be analyzed. In 2022-23, the EIEP continued to provide TA to providers on data collection. The TA guide was updated to include information on documenting exit data when a child is transitioning to Part B/619. Training was provided to both Part C & preschool providers who document transition data for transitioning children. The information 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 prior year were reviewed so providers could see how the state performed as a whole. Regions are also provided reports that include their child outcome scores over time. The purpose of these reports is so region staff better understand their data and can determine action steps for improvement. Virtual meetings are held with region staff to go over the reports.

In 2024 and 2025, EIS providers used the BDI-3 to collect all child outcomes entries and exits. Training continued to be provided on accurate administration of the BDI and EIEP continued to meet with regions to review the results of their report cards for 2023-24. On July 1, 2025 the child outcomes collection process switched from the BDI tool to the Child Outcomes Summary Process. This change was driven by two reasons. First, the BDI tool did not seem to accurately capture the true skill level of the children at entry and exit as reported by providers. Secondly, the Dept of Education as the State Education Agency for our three to five program chose to use the Child Outcomes Summary system beginning July 1, 2025. We wanted to be able to track progress for our children across our entire program so we chose to adopt the Child Outcomes Summary process for Part C beginning July 1, 2025.

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 (Pyramid Model)

WY delivered 8 Pyramid Model (PM) trainings during the reporting period. Evaluation data indicate strong short-term knowledge gains and readiness to apply learning, with 99% of respondents reporting increased knowledge/skills, intention to change job practices, and high training quality ratings. Pre/post assessments measuring training-specific knowledge to support soc-emo development for children ages birth-to-three and their families showed 93% of participants demonstrated increased knowledge. Follow-up surveys indicated progress toward intermediate outcomes, with 88% reporting implementation of new soc-emo practices and 75% reporting sustaining use practices over time.

The 24-25 year marked expansion of PM coaching infrastructure. All practitioner coaches reported positive experiences with program coaches, satisfaction with coaching received, and perceived program coaches as having strong expertise in both PM practices and coaching strategies. Practitioner feedback on practitioner coaches was positive: 100% reported positive overall experiences, 90% reported satisfaction with coaching, and 80% perceived their coach as having expertise in PM practices and coaching strategies.

Progress toward fidelity measurement also began during the reporting period. Initial fidelity data were collected using the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPFI), with two providers completing observations and demonstrating 77% of the 48 PM practice indicators present during early intervention visits with caregivers.

Collectively, these results demonstrate achievement of the PD short-term outcome (increased provider knowledge) and substantial progress toward intermediate outcomes related to implementation, sustainability, and fidelity. These outcomes align with the PD, TA, and quality standards components of the systems framework. By strengthening provider capacity to implement evidence-based PM practices with families, this strategy directly supports achievement of the SiMR. The expanded coaching infrastructure and use of fidelity tools establish a systematic, replicable PD model that supports sustainability and positions the state to scale PM implementation statewide as additional providers reach fidelity.

Strategy 2. Evidence-Based Practices (EBPs) and Family Engagement (FE)

Strategy 2 included four complementary PD activities designed to strengthen provider knowledge and use of EBPs and FE strategies that support soc-emo development.

Activity 1: Part C Early Childhood Soc-Emo Training Series

Ten new providers completed the recorded training. All participants reported increased general knowledge/skills, and 90% indicated intent to change job practices. Survey results measuring knowledge of WY Early Learning Standards (WY ELS) indicated areas for continued growth, with 44% reporting knowledge of the Emotional Development subdomain and 59% reporting knowledge of the Social Development subdomain.

Activity 2: EIEP PD Module Series

Nine providers accessed the online modules series. All participants reported increased knowledge, intent to change practices, and higher post-test scores compared to pre-tests, and training quality ratings were strong (89-100%). Follow-up Provider Survey results confirmed sustained impact beyond initial training completion: 89% reported increased knowledge increases, 81% increased skills, and 86% reported actual practice changes.

Activity 3: UW ECHO Trainings

Twenty-eight providers participated in UW ECHO Early Childhood trainings focused on soc-emo development. Most participants reported improved understanding of early childhood education (92%), confidence in implementing session content (100%). and likelihood of using the knowledge gained (96%)

Activity 4: FE Training

All new providers are required to complete the recorded FE training. BHD continues to work on developing a system to track participation and distribute evaluations. Family-level outcomes were assessed using the Part C Family Survey, which was modified in 24-25 with stakeholder input to refine one soc-emo item. Results indicate that 97% of families reported early intervention services helped them understand their child's soc-emo needs, 98% received information on routines and activities to support their child's needs, and 96% reported improvements in their child’s ability to manage emotions.

Across activities, short-term outcomes related to provider knowledge of EBPs, WY ELS, and FE tools were achieved, though results for WY ELS knowledge suggest a need for broader reach. Intermediate outcomes showed substantial progress, with 90-100% of providers indicating intent to change practices and 86% reporting implementation, and families reporting meaningful benefits from provider skills. These outcomes align with the PD, quality standards, and FE components of the systems framework by strengthening provider competency and consistency in the use of evidence-based soc-emo practices. By improving the quality and fidelity of provider-family interactions, this strategy supports achievement of the SiMR through a clear pathway from provider capacity to family capacity to improved child social-emotional outcomes. The use of recorded trainings, online modules, and ongoing ECHO access supports sustainability and scale-up by institutionalizing consistent onboarding, reinforcing practice over time, and enabling statewide reach without reliance on in-person delivery.

Strategy 3. Assessment

WY focused assessment activities on strengthening consistent, high-quality child outcome measurement processes. Fourth-six providers participated in BDI trainings. Evaluation results indicate moderate short-term gains, with 46% reporting increased knowledge, 44% increased skills, and 57% reporting practice changes.

