Wyoming Department of Health

Developmental Disabilities Division

State Performance Plan

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Wyoming Part C State Performance Plan (SPP) for 2005-2010

2008-2009 Revisions: *All revisions made to the Wyoming State Performance Plan for the 2010 submission are written in italics.*

Overview of General Supervision System:

Stakeholder Input

The general supervision system for the Wyoming Department of Health (WDH) consists of multiple components. WDH works closely with stakeholders in the development of Part C rules and regulations as well as policies to enforce those rules and regulations. The State Early Intervention Council (ICC) is charged with advising and assisting WDH in its development and implementation of Early Intervention Services throughout the state. The council consists of parents, local parent advocacy organizations, the University of Wyoming staff, regional directors, state legislators, public health and other state representatives. These stakeholders provide input and recommendations into state rules and regulations, information identified and reported in the Annual Performance Reports and indicators reported in the State Performance Plan.

2005-2006
The Early Intervention Council (ICC) and the Regional Program Directors participated in several meetings and conference calls to provide input and recommendations for the FFY 2006 submission of the State Performance Plan, including: the revisions made to indicators 1, 2, 11, 12, and 13; and the development of the process for collecting data, for indicators 3 and 4 and establishing targets for indicator 4. Wyoming has chosen to submit a complete State Performance Plan February 1, 2007.

Data Collection and Verification

WDH utilizes a database system to report on monitoring priority areas as well 618 data. The data base currently used by the program, allows for the timely collection of information required to report to the Office of Special Education. Each year Child Development Centers submit data to support the WDH's child count, and the exit and personnel required information. Data collected at each submission includes: child's name, date of birth, ethnicity, address and names of parents/caregivers, child's disability, strengths and areas of concern and evaluation results from the IFSP, services offered including frequency, duration, start and end dates as well as environment; transition plans as appropriate including services and steps for transition planning and referral information. The data can be analyzed as a whole or broken down into regional Child Development Centers (CDC) so that the state can determine strengths and areas of need.

Regarding data verification, the database information is submitted to the WDH from the CDCs three times a year corresponding to the data submission requirements for 618 data. This information is put into the statewide database and assessed for duplicate child entries and to verify children are eligible for Part C based on date of birth. Any of these discrepancies are resolved with the centers prior to data submission. WDH, through on-site monitoring, completes verification of the child specific data compared to the electronic desk audit to the child file reviews that are completed. WDH can also verify the number of children on the child count with the number of child files that are present and available in the CDC.

WDH is currently working to procure a contractor for the development of a web-based IFSP and data system that will allow for real time acquisition of data. This system will allow the WDH to verify data accuracy in relation to monitoring processes as well as in relation to TA and questions or complaints.

2005-2006
The web-based IFSP and data system was used to collect the data required for the December 1, 2006 count. Two Child Development Centers (CDCs) piloted the new system. All Regional Child Development Centers will be utilizing the web-based IFSP and data system by May 1, 2007. This will allow WDH to have access to real time acquisition of data in order to provide ongoing monitoring.

2006-2007
All of the CDCs are currently using the enhanced web-based data system to report information.

Dispute Resolution

WDH currently has policies and procedures regarding dispute resolution that are specified in the Part C State application. Parental Rights and Procedural Safeguards, which describe the dispute resolution process, are reviewed and provided to parents throughout the year. Part C handbooks are also distributed to families, which describe in detail their rights under IDEA and state law while also describing the process for making a complaint. There are trained Mediators and Hearing Officers who are available to parents and regional child development centers through the Early Intervention and Education Program at the WDH when requested. Each CDC has a list of these individuals that are located throughout the state. They are trained in both Part B 619 and Part C rules and regulations. Any written complaints are submitted to WDH and are investigated within 60 days if warranted.

2005-2006
WDH had revised the Part C policies and procedures. These revisions were out for public comment for sixty days through 5:00 p.m. on January 30, 2007. No comments were received; the final policy and procedure revisions were made. The Part C policies were revised to adopt the Part C dispute resolution requirements under 34 CFR 303.420.

Contracts for Part C Funds

Once the DDD has received the annual grant award notice from OSEP, DDD has each region complete an application for funds. These applications are approved and then submitted to the Fiscal office for the establishment of budgets for the dissemination of early intervention funds to the CDCs:

- Annual contracts are submitted to each region for signatures. Contracts state the expectations of programs to comply with IDEA rules and regulations, to meet regulations around staff credentials, compliance with on-site monitoring and compliance with corrective action plans.
- Contracts are signed by the Director of the Department of Health, the Developmental Disabilities Division Administrator, the Chair of the respective child development center Board of Directors and the Wyoming Attorney General's office.

On-site Monitoring

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

- Natural Environments
- Timeliness of services
- Transition services
- Child Find
- Parent notification;
- Input into the IFSP process;
- Parent complaint process and
- Overall satisfaction with delivery of services.

The monitoring protocol also includes an extensive review of files using a file review form developed by NECTAC. During on-site monitoring at least 20% of the Part C files are reviewed using this form. The monitoring protocol is being revised and updated to include self-assessment protocol and to align with IDEA 2004 for use in the 2006 on-site monitoring visits.

Prior to on-site monitoring visits, 100% of files are reviewed electronically, to identify potential areas of non-compliance as well as a review of parent surveys that are distributed to all families enrolled in that region.

Public Reporting

- WDH reports information to the state's Interagency Coordinating Council and posts public announcements as needed for availability of information and the process to request copies.
- WDH will post the state performance plan on the WDH website on or before February 5, 2008: http://www.health.wyo.gov/ddd.

Personnel Development

- The WDH supports development of local and statewide training opportunities aimed at increasing the level of skill in the current early childhood personnel, while also working with the higher education system in the state to support development of new personnel. The current Social/Emotional Pilot (previously known as the Mental Health Pilot), which stemmed from information gathered from child development centers, childcare providers and other early childhood professionals, is a good example of this kind of personnel development effort.
- WDH provides opportunities for the State level staff to attend the conferences and trainings hosted through National Early Childhood Organizations, National TA agencies and/or OSEP.

Contracts for General Supervision Assistance

The following contracts that are used to enhance our general supervision system:

- Information Technology Assistance – database
- Child Development Services of Wyoming
    - One Before Two – supports the child find efforts for the CDCs
    - Regional Trainings - development of training for professional development, effects program performance and quality
    - Social/Emotional System – development of training for professional development, effects program performance and quality
- PIC/PEN
    - Procedural Safeguards training
    - Parent Newsletter,
    - Baby Steps series of informational documents, and
    - Information on Parental Rights under Part C IDEA (funded by EIC)
- Developmental Preschool and Day Care Center (Region 11) – Early Hearing, Detection and Intervention Project, includes professional development components
- MPRRC – on-site monitoring support through March 2006
- Past contracts (for FY 2004 for SPP)
    - SharePoint – web based information system for CDCs,
    - PIC/PEN – parent informational services,
    - Data Driven Enterprises – data analysis and
    - Wyoming Institute for Disabilities – Wyoming Lions Vision Project – for vision screening, photo reading and staff training on the system.

Below are future plans for contracts to support general supervision

- Involved in a procurement process for a contractor for data analysis,
- Involved in a procurement process for a contractor for vision and

- Procurement process is in development for a contractor for Web-Based IFSP and Database and Monitoring assistance.

How Components are Connected

- Stakeholder involvement and input is incorporated into the development of most WDH policies, procedures, initiatives, and systems such as those discussed under data systems, on-site monitoring, desk audits, self-assessment, policies and procedures, personnel development, public reporting, application for funds, surveys, dispute resolution, etc.
- Summary reports from on-site monitoring, desk audits, 618 reports and annual performance reports are all reviewed by the state ICC at a minimum and usually involve input from regional directors and other regional personnel.
- The data systems and monitoring systems are linked through the data verification, desk audits, and on-site monitoring however, with the proposal of a web based IFSP and data system these will have a greater linkage in the future.
- Monitoring procedures are inter-connected with just about all other components as that is the means in which WDH has to assess quality, performance, and compliance of each of the CDCs.

Components Used for Performance or Just Compliance

- The monitoring and self-assessment pieces are primarily utilized for compliance however WDH has been using these systems to guide TA and training within the state as well as to gain a better understanding of each community's unique needs. Additionally, with the direction of the SPP requiring outcome measures this system will be modified to accommodate these needs as well.

Components Focused on Improved Performance

- Through the monitoring process each CDC receives a monitoring report fully outlining the outcomes of the process that they can utilize in directing change and improvement in their local program. These reports contain information on compliance issues as well as performance areas identified for potential growth.
    - Each CDC is also required to participate in the development of a Corrective Action Plan for correction of any findings and areas for improvement identified in the monitoring process.
    - The plan in the future will include feedback to the CDCs regarding the parent survey information specific to their regions that they also can utilize to direct their programs.