To support consistency in documentation, providers participated in a June 2025 call focused on recording child outcomes in the data system, and EIEP provided targeted guidance to ensure documentation was completed prior to July 1, 2025 system transition. Additional training on the on the Child Outcomes Summary Process is planned for FFY 2025.

Progress toward short-term outcomes related to consistent measurement processes and fidelity of assessment implementation is ongoing. While training results indicate room for improvement, BHD advanced intermediate outcomes related to data completion and quality through multiple technical assistance approaches, including large-group provider calls, individual regional data review meetings focused on Indicator 3, and targeted response-rate feedback.

These activities align with the data, quality standards, and TA components of the systems framework. High-quality child outcome data essential for valid measurement of progress toward the SiMR and for informing intervention decisions. As assessment practices become more consistent and data quality improves, this strategy complements the PD and EBP efforts described in Strategies 1 and 2 and supports sustained, system-level progress toward improved soc-emo outcomes for children exiting the program.

Did the State implement any <u>new</u> (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 (Pyramid Model)

The ICC recommends continued collaboration with PMC & adding additional cohorts to participate in the implementation of Pyramid Model practices.

Ongoing work with the PMC will focus on training, fidelity, data collection tools, & evaluation plans during the next reporting period. Training will consist of virtual, online modules, & virtual &/or on-site TA. Each region within the cohort will identify practitioner coaches. Coaches will be trained on the model & its implementation, including fidelity measures, & 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 & as needed.

The SLT will continue to meet & grow under the advice of the PMC. Progress on implementing the model will be evaluated, & the plan will be revised as necessary.

A qualified vendor was selected through the RFP process to assist EIEP with implementation. That vendor is supporting EIEP & providers in implementing the PM.

EIEP held a Leadership Summit for EIS Leadership in June 2025. The summit covered the following topics: General Supervision, Staff Retention, Budget, SpEd Law Q&A, C to B Transition, Board Recruitment & Strategic Planning, Primary Service Provider Model & Parent Coaching, Routines-Based Interviews & ECO Maps, and Crucial Conversations. Leadership reported the summit was valuable & requested more opportunities in the future. EIEP is hosting another Summit in 2026 to give regions another opportunity to get together to discuss program needs.

EIEP surveyed stakeholders, including providers & families, regarding social-emotional needs. Based on results, EIEP will develop training in the areas of Social-Emotional Learning, Evidence-Based Parenting, & Trauma in Children.

Outcomes anticipated to be achieved next reporting period: providers have increased knowledge to support positive social-emotional development for children & families & implement new skills related to social-emotional development.

A virtual training on Behavior & Trauma was held June 2025. Covering impacts of trauma impacts in child behavior & effective interventions that can help improve the behaviors.

EIEP is partnering with University of WY to conduct an Early Childhood Social-Emotional Training. Training is planned for the coming year. Additionally, a Trauma-Informed Care training is scheduled for summer of 2026 at the request of providers.

Strategy 2. Evidence-Based Practices & Family Engagement

Activity 1: Part C Early Childhood Social-Emotional Training Series: Continues to be a required component of the initial training process for new providers. Attendance & evaluations are tracked & used to determine training satisfaction & usefulness.

Activity 2: EIEP PD Module Series - Continues to be a required component of the initial training process for new providers. Modules cover the process from assessment to IFSP development to progress monitoring. Recently, stakeholders expressed modules are valuable in their practices. Pre/post-tests are administered to measure increased knowledge resulting from modules.

Activity 3: UW Act Early ECHO: EIEP continues to encourage providers to take advantage of resource. Participants surveyed to gather training satisfaction, usefulness, & the impact on practices.

Activity 4: Family Engagement Training: Continues to be a required component of the initial training process for new providers. Addresses family engagement from evaluation process to IFSP development & carrying out services in the family's natural environment. Includes strategies for working with families of children with hearing loss & families using English as a second language. Attendance tracked & surveys used to determine training satisfaction & usefulness.

Activity 5: Toolbox of Social-Emotional Development Resources: Toolbox will be designed as a compilation of successful strategies for working with children with social-emotional needs. Strategies will be gathered from providers across the state & statewide resources, & reviewed by the ICC. The ICC decided to spearhead the project & develop regional toolboxes.

The combination of strategies provides a comprehensive approach towards meeting the short & intermediate-outcomes. Short-term outcomes anticipated: providers have increased knowledge & skills in the use of the WY Early Learning Standards, & have increased knowledge on the use of tools to support family engagement. Knowledge, experience, & skills will continue to grow over time. Progress is anticipated to occur towards the intermediate outcome of providers benefiting from tools & skills in the area of social-emotional development.

Strategy 3. Assessment

EIEP will meet with providers to review performance on the FFY 2024 report cards & schedule a session with a data team to provide an opportunity to analyze child outcomes data. Regions will be encouraged to look for root causes of their data trends, identify barriers to reaching targets, & strategize processes for improvement with fellow providers & EIEP staff.

The transition to the BDI-3 began July 2022. Majority of the data was collected using BDI-2, there were children whose scores were obtained using BDI-3. Training & TA provided on both tools emphasized accurately scoring assessments & strategies to administer assessments with fidelity. Training will continue as there is always a need for additional training. For children assessed using BDI-3 at entry, the BDI-3 will be used at exit. In response to using the BDI-3 & to address questions about timelines for administration, the TA guide was updated. Use of only BDI-3 began July 2024. EIEP held TA sessions regarding the transition.