How the State's General Supervision System Ensures Correction of Noncompliance and Improved Performance

- In the past TA was provided to Regions as determined need through the monitoring processes or as requested by the region.
- WDH hosted a data managers training which presented information for consistency of completion of database forms as well as provided the opportunity for CDC data manager to present questions, concerns, and problems that they may have been facing in their local facilities with the data base.
- The WDH produced a document for Interim Guidance for completion of IFSP forms to assist CDCs with information to be able to function with the new IDEA 2004 law in place while Wyoming is waiting for the finalization of Federal Rules and Regulations in order to rewrite the Wyoming Special Education Rules and Regulations.
- Required Corrective Action/Improvement Plan
    - The WDH is planning on implementing a Corrective Action Tracker that will allow for all of the findings identified through monitoring to be entered into a database and will be tracked manually by one identified staff member in the WDH office. Information from the Corrective Action Tracker will be reviewed at least monthly at program staff meetings to ensure follow-up and planned steps are completed on time. This system will assign tasks to the appropriate

individuals and will create a tickler file for them as reminders for task completion Overview of the State Performance Plan Development:

The Wyoming Department of Health (WDH) completed the following activities in the development and completion of the Part C State Performance Plan (SPP):

- WDH met with CDC directors at quarterly meetings in July 2005 and September 2005 at which the WDE presented information on the SPP process, development and data collection needs.
- The WDH provided training to three CDCs at the request of the regions and included information on the state performance plan process and data requirements. Feedback from these CDCs was helpful in developing the child and family outcomes indicators for Part C and informed the data collection process for the State Performance Plan.
- The WDH brought in the National Early Childhood Technical Assistance Center (NECTAC) and Early Childhood Outcomes Center (ECO) staff to the Wyoming Early Intervention Council (EIC) meeting held on September 13 and 14, 2005 to explain the SPP process and the role of the council as a stakeholder group. Feedback on the SPP development to this point was gathered and processed by WDH Staff.
- The WDH distributed requests to regional child development centers for data on timeliness of services (Indicator 1) for return to the WDH by November 10, 2005.
- The WDH hosted a conference call with invitations and documentation sent out prior to a group of stakeholders for feedback and input of further development on November 14, 2005. This group was asked to invite other interested parties to the conference call while also disseminating the draft State Performance Plan to any other interested parties. The group was also asked that if they had further thoughts or comments that they would like to submit that they could do so to any of the WDH staff. This stakeholder group consisted of 16 participants including:
    - Wyoming Department of Education (WDE) personnel
    - CDC Staff members
    - CDC directors
    - Other state agencies
    - Mountain Plains Regional Resource Center (MPRRC)
    - Parent advocacy groups
    - Private non-profit agencies
- The WDH then took the SPP to the EIC meeting on November 16 and 17, 2005 for further input and feedback. The EIC:
    - Reviewed all relevant targets for the Part C program that were not compliance indicators and discussed the negotiation process that took place between the WDH and the CDCs in setting those targets;
    - Reviewed and proposed changes for the improvement activities for all indicators related to the Part C State Performance Plan;
    - Reviewed the data collection process that WDH utilized in development of baselines for new indicators including child and family outcomes indicators; and
    - Recommended use of certain tools for data collection related to child and family outcomes.
- The State Performance Plan will be posted on the WDH website for public access of the plan on or before February 5, 2008, http://www.health.wyo.gov/ddd.
- The State Performance Plan will also be distributed on or before February 5, 2008 to:
    - Wyoming parent advocacy organizations,
    - Child Development Centers,
    - Wyoming Department of Family Services Early Childhood Division and
    - Other non-profit agencies serving children and families including all agencies listed as resources for implementation and improvement activities.

Wyoming

The Early Intervention Council (ICC) and the CDC Program Directors participated in several meetings and conference calls to provide input and recommendations for the 2007 submission of the State Performance Plan, including: the revisions made to indicators 1,2,11,12, and 13; and the development of the process for collecting data, for indicators 3 and 4 and establishing targets for indicator 4.

- The Early Intervention Council (ICC) met in September 2006 to revise the State's standard for "timely" to ensure the standard was consistent with Part C regulations. (Indicator 1)

- A conference call was held in October 2006 including EIC members, CDC Program Directors, and their staff to establish a cut score for indicator 4. Information was distributed for review prior to the call.

- September 9, 2006 the Early Intervention Council met to set targets for Indicator 4, revise targets for indicator 2, and discuss Part C policy revisions.

An EIC meeting was held on January 15, 2008 with participants from the Early Intervention Council, CDC Program Directors and their Staff. This group includes representation from other State Agencies, and Wyoming Department of Education. Input and recommendations were provided on the draft State Performance Plan and Annual Performance Report.

Wyoming has chosen to submit a complete State Performance Plan in February, 2008.

Monitoring Priority: Early Intervention Services in Natural Environments

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

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention (EI) 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.