Through analysis of data, EIEP uncovered a need to develop procedures for collecting child outcomes data. Previously, EIEP provided guidance regarding timelines, but input from providers indicated that more detail was needed. Procedures also addressed who is responsible for conducting assessments. Guidance included: when the exit assessment can be administered for Part C (i.e., can it take place after the child turns three), who is responsible for assessments when a child transitions. EIEP found this was helpful in streamlining procedures for providers. Timelines for data entry & other relevant topics identified by stakeholders were included in the guidance.

July 1, 2025, the assessment tool for child outcomes changed from the BDI tool to the Child Outcomes Summary (COS) Process. For the FFY 2025 reporting period, the EIEP will continue to conduct virtual training events & provide TA to providers to ensure they complete the process accurately & with fidelity. Procedures were developed on completing the process at entry and exit. Guidelines provide specific guidance surrounding the timelines for

when to complete COS at both entry and exit and who is responsible for completing the process. Examples of information provided are: when can the exit COS for Part C be completed (i.e., can it take place after the child turns three), who is responsible for completing when a child transitions from Part C to Part B (is it Part C staff or preschool staff), what assessments can be used for COS, how do you assign a rating for a child, etc.

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 COS & recording results; providers will implement assessments with fidelity; increased completion data will be available; and quality of the data will improve. Providers reported that the training provided to date has been helpful in implementing the new process. EIEP continues to monitor COS data monthly and offer TA as needed for continuous improvement.

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.

Family F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

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 its 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 training 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 FFY2024 reporting year when the entire states data is considered.

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. The initial cohort of providers receive additional training on the Pyramid Model and intensive coaching support through PMC as they work towards fidelity, therefore increasing their use and knowledge of EBPs which are intended to increase performance in the SiMR. Cohort 2 began in the fall of 2025 and is currently going through PM practices training and receiving coaching support.

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

Wyoming collects fidelity data using instruments developed by the National Center for Pyramid Model Innovations (NCPMI), including: The State Leadership Team Benchmarks of Quality (SLT-BoQ) which evaluates state-level infrastructure for Pyramid Model implementation; the Early Intervention (Part C) Benchmarks of Quality (EI-BoQ) which evaluates program-level implementation infrastructure and systems; and the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPFI) which assesses implementation of Pyramid Model practices by early interventionists in coaching family caregivers. These tools identify areas for improvement, inform state-level team and coaching goals, and document growth over time.

State Leadership Team Benchmarks of Quality (SLT BoQ): The SLT-BoQ assesses 49 state-level indicators across five critical elements to evaluate infrastructure development for the Pyramid Model and guide implementation planning. Each indicator is rated as "Not in Place," " Emerging/Needs Improvement," or “In Place.” The SLT-BoQ was completed in January 2024 (baseline) and December 2024. Results show progress in establishing state-level implementation infrastructure.

January 2024 (baseline): 80% of indicators “Not in Place,” 20% of indicators “Emerging/Needs Improvement,” and 0% of indicators “In Place.”

December 2024: 61% of indicators “Not in Place,” 31% of indicators “Emerging/Needs Improvement,” and 8% of indicators “In Place.”

The SLT-BoQ is collected annually, and will be completed again in March 2026.

Early Interventionist Pyramid Practices Fidelity Instrument (EIPFFI): The EIPPFI assesses whether practitioners consistently demonstrate Pyramid Model practices across multiple families and sessions. Each of the 48 indicators across six practice areas is scored as present (Yes = 1 point) or not present (No = 0 points), with scores calculated as the proportion of indicators present. Two regions have submitted initial EIPPFI data, with an average of .77 (77% of practice indicators present) across regions. One region (Region 5) did not report data because it had not yet initiated coaching cycles; their first EIPPFI submission is expected December 2025.

Early Intervention Benchmarks of Quality (EI-BoQ): The EI-BoQ assesses 30 program-level indicators across six critical elements to evaluate implementation progress and identify areas for action planning. Each indicator is rated as "Not in Place," "Partially in Place," or "In Place.” Cohort 1 regions completed baseline assessments. Across regions, an average of 29% of indicators were rated "Not in Place," 60% of indicators were rated "Partially in Place," and 11% of indicators were rated "In Place."

Beginning December 2025, EIPPFI and EI-BoQ data will be collected on six-month cycles. Practitioner coaching log data, used to track time, strategies, and practice-based coaching cycles provided to early intervention practitioners implementing Pyramid Model practices, will be collected on an ongoing basis. No coaching logs have been submitted to date as regions are in early stages of establishing practitioner coaching systems.

The state continued to monitor the fidelity of the administration and use of the BDI-3 data. Records in the scoring platform for the BDI-3 were 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 were 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 were 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 measures the extent to which providers use data to make eligibility determinations for social-emotional services and IFSP decisions related to child outcomes and services. This survey includes questions related to the evaluation tools, parent interview tools, and behavioral screening tools that are used by providers. Below are the results by coherent improvement strategies.

Strategy 1. Professional Development (Pyramid Model)

Coaching Surveys: Wyoming administers surveys to assess coaching quality and effectiveness. Two surveys measure satisfaction with coaching support and perceptions of coach expertise across areas including social-emotional development, Pyramid Model practices and tools, practice-based coaching strategies, and family-centered practices.

Practitioner Coach Survey on Program Coaches: Two practitioner coaches (50% response rate) completed the survey in summer 2025 to provide feedback on program coaching received prior to a contract pause in March 2025.

100% said their experience working with their coach was “Very Good” or “Excellent”

100% said they were "Satisfied" or "Very Satisfied" across five aspects of coaching

100% said their program coach demonstrates "Quite a bit" or "A lot" of expertise across five key areas

Practitioner Survey on Practitioner Coaches: Two practitioners (100% response rate among those working with a practitioner coach) completed the survey in summer 2025.

100% said their experience working with their coach was “Very Good” or “Excellent”

90% said they were "Satisfied" or "Very Satisfied" across five aspects of coaching

80% said their practitioner coach demonstrates "Quite a bit" or "A lot" of expertise across five key areas

Strategy 2. Evidence Based Practices and Family Engagement

From the 2024-25 Provider Survey results:

94% of providers said they conduct RBIs.

96% of providers said they are knowledgeable about writing functional outcomes.

90% of providers said they conduct eligibility trainings.

Strategy 3. Assessment

From the 2024-25 Provider Survey results:

83% of providers said they are using the results from the child outcomes data to improve services provision.

As a result of the BDI trainings:

46% said their knowledge increased,

44% said their skills increased,

57% said they made changes in their practice, and

59% said the BDI trainings impacted their clients.

From the 2023-24 Director Survey results:

100% of directors said that Part C staff use data to make decisions around social emotional type services.

Provide a summary of the next steps for each evidence-based practice 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 training provided with a focus on family engagement. The information provided during Part C training 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 training via the Act Early ECHO network, access the recorded training 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.

Family F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family’s preferences.

This EBP has been added as Cohort 1 has been trained and is implementing strategies on Pyramid Model practices for families. Cohort 1 will continue to engage the family in the practices and the EIEP anticipates the outcome of increased/strengthened knowledge of families after participating in Pyramid Model practices. Cohort 2 is currently being trained on Pyramid Model practices for families. They have formed Leadership Teams and Practitioner Coaches in their regions and will begin implementing practices once training is complete.

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 is provided through another series of statewide training on Family Engagement. Additional providers were 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 increased in FFY2024. This potentially is due to a larger percentage of children taking the BDI-3 than in years past which due to its change in the norm group has resulted in high social-emotional scores. But the increase in scores could also be suggestive of the activities the EIEP is implementing. However, there is still work to be done as the providers continue to report seeing increases in difficult behaviors in this population. The EIEP believes that the current SSIP, with continued focus on 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. 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 continued 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. The EIEP discussed the family survey response rates during several Part C calls and reminded providers to encourage participation from their families. In addition, our Child Find campaign will focus on targeting age bands to ensure each age group is appropriately represented. The survey was provided in two languages (English and Spanish). In the coming year we will explore having the survey available in other languages. The EIS providers found that families are more likely to complete the survey if the providers share it with them after a periodic or annual review meeting. In addition, each regional program has adopted the most successful distribution method for their area based on data collected from the survey participants and parent input.

Parent members of the ICC were engaged in the target setting process for this SPP/APR. In addition, previously, ICC members attended an ICC meeting in July 2021 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 stakeholders to determine successful Child Find Campaign strategies.

WDH, EIEP, also maintains a strong relationship with the Wyoming Parent Information Center (PIC) and meets regularly on a monthly basis. 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 training individual parents on data use through the Family Data Leaders Training, developed from a partnership between DaSY, the Center for Parent Information and Resources (CIPR), PIC, and WDH, EIEP.

Stakeholders 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 and provide input on strategies for improvement. Stakeholders 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.

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 representative, 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 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 2024, 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% versus 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 these meetings, EIEP provided updates on 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, 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.

EIEP meets regularly with regional providers on topics that affect the APR data as a whole. 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.

EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders.

During the ICC meetings, 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 training 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 be more specific to the regional areas of the state. 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 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.The guide was implemented again in 2024 based on guidelines and input from providers. EIEP hosts monthly provider calls and monthly Part C calls, and child outcomes measures have been on the agenda in this reporting period.

EIEP received ongoing stakeholder input surrounding the change from the BDI to the Child Outcomes Summary Process as well as some of the challenges of implementation and potential data inaccuracy from using two different systems. The ICC agreed that it is best for Part C to also make the switch to the COS process so that progress can be tracked for our children during their time in the program as a whole. Prior to the rollout of the Child Outcomes Summary Process the EIEP was meeting with national TA providers on a bi-monthly basis for technical assistance and guidance. We continue to meet with national TA providers on a monthly basis to ensure we maintain smooth implementation. EIEP continued to host monthly provider calls and Part C calls with child outcomes as an agenda item during this reporting period. In addition, we plan to continue to offer targeted mini trainings based on areas of need as we continue to use the Child Outcome Summary process for measuring outcomes.

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

NO

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.

Strategy 1. Professional Development (Pyramid Model)

In the 2025–26 Wyoming continued implementation of Pyramid Model (PM) as the primary professional development strategy supporting the SiMR. This year represents a transition from initial training to implementation, with emphasis on building leadership team capacity, coaching support, increased collection and use of fidelity and implementation data. In addition, PM implementation sites expanded to include Part C and Part B/619 programs. Cohort One (Part C) continues in Regions 2, 5, and 14, with all regions actively engaged in coaching and leadership team activities. Cohort Two (Part C and Part B/619) launched in 2025-26, adding Region 3 and Region 13.

Several key activities have already been completed in the early part of the 2025–26 reporting period. Program Implementation Coaches were identified, trained, and assigned to sites. Program-Wide Leadership Team trainings were completed to support local leadership teams in understanding PM implementation. Practice-Based Coach training was completed to prepare practitioner coaches to support implementation. EI and PK practice trainings are in progress.