Overview of Issue/Description of System or Process:

The state of Wyoming had not previously defined "timely receipt of services", however based on feedback and discussions with regional child development center personnel as well as our stakeholder groups that were utilized for the completion of this document in 2005, it was determined that the Wyoming State definition would be: **"All Early intervention services must be initiated within 30 days of when the service is documented on the IFSP".**

This definition came out of multiple conference calls and meetings with key stakeholders including CDC Directors, parents and parent advocacy groups. Stakeholders believed that this timeframe was a reasonable period that children and families could be expected to wait for the initiation of their intervention service.

In a letter from OSEP responding to Wyoming's State Performance Plan, Table A indicated that Wyoming's standard for timely begins with a starting point that is not consistent with Part C regulations. In September 2006, the stakeholder group reviewed the definition, OSEP's comments, the final Frequently Asked Questions document dated 8/2/06 from OSEP, and revised the Wyoming State definition to state: **"All Early Intervention services must be initiated within 30 days from when the parent provides consent for the IFSP service."**

For the submission of the SPP, a sample was collected in 2005 by requesting all fourteen regions to review 10% of children with IFSPs or 10 files whichever was greater. WDH requested that they report the date that the service was initiated, when the service was actually provided and justifications if the service did not occur within thirty days.

Baseline Data: Of the 138 files reviewed, **75%** (103 divided by 138) of the children received all of the services from the IFSP within 30 days of the IFSP date**)**. For the 25% (35 divided by 138**)** that did not receive "timely" services the reasons for untimely services were provided.

Compliance Rate: Of the justifications received, only five were inadequate which shows an overall **96%** (133 divided by 138) compliance rate. Some agency justifications included staff vacations, no documentation of services and no provider available.

The sample data was broken down into regions, which includes the percentage of children who received timely services as well as justifications for not receiving services in a timely manner.

Four regions provided inadequate justifications for meeting the thirty-day timeframe. WDH will expect these regions to complete a corrective action plan in order to address the area of non-compliance by January 2006. WDH will provide technical assistance and training to those regions around the definition of timeliness. In addition we will request regions to review 10% of their charts on a quarterly basis and submit the appropriate data to WDH. The expectation will be that the four regions noted will correct the

non-compliance area by December 2006. Submission of the February 2007 APR will provide an update on these corrective action plans.

Future monitoring of this indicator will include self-assessments that will be completed by each region and submitted to the WDH annually. The self-assessment process will include review of 10% of their files or 10 files, whichever is greater. The chart review forms that will be used were created by NECTAC and have been cross-walked to align with the SPP indicators, including indicator one. Four regional programs will be monitored in the 2005-2006 year. All CDCs will be monitored by 2010 and WDH will validate data collected on timeliness of services during these monitoring reviews.

The annual Self Assessment has been revised. It is still based on the chart review forms developed by NECTAC, but the number of questions has been reduced. If the new Self Assessment indicates areas of concern, the full chart review form can be used to gather more information to determine areas of noncompliance and reasons for noncompliance.

FFY	Measurable and Rigorous Target 100% (cannot be less than 100%) for infants and toddlers with IFSPs who receive early intervention services on their IFSPs in a timely manner.
2005 **(2005-2006)**	**100%**
2006 **(2006-2007)**	**100%**
2007 **(2007-2008)**	**100%**
2008 **(2008-2009)**	**100%**
2009 **(2009-2010)**	**100%**
2010 **(2010-2011)**	**100%**

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines (FFY Year(s) when activities will occur)						Resources
	2005	2006	2007	2008	2009	2010	
1. WDH will continue to track this data regionally. This data will be collected annually through the self-assessment process and on-site monitoring visits. *A new Self Assessment Tool was developed and all CDCs Completed their Self Assessments in 2006.* *In addition, all CDCs monitored in a given program year complete an additional comprehensive Self Assessment prior to the onsite monitoring using the file review tool developed by NECTAC that was modified for Wyoming.*	X	X	X	X	X	X	• WDH Self- Assessment Protocol which includes a new chart review form that NECTAC helped develops. • Monitoring Contractors • WDH staff
2. WDH will provide technical assistance to the three CDCs that were identified as out of compliance in this indicator. Each region will submit a corrective action plan by January 31, 2006. WDH will request quarterly chart reviews to assess timeliness of services throughout the next year with the expectation that the above regions will attain 100% compliance. WDH will validate the corrective action plan to ensure compliance by January 2007. WDH will submit an update of the corrective actions in the February 2007, APR. **Completed**	X	X					1. WDH 2. MPRRC for training support 3. Contract monitors to verify data

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
3. Complete written policies and procedures to disseminate to the regions. Include state definition of timely early intervention services in Part C Rules and Regulations. Written policies and procedures will be disseminated at the January and August 2006 conferences **Completed**	X	X					• WDH staff • State Early Intervention Council who will be assisting in the completion of Part C State Rules and Regulations.
4. WDH will complete a three-year cycle of monitoring reviews on all regions to validate data received in self-assessments and data submissions.	X	X	X	X	X	X	• WDH • Contract Monitors
5. Technical Assistance and training will be provided to all regions on the state's definition of timely early intervention services as well as acceptable justifications for not meeting this timeframe. Training will occur: 1) TA Series and Guidance Video Conference on November 1, 4 and 18, 2005 2) January 9-11, 2006 Annual Conference 3) August, 2006 Pre-Service Conference. **Completed**	X	X					• WDH staff • MPRRC (contracting to present on changes in IDEA for our January 9-11, 2006, annual conference)

Monitoring Priority: Early Intervention Services In Natural Environments

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

Measurement:
Percent = [(# 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.