Professional development throughout 2025–26 will continue through a combination of virtual trainings, online learning modules, and on-site and/or virtual TA and coaching. Training s will focus on PM practices for EI and PK providers, leadership team responsibilities, practice-based coaching, virtual coaching strategies, and behavior support (EI-PTR-Families and PK-PTR-YC). Participation in training activities will be tracked via attendance records. End-of-training evaluations will be collected to assess training quality and learning. Follow-up surveys will be administered 6-12 months post-training to evaluate implementation of new skills and sustainability of practices.

Coaching is a central component of this strategy. Practice-based coaching for EI and PK providers is underway, with Practitioner Coach Logs and Program Coach Logs collected on an ongoing basis beginning January 2026. Program Coach Logs will document TA provided to leadership teams, while Practitioner Coach Logs will track coaching cycles, focus areas, and frequency of coaching contacts with practitioners. Program Implementation Coaches and Practitioner Coaches will participate in regular monthly calls to support implementation and continuous improvement. Coaching surveys will be administered annually to coaching recipients to assess satisfaction with coaching, coach knowledge and skills, and perceived effectiveness of coaching supports.

Implementation and fidelity data will be collected throughout the reporting period. The State Leadership Team will complete the State Leadership Team Benchmarks of Quality (SLT-BoQ) annually to assess state-level infrastructure. EI Program Leadership Teams will complete the EI Benchmarks of Quality (EI-BoQ) twice a year to evaluate program-level implementation progress. Fidelity observations using the Early Intervention Pyramid Practices Fidelity Instrument (EIPPFI) will be conducted twice per year, with practitioner coaches observing practitioners during visits with caregivers. In addition, the PM Early Intervention Family Survey will be administered in Summer 2026 to gather family perspectives on the quality and impact of PM implementation.

Anticipated outcomes for Strategy 1 include increased provider knowledge related to supporting positive social-emotional development for infants and toddlers, increased implementation of PM practices when working with families, strengthened leadership team and coaching capacity, and progress toward sustained, high-quality implementation of evidence-based practices. Data collected during the 2025–26 reporting period will be used to inform continuous improvement, refine professional development and coaching supports, and guide future scaling of PM implementation across the state.

Strategy 2. Evidence Based Practices and Family Engagement

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, and (4) Family Engagement Training.

Activities in this 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 training, and the family engagement training series are available to providers and will continue on an ongoing basis.

Data collection measures for these activities will be conducted throughout the next reporting period. Provider and director surveys will continue to be collected annually. They are typically administered the end of the calendar year. Director's survey aims to gather information about eligibility decisions surrounding social-emotional services, and social-emotional decisions surrounding the IFSP. Provider survey gathers information on 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 training 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. EIEP will review the data from the most recent survey with an outside evaluator to determine next steps for training needs and individual TA.

These practices will impact the child outcomes data collected which will be analyzed continually by EIEP. Data from this reporting period will be reviewed individually with each regional provider, and with the larger group. Larger meetings will be an opportunity for providers to review and analyze 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.

Strategy 3. Assessment

In 2025-26, a new process for collecting data on child outcomes was implemented. Prior to this, the BDI-3 was used to collect child outcome data. Providers administered the BDI-3 at entry and exit, then scores were calculated by examining the standard deviation scores on the five BDI-3 areas.

The new process uses the Child Outcome Summary (COS) process as promoted by the ECTA Center. The COS process is a team decision-making process involving discussion about the child's functioning across settings and situations by those who know the child best, such as family members and practitioners. The process provides a consistent way for teams to rate a child's functioning relative to age-expected behavior at a specific point in time.

Importantly, ratings are based on multiple sources of information—including observations, assessment results, and family input—rather than a single test or service setting. Teams focus on how the child typically uses skills in everyday routines and activities, ensuring the rating reflects real-world functioning rather than isolated performance during an evaluation. This shared framework promotes consistency across programs while still allowing professional judgment grounded in the child's unique context.

While providers may continue to use the BDI-3 (although no longer required), it's not the sole source of information used to determine child outcome scores. Providers have been trained on the new process, and data are now collected via a centralized online system. Initial analyses are underway to examine validity and consistency of the resulting scores.

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

There were no barriers identified; however, the EIEP continues to receive TA from NCPMI. To date, conversations have occurred with providers, representatives from Head Start, and the University of Wyoming. The program will continue to monitor program success, while expanding the practices in a new Cohort. The EIEP will monitor for any barriers of providing fidelity in existing programs, while expanding to additional programs.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)

b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

Instructions

Targets must be 100%.

States are required to complete the General Supervision Data Table within the online reporting tool.

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

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 findings of 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 and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					100.00%

Targets

FFY	2024	2025
Target	100%	100%

Indicator 1. 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)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	2	0	2	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

In FFY 2023, the State identified two (2) findings while monitoring other IDEA requirements related to C1-Timely Services. The findings were identified via monitoring events that occurred during the FFY 2023 reporting period. The findings were in the areas of "Early Intervention Services and Content of an IFSP".

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Of the fourteen (14) regional programs in the State, one (1) program was issued a total of two (2) findings of noncompliance for other IDEA requirements related to Indicator 1 "Early Intervention Services and Content of an IFSP". The two (2) findings were issued as a result of special monitoring. To verify correction of noncompliance for each of the findings, the state reviewed individual noncompliant files, subsequent data, and held meetings with each program to verify the program was at 100% compliance and correctly implementing the regulatory requirements for all children.

The activities conducted for review and verification are as follows:

• Other IDEA Requirements:

-Ten (10) new files were subsequently reviewed via the state data system. IFSP's were reviewed to ensure child's developmental information was present, service documentation contained appropriate information (date, duration, frequency, etc). Upon completion of subsequent review no additional findings of noncompliance was identified.

-A meeting was held with the Part C Coordinator and program Leadership to discuss findings. During the meetings internal processes were reviewed and discussed.

The State determined that:

-Based on updated subsequent data review collected through the data system , the program was correctly implementing each specific noncompliance and achieved 100% compliance.

-Both of the findings identified were verified as timely corrected and the program was at 100% compliance and correctly implementing the requirement.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Of the fourteen (14) regional programs in the state, one (1) program had two (2) individual instances of noncompliance identified for other IDEA requirements related to Indicator 1 through special monitoring. The State reviewed the data system and each record for whom the noncompliance was identified. Based on the record review, the state determined that:

• 100% of individual instances of noncompliance related to "Early Intervention Services and Content of an IFSP" were timely corrected.

- Instance #1, the IFSP was amended to include the child's current developmental status.

-Instance #2, the early intervention services listed in the child's IFSP were updated to include the required date, duration, and frequency information.

The EIEP verified the program was at 100% compliance and correctly implementing the requirement based on updated data review, and correction of individual instances of noncompliance. The program was released from findings, and findings were verified as timely corrected (within one year of notification).

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	5	0	5	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

In FFY 2023, the State did not issue findings for indicator 7. However, the state identified five (5) findings while monitoring other IDEA requirements related to C7- 45-Day Timeline. The findings were identified through a combination of a special and cyclical monitoring events that occurred during the

FFY 2023 reporting period. This resulted in a total of five (5) findings of noncompliance. The findings were in the areas of " Prior written notice, Evaluation and assessment of the child and family, Procedures for IFSP development, review, and evaluation, and Content of an IFSP".

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Of the fourteen (14) regional programs in the State, three (3) programs were issued a total five (5) of findings of noncompliance. All findings were for other IDEA requirements related to indicator 7 as a result of cyclical monitoring. To verify correction of noncompliance for each of the five (5) findings, the state reviewed individual noncompliant files, subsequent data, and held meetings with each program to verify the program was at 100% compliance and correctly implementing the regulatory requirements for all children.

The activities conducted for review and verification is as follows:

• Other IDEA Requirements:

-Program one, two (2) findings in the areas of Evaluation of the child and assessment of the child and family and Content of an IFSP – Twenty (20) new files were subsequently reviewed via the state data system after findings of noncompliance was issued. Files were reviewed to ensure hearing and vision status was up to date, and all IFSP's contained documentation of current hearing and vision status. Upon completion of review no additional findings of noncompliance was identified. All files contained updated hearing and vision information, and current status documented in all IFSP paperwork.

-Program Two, one (1) finding in the area of Prior written notice and procedural safeguards – Eleven (11) new files were subsequently reviewed via the state data system after findings of noncompliance was issued. Files were reviewed to ensure documentation of Prior Written Notices were present when periodic reviews occurred. Upon completion of review no additional findings of noncompliance was identified. All files contained the appropriate PWN documentation.

-Program three, two (2) findings in the areas of Prior written notice and procedural safeguards and Procedures for IFSP development, review, and evaluation – Ten (10) new files were subsequently reviewed via the state data system after findings of noncompliance was issued. Files were reviewed to ensure services written in Prior Written Notices were consistent with information in the IFSP, and all periodic and annual reviews competed contained progress documentation. Upon completion of review no additional findings of noncompliance were identified. All files contained proper documentation.

-A meeting was held with the Part C Coordinator and program Leadership to discuss findings. During the meetings internal processes were reviewed and discussed.

The State determined that:

-Based on subsequent data reviews collected through the data system, all three (3) programs were correctly implementing each specific noncompliance and achieved 100% compliance.

-All five (5) of the findings were verified as timely corrected and the three (3) programs were at 100% compliance and correctly implementing the requirement.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Of the fourteen (14) regional programs in the state, three (3) programs had five (5) individual instances of noncompliance identified for other IDEA requirements related to Indicator 7 through a combination of a special and cyclical monitoring events. The State reviewed the data system and each record for whom the noncompliance was identified. Based on the record review, the state determined that:

• 100% of individual instances of noncompliance related to "Evaluation of the child and assessment of the child and family, Content of an IFSP, Prior written notice and procedural safeguards, and Procedures for IFSP development, review, and evaluation" were timely corrected.

-Instance #1, the current status of the childrens hearing and vision was obtained and documented in the subsequent IFSPs.

-Instance #2, the child's subsequent IFSP contained documentation of the progress made in meeting outcomes.

-Instance #3, the subsequent PWNs contained service information consistent with what is documented in the child's revised IFSP.

-Instance #4, subsequent PWNs were documented in the child's file for periodic and annual reviews.

-Instance #5, hearing and vision re-screens were completed and necessary follow was conducted for children who were not screened or failed initial screening.

The EIEP verified that all programs were at 100% compliance and correctly implementing the requirements based on updated data review, and correction of individual instances of noncompliance. All five (5) programs were released from findings, and findings were verified as timely corrected (within one year of notification).

Indicator 8A. 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. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

In FFY 2023, the State did not issue additional findings related indicator 8A- Timely transition steps and services at least 90 days prior to the child's third birthday. The number of findings for this indicator remains a total of two (2).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Of the fourteen (14) regional programs in the State, two (2) programs were issued a total of two (2) findings of noncompliance for Indicator 8A. To verify correction of noncompliance for each of the two (2) findings, the state reviewed individual noncompliant files, subsequent data, and held meetings with each program to verify the program was at 100% compliance and correctly implementing the regulatory requirements for all children.