Overview of Issue/Description of System or Process:

Data was collected from the Wyoming Department of Health (WDH) database, on all children reported in the December 1, 2004 child count. In order to determine the percent of children receiving services in their natural environment, WDH added together the number of children served in the home and in programs for typically developing peers divided by the total child count. Data was also broken down to calculate percentages by region. Justifications for families not receiving services in their natural environment are documented in the database and were pulled from the December 1, 2004 child count to be analyzed. Of the twenty-nine justifications that were documented on the IFSP as of December 2004, ten were identified as family or IFSP team decisions and seventeen were identified as inadequate justifications.

This information was reviewed by stakeholders and targets were decided for the next six years. There were conversations about the need to target specific regions that fall below the baseline especially ones that fall below 50% since this would change the overall percentage. There was also discussion about the national average for this indicator being 82% (as discussed by NECTAC in the September, 2005 meeting with the Wyoming Early Intervention Council) as well as understanding that there are occasions when services are not always best provided in the home or program with typically developing peers.

Baseline Data for FFY 2004 (2004-2005): 86% (653 divided by 759)

Compliance Rate:

Of the justifications reviewed ten were identified as acceptable. By acknowledging those acceptable justifications as in compliance, it shows a compliance rate of **86.2%** (653 divided by 759**)**. Examples of the inadequate justifications that were documented included individual staff decisions and staff/agency concerns around travel time to and from the home. Five of the regions were identified as having one inadequate justification with one region documenting five inadequate justifications. These five regions will complete corrective action plans by January 31, 2006 and the WDH will submit updates on these action plans in the February 2007 APR.

December 2004

Region	Total children	% Natural Environment
8	34	100%
5	39	95%
6	73	95%
1	86	93%
12	125	93%
4	39	92%
10	53	91%
7	42	90%
14	32	90%
9	97	79%
3	25	75%
13	36	74%
11	35	63%
2	41	39%

Discussion of Baseline Data:

Five of the CDCs fall below the baseline of 86%. One region is significantly below the baseline at 39%, although it's important to note the total number of children in some programs is fairly low. Five of the programs that fall below the baseline have less than fifty children in their program.

FFY	Measurable and Rigorous Target for Indicator 2: Percent of infants and toddlers who primarily receive services in the home or programs for typically developing children
2005 (2005-2006)	**86.5%**
2006 (2006-2007)	**86.5%**
2007 (2007-2008)	**86.5%**
2008 (2008-2009)	*95%.*
2009 (2009-2010)	*95%.*
2010 (2010-2011)	*95%.*

NEW TARGET:

2005-2006:
As a result of the vast improvement over last year for this Indicator (2005-2006 year was 97.5%); the Early Intervention Council determined there was a need for the targets to be adjusted. Instead of the continuous improvement targets, the Early Intervention Council set a maintenance goal of 95%. A second key stakeholder group made up of Regional Child Development Center Program Directors agreed with this recommendation. This target takes into consideration that there are occasions when it is not appropriate to provide services in the Natural Environment.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines (FFY Year(s) when activities will occur)						Resources
	2005	2006	2007	2008	2009	2010	
1. Provide training and technical assistance to the five regions falling below the baseline of 86%. The technical assistance will include focus group discussions with the CDC directors around issues that may arise at the local level that may be obstacles in delivering services in the child's natural environment. Training will include definitions of program settings, research around the benefits of providing services in natural environments and what would be considered appropriate justifications for not providing services in the natural environment. Individual and group trainings will occur by August 2006. **Completed**	X	X					• WDH Staff • Mountain Plains Regional Resource Center (will be presenting at the January, 2006 annual conference)
2. Self -Assessments will be conducted by each CDC annually, which will include a review of 10% of the charts or 10 files. Chart reviews will document where services are being provided and justifications for not providing services in the natural environments. **Ongoing**	X	X	X	X	X	X	• CDC Regional Directors • WDH Staff

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
3. WDH will provide technical assistance to the regions that were identified as having inadequate justifications on this indicator. Each CDC will submit a corrective action plan by *March 1st each year*. WDH will request quarterly chart reviews to assess natural environments and justifications throughout the next year with the expectation that all justifications will be adequate for natural environments decision-making. WDH will submit an update of the corrective actions in the February 2007, APR. **Completed**	X	X	X	X	X	X	• WDH staff • Contract Monitors • MPRRC for training support
4. Training will be *available* to all regions around the definitions of a natural environment, definitions of program settings that are identified in the WDH database and the benefits of providing services in the natural environment. One of our regional programs is a model demonstration site for the National Inclusion Preschool Project. This model promotes functional outcomes that focus on learning about the child's everyday routines and activities in their natural environment. Training will be made available to all regions annually beginning August 2006.	X	X	X	X	X	X	• WDH staff • The National Inclusion Preschool Project. WDH will research possibility of future trainings in this model. • Region 13 will be available to provide peer-to-peer technical assistance on the implementation of the NIPIP model. • University of Wyoming

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Indicator #3: Percent of 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 early literacy); and
C. Use of appropriate behaviors to meet their needs.

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

New indicator

Measurement:

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

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

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 IEPs 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 IEPs 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 IEPs 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 IEPs 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 IEPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes (

Summary Statement 1: **Of those infants and toddlers who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 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 6 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.**

Overview of Issue/Description of System or Process

After multiple meetings and conference calls with stakeholders, decisions were made around the methodology and implementation process that would be used in order to capture how children demonstrate improved social/emotional skills, acquisition and use of knowledge of skills, and use of appropriate behaviors to meet their needs. The stakeholder groups agreed that the implementation of this indicator should coordinate with the Part B 619 SPP plan for Indicator 7 since they are similar and because both programs are served through the Child Development Centers (CDCs). Stakeholders believed that a coordinated process would create less confusion for staff, families, and the public when information is reported. Clarity will continue to be provided to the public, though, about the differences between Part B and Part C and the protocol will reflect those differences. Stakeholders also agreed that the WDH should provide the regions a list of state-approved tools, instead of expecting regions to implement one tool in order to collect this data. They believed that it would be important to evaluate the best instruments and methodology that can be used to capture how children demonstrate improved social and emotional skills, acquisition and use of knowledge of skills, and use of appropriate behaviors to meet their needs, and for the state to provide ongoing training and technical assistance to regions in future years.

WDH completed a phone survey in October, 2005 with each Regional Director to determine screenings, assessments, and curriculums that are currently being used. WDH reviewed the results of the survey in order to determine which tools the state would approve for the collection of the above indicators.

WDH Early Intervention and Education Program's list of state approved tools that can be used to track how children demonstrate improved social/emotional skills, acquisition and use of knowledge of skills (including early language and communication), and use of appropriate behaviors to meet their needs.

Assessment Tools to capture the three areas of development:

- *Battelle Developmental Inventory*
- *Early Learning Accomplishment Profile*
- *Hawaii Early Learning Profile*
- *Bayley Scales of Infant Development (BSID-II)*
- *Brigance*

Screening tool to measure progress in the above three areas of development:

- *Ages and Stages Questionnaire (ASQ)*
- *AEPS*

And other WDH state approved tools

WDH requested that the IFSP team implement one or more of the above tools at the time of the child's entry into the program and shortly before the child exits the program (three months prior or less). IFSP team also reviewed other sources of information, including the Multidisciplinary Team Evaluation, the IFSP objectives and outcomes, child observations and parent input in order to complete the Early Childhood Outcomes (ECO) Center Child Outcomes Summary Form (COSF) on each child. This form is intended to summarize multiple sources of information as a method to report progress in the three developmental areas.

CDC staff members were given training on the COSF in January 2006, in August 2006, and again in August 2007. They also received copies of an FAQ document that included instructions on how to complete the COSF and typical questions they might have about completing the form and collecting the data. The FAQ followed the best practices advocated by the ECO Center. In addition, NECTAC met with the WDH staff members in March 2006 to provide in-depth training on summarizing and reporting out on the COSFs. Lastly, the WDH staff members provided individual consultations to the CDCs via email and phone.

The COSF was completed for each child entering in to the program starting January 15, 2006 through June 30, 2006. CDC regions submitted the completed COSFs to WDH on a quarterly basis as indicated in the table below. For the initial data collection period, COSFs were collected from only two quarters. In 2006-07, COSF results were collected for four quarters of data collection (July through June).

Quarter	Data Collection	Submit to WDH
1	January through March	April 15
2	April through June	July 15
3	July through September	October 15
4	October through December	January 15

In 2007-08, an online COSF was implemented. This has allowed for the COSF to be completed in real-time and for efficient data collection and analysis processes. Both entry and exit data are collected using the online form. WDH contracted with Data Driven Enterprises (DDE) for assistance with the data collection, data analysis, and report-writing for this indicator.