The state conducted subsequent data reviews and determined that:

-The EIEP verified that both programs achieved 100% compliance and are correctly implementing the requirement based on updated subsequent data collected and reviewed through the statewide data system.

-For program one (1), eighteen (18) files were reviewed; for program two (2), seventeen (17) files were reviewed, for a total of thirty-five (35) new files across both programs. All files had transition steps and services in place at least 90 days prior to the children turning three.

- A meeting was held with the Part C Coordinator and program Leadership to discuss findings and next steps.

- Internal processes to ensure transitioning children received timely transition planning steps were developed and discussed with Part C staff.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The State identified two (2) individual instances of noncompliance across two (2) programs for Indicator 8A. The State reviewed the data system and each record for whom the noncompliance was identified. Based on the record review, the state determined that:

• 100% of individual instances of noncompliance for Indicator 8A received transition steps and services, although received late.

-Instance #1, the child's transition plan was documented seventy-three (73) days before the child's third birth date.

-Instance #2, the children's transition plan was documented between eighty (80) and eighty-six (86)days before the child's third birthday.

The EIEP verified that all programs were at 100% compliance and correctly implementing the requirements based on updated data review and correction of individual instances of noncompliance. Both programs were released from findings , and findings were verified as timely corrected (within one year of notification).

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and 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. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

In FFY 2023, the State did not identify findings for indicator 8B- Timely Notification to the SEA and LEA at least 90 days prior to the child's third birthday.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

No additional findings of noncompliance were identified during the cyclical monitoring process.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

No additional findings of noncompliance were identified during the cyclical monitoring process.

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

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)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.).

In FFY 2023, the State did not issue additional findings related indicator 8C- Timely transition conference at least 90 days prior to the child's third birthday. The number of findings for this indicator remains a total of two (2).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Of the fourteen (14) regional programs in the State, two (2) programs were issued a total two (2) of findings of noncompliance for Indicator 8C. To verify correction of noncompliance for each of the two (2) findings, the state reviewed individual noncompliant files, subsequent data, and held meetings with each program to verify the program was at 100% compliance and correctly implementing the regulatory requirements for all children.

The state conducted subsequent data reviews and determined that:

-The EIEP verified that both programs achieved 100% compliance and are correctly implementing the requirement based on updated subsequent data collected and reviewed through the statewide data system.

-For program one (1), eighteen (18) files were reviewed; for program two (2), seventeen (17) files were reviewed, for a total of thirty-five (35) new files across both programs. All files had transition conferences held at least 90 days prior to the children turning three.

- A meeting was held with the Part C Coordinator and program Leadership to discuss findings and next steps.

- Internal processes to ensure transitioning children received timely transition conferences were developed and discussed with Part C staff.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The State identified two (2) individual instances of noncompliance across two (2) programs for Indicator 8C. The State reviewed the data system and each record for whom the noncompliance was identified. Based on the record review, the state determined that:

• 100% of individual instances of noncompliance for Indicator 8A received a transition conference, although held late.

-Instance #1, the child's transition conference was held seventy-three (73) days before the child's third birth date.

-Instance #2, the child's transition conference was held fifty-four (54)days before the child's third birthday.

The EIEP verified that all programs were at 100% compliance and correctly implementing the requirements based on updated data review and correction of individual instances of noncompliance. Both programs were released from findings, and findings were verified as timely corrected (within one year of notification).

Optional for FFY 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	7	4	7	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
11	11	100.00%	100%	Not Valid and Reliable	Met target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%

Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	11
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	11
3. Number of findings not verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 1	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 7	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8A	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8B	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8C	
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Other Areas - All other findings	
7. Number of findings not yet verified as corrected	0

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA’s enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

12 - Prior FFY Required Actions

None

12 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported 100% percent of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that each EIS program or provider corrected the findings of noncompliance identified in FFY 2023 related to: Transition steps and services and Transition conference because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2023: (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.

12 - Required Actions

The State must provide valid and reliable data for FFY 2025 in the FFY 2025 SPP/APR.

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated by the Lead Agency Director to Certify

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 Manager

Email:

kim.caylor@wyo.gov

Phone:

307-777-7148

Submitted on:

04/17/26 6:03:44 PM

Determination Enclosures

RDA Matrix

Wyoming

2026 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
62.50%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	3	37.50%
Compliance	16	14	87.50%

2026 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's FFY 2024 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	552
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	1,042
Percentage of Children Exiting who are Included in Outcome Data (%)	52.98
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

(b) Data Anomalies: Anomalies in your State's FFY 2024 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 FFY 2024 Outcomes Data to other States' FFY 2024 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1

(b) Performance Change Over Time: Comparing your State's FFY 2024 data to your State's FFY 2023 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	0

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 2024	58.99%	87.50%	48.72%	68.84%	56.30%	78.62%
FFY 2023	74.64%	85.88%	62.71%	63.44%	75.46%	81.24%

(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 2026: Part C."