Measurement Processes for the February 2008 APR:

Starting with the February 2008 APR, WDH had to be able to provide data in the official five reporting categories. WDH uses the COSF to do this. For any child with entry data and who has been in the program for at least six months, the CDCs are required to collect exit data on this child and report it on the COSF. Exit data was collected for FFY 2006 and FFY 2007. The same procedures used to complete the COSF at entry (e.g., using multiple data sources, using a state-approved assessment, gathering input from the IFSP team, assigning a rating on the COSF) are used at exit. This allows WDH to compare exit to entry scores on each of the three developmental areas.

As with FFY2005, in FFY 2006 and FFY 2007, to ensure that the data reported on the COSF are reliable and valid, the EIEP examined the supporting documentation on the COSF and how it corresponded with the outcomes rating given the child. Documents showing the description of a child's skills on each outcomes area and the child's corresponding rating for the each outcomes area were produced. These documents were organized by child age. Thus, EIEP staff members could review the "typical" skills reported, for example, for a child who received a score of 4 on Social-Emotional at age 1.5 years. This information will be shared with the regions so that the reliability of the scoring process across regions is increased.

In FFY2006, the decision tree was incorporated on to the COSF. An analysis was conducted to determine if CDC personnel were accurately assigning overall ratings given the decision tree ratings. This analysis showed an accuracy rating of about 67%. While this accuracy rating might seem low, in the August 2007 training session, it was determined that some CDCs did not understand the relationship of

the decision tree to the overall rating; this was clarified during training. Furthermore, some CDC staff members left the decision tree questions blank; once again, this was clarified during training. The important thing is that the EIEP continues to provide training on the COSF, continues to improve upon the COSF, and continues to analyze reliability and validity statistics to make sure the process in Wyoming is a valid one.

Additional changes for 2007-08, based on the analysis of FFY2006 ratings include an online version of the COSF. Both of these changes will allow for more efficient tracking of children's entry and exit ratings. Furthermore, the online version of the COSF directly ties the decision tree to the overall ratings; this has ensured that the overall assignment of ratings exactly matches the supporting documentation.

Preliminary Data

In July 2006, the 222 COSFs that were completed between January 2006 and June 2006 were analyzed. The following table shows the percentage of children whose functioning was described as "comparable to same-aged peers." This corresponds to a rating of 6 or 7 on the COSF.

Display 3-1: Number of Children Evaluated and Percentage of Children Scoring Below and at Age Level at Entry to the CDC Based on COSFs Collected January 2006 – June 2006

Outcomes Area	Number Children	Percent Below Age-Level	Percent At Age-Level
Positive Socio-Emotional Skills	222	69% (n=154)	31% (n=68)
Acquiring and Using Knowledge and Skills	222	74% (n=165)	26% (n=57)
Taking Appropriate Action to Meet Needs	222	70% (n=156)	30% (n=66)

To ensure that the data reported on the COSF are reliable and valid, WDH examined the supporting documentation on the COSF and how it corresponded with the outcomes rating given the child. For example, if a child receives an overall rating of 6 or 7 on the COSF, then the supporting documentation should include age-level skills that the child demonstrated; if the supporting documentation includes only foundational skills, then something is amiss. In addition, during the August 2006 training session, CDC staff members were asked about the procedures they used in collecting the assessment data and completing the COSF. Any misconceptions were addressed in the updated FAQ document that was sent out to CDCs in September 2006. Furthermore, as a result of examining the relationship between the supporting documentation and the outcomes rating and of hearing the misconceptions of certain CDC members, WDH revised the COSF. The revisions helped guide the IFSP teams in what type of supporting information they are supposed to provide on the COSF and how the type of supporting documentation relates to the 7-point COSF rating scale. WDH also incorporated the ECO Center Decision Tree right onto the COSF to ensure that the different CDCs were applying the COSF decision rules consistently.

Baseline Data for FFY 2006 (2006-2007):

The WDH again collected status data at entry during FFY 2006 and also began collecting exit data.

In July 2007, the 441 COSFs that were completed between July 2006 and June 2007 were analyzed. Displays 3-2 and 3-3 show the percentage of children who's functioning was described as "comparable to same-aged peers." This corresponds to a rating of 6 or 7 on the COSF.

Display 3-4 indicates the percentage of children who improved their functioning between entry and exit. These data indicate that 93.7% improved or maintained functioning in social-emotional, 100% improved or maintained functioning in acquiring knowledge and skills, and 100% improved or maintained functioning in taking appropriate action.