2026 Part C Compliance Matrix

Part C Compliance Indicator (2)	**Performance (%)**	**Full Correction of Findings of Noncompliance Identified in FFY 2023** (3)	**Score**
Indicator 1: Timely service provision	100.00%	YES	2
Indicator 7: 45-day timeline	99.74%	N/A	2
Indicator 8A: Timely transition plan	100.00%	YES	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	99.70%	NO	2
Indicator 12: General Supervision	Not Valid and Reliable	NO	0
Timely and Accurate State-Reported Data	97.30%		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/FFY2024-Part-C-SPP-APR-Reformatted-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 FFY 2024 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2024 Outcomes Data (C3) and the total number of children your State reported in its FFY 2024 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 2024 in the State's FFY 2024 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 2024 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2024 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 2020 – FFY 2023 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 2024 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 2024

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.49	3.27	-1.78	4.76
Outcome B\ Category a	1.29	2.82	-1.52	4.11
Outcome C\ Category a	1.29	2.8	-1.51	4.09

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	9.04	6.36	42.52
Outcome A\ Category c	22.25	13.92	-5.6	50.09
Outcome A\ Category d	26.34	9.71	6.92	45.76
Outcome A\ Category e	25.48	16.58	-7.68	58.64
Outcome B\ Category b	26.03	9.37	7.29	44.78
Outcome B\ Category c	30.64	13.31	4.01	57.26
Outcome B\ Category d	29.87	8.22	13.44	46.31
Outcome B\ Category e	12.16	9.18	-6.19	30.51
Outcome C\ Category b	22.37	9.63	3.1	41.64
Outcome C\ Category c	24.39	14.01	-3.63	52.41
Outcome C\ Category d	32.05	8.74	14.58	49.53
Outcome C\ Category e	19.89	14.88	-9.87	49.66

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 FFY 2024 Outcomes Data

Number of Infants and Toddlers with IFSP's Assessed in your State	552

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	0	57	12	70	413
Performance (%)	0.00%	10.33%	2.17%	12.68%	74.82%
Scores	1	1	1	1	0

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	0	140	32	101	279
Performance (%)	0.00%	25.36%	5.80%	18.30%	50.54%
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	104	14	120	314
Performance (%)	0.00%	18.84%	2.54%	21.74%	56.88%
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 FFY 2024 Outcomes Data to Other States' FFY 2024 Outcome Data

This score represents how your State's FFY 2024 Outcomes data compares to other States' FFY 2024 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 2024

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	48.11%	35.40%	55.43%	29.71%	54.53%	33.99%
90	79.69%	72.29%	81.28%	63.82%	82.81%	75.29%

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 2024

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 (%)	58.99%	87.50%	48.72%	68.84%	56.30%	78.62%
Points	1	2	0	2	1	2

Total Points Across SS1 and SS2	8

Your State's Data Comparison Score	1

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2024 Outcomes Data to your State's FFY 2023 Outcomes Data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2023) is compared to the current year (FFY 2024) 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 2024 and FFY 2023 summary statements.

e.g., C3A FFY2024% - C3A FFY2023% = 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[([FFY2023% * (1-FFY2023%)] / FFY2023N) + ([FFY2024% * (1-FFY2024%)] / FFY2024N)] = 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 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 2023 to FFY 2024

1 = No statistically significant change

2= statistically significant increase from FFY 2023 to FFY 2024

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 2023 N	FFY 2023 Summary Statement (%)	FFY 2024 N	FFY 2024 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	138	74.64%	139	58.99%	-15.64	0.0558	-2.8044	0.005	YES	0
SS1/Outcome B: Knowledge and Skills	295	62.71%	273	48.72%	-13.99	0.0413	-3.3862	0.0007	YES	0
SS1/Outcome C: Actions to meet needs	216	75.46%	238	56.30%	-19.16	0.0435	-4.4062	<.0001	YES	0
SS2/Outcome A: Positive Social Relationships	517	85.88%	552	87.50%	1.62	0.0208	0.7788	0.4361	NO	1
SS2/Outcome B: Knowledge and Skills	517	63.44%	552	68.84%	5.40	0.0289	1.8655	0.0621	NO	1
SS2/Outcome C: Actions to meet needs	517	81.24%	552	78.62%	-2.61	0.0245	-1.0681	0.2855	NO	1

Total Points Across SS1 and SS2	**3**

Your State's Performance Change Score	**0**

Data Rubric

Wyoming

FFY 2024 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
12	0	0

APR Score Calculation

Subtotal	12
Timely Submission Points - If the FFY 2024 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: 7/30/25	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	17
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	36.00
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	37.00
D. Subtotal (C divided by Denominator) (3) =	0.9730
E. Indicator Score (Subtotal D x 100) =	97.30

(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 2.11111111 points are 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 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 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 all ED*Facts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	ED*Facts* Files	Due Date
Part C Child Count and Setting	FS902, FS903*, FS904*, FS905	7/30/2025
Part C Exiting	FS901	2/18/2026
Part C Dispute Resolution	FS906, FS907, FS908	11/19/2025

* if applicable

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.

Dispute Resolution

IDEA Part C

Wyoming

Year 2024-25

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 not 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

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

These data were extracted on the close date:
11/19/2025

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 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

https://sites.ed.gov/idea/how-the-department-made-determinations/

United States Department of Education
Office of Special Education and Rehabilitative Services

Final Determination Letter

June 16, 2026

Honorable Stefan Johansson
Director
Wyoming Department of Health
401 Hathaway Building
Cheyenne, WY 82002

Dear Director Johansson:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Wyoming needs assistance in meeting the requirements 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) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Wyoming's 2026 determination is based on the data reflected in Wyoming's "2026 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 2026: Part C" (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 2026, as it did for Part C determinations in 2016-2025. (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 2026, 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 2024 data. You may access the results of OSEP's review of Wyoming's SPP/APR and other relevant data by accessing the ED*Facts* Metadata and Process Systems (E*MAPS*) 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 12, 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;

(3) "2026 Data Rubric Part C," which shows how OSEP calculated the Wyoming's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

(4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the Wyoming's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Wyoming's 2026 determination is Needs Assistance. A State's 2026 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has

imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part C data 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). States and Entities 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 and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. 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 2024 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,

Erin McHugh
Deputy Director
Office of Special Education Programs

cc: Wyoming Part C Coordinator