Display 3-2: Number of Children Evaluated and Percentage of Children Scoring Below and at Age Level at Entry to the CDC Based on COSFs Collected July 2006 – June 2007

Outcomes Area	Number Children	Percent Below Age-Level	Percent At Age-Level
Positive Socio-Emotional Skills	441	64.0% n=(282)	36.0% n=(159)
Acquiring and Using Knowledge and Skills	441	71.4% n=(315)	28.6% n=(126)
Taking Appropriate Action to Meet Needs	441	60.2% (n=301)	31.8% (n=140)

Display 3-3: Number of Children Evaluated and Percentage of Children Scoring Below and at Age Level at Exit to the CDC Based on COSFs Collected July 2006 – June 2007

Outcomes Area	Number Children	Percent Below Age-Level	Percent At Age-Level
Positive Socio-Emotional Skills	77	37.6% n=(19)	62.4% n=(58)
Acquiring and Using Knowledge and Skills	77	46.7% n=(36)	53.3% n=(41)
Taking Appropriate Action to Meet Needs	77	38.9% (n=30)	61.1% (n=47)

Display 3-4: Percentage of Part B 619 children falling in each of five OSEP Improvement Categories

OSEP Improvement Category	Social-Emotional	Knowledge and Skills	Taking Appropriate Action
Number of Children	16	16	16
e - Children who maintained functioning at a level comparable to same-aged peers	50.0%	12.5%	37.5%
d - Children who improved functioning to reach a level comparable to same-aged peers	18.8%	37.5%	31.3%
c - Children who improved functioning to a level nearer to same-aged peers but did not reach it	18.8%	25.0%	6.3%
b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	6.3%	25.0%	25.0%
a – Children who did not improve functioning	6.3%	0.0%	0.0%

Concrete explanation of improvement categories:
e = Child scored a 6 or 7 both times
d = Child scored below a 6 at Time 1 and a 6 or 7 at Time 2
c = Child scored higher at Time 2 than at Time 1, but Time 2 score is not a 6 or 7
b = Child scored the same at Time 2 and Time 1 (but not a 6 or 7); OR child scored lower at Time 2 than at Time 1 but the child made progress

a = Child scored lower at Time 2 than at Time 1 and the child made no progress; OR child scored a 1 at both time

Baseline Data for FFY 2007 (2007-2008):

The WDH again collected status data at entry and exit during FFY 2007. Display 3-5 shows the percentage of children scoring at age level at entry to the developmental preschool. As can be seen, this has remained fairly stable over time.

Display 3-5: Percentage of Part C Children Scoring at Age at Entry to the Developmental Preschool

Outcomes Area	2005-06	2006-07	2007-08
Number of Children	*222*	*441*	*607*
Positive Socio-Emotional Skills	31%	31%	34%
Acquiring and Using Knowledge and Skills	26%	25%	30%
Taking Appropriate Action to Meet Needs	30%	30%	29%

COSFs on children exiting in FY 2007 were analyzed. The following display indicates that children who are exiting Part C and transitioning to Part B are less likely to have age-appropriate skills than children who are exiting Part C and not transitioning to Part B. This is what would be expected and lends credence to the validity of the COSFs.

Display 3-6: Percentage of Part C Children Scoring at Age Level at Exit from the Developmental Preschool in FY08 Results by Children Transitioning into Part B and by Children Exiting Part C and not Transitioning into Part B

Outcomes Area	Transitioning to Part B	Not Transitioning to Part B
Number of children	*180*	*111*
Positive Socio-Emotional Skills	21%	82%
Acquiring and Using Knowledge and Skills	30%	82%
Taking Appropriate Action to Meet Needs	37%	84%

The matched group analysis is based only on those students who had a score at entry in either 2005-06 or in 2006-07 and had an exit score in 2007-08. These results are presented in Display 3-6. The results show that for children exiting Part C and transitioning to Part B, between 21-37% are exiting Part C with age-appropriate skills and that for children exiting Part C and not transitioning to Part B, 82-84% have age-appropriate skills. This clearly demonstrates the positive effects the Part C program had upon child outcomes. (Note: results from 2006-07 are not included due to small numbers in 2006-07 and due to not distinguishing between transitioning Part C children and exiting Part C children.)
Display 3-7 indicates the percentage of children who improved their functioning between entry and exit. These data indicate that 93 - 100% of children exiting Part C improved or maintained functioning in the three areas and that 78-83% of children transitioning from Part C to Part B improved or maintained functioning in the three areas.

Display 3-7: Percentage of Exiting Part C Children Included in Each of the Five OSEP Improvement Categories Results by Children Transitioning into Part B and by Children Exiting Part C and not Transitioning into Part B

OSEP Improvement Category	Social-Emotional		*Knowledge and Skills*		Taking Appropriate Action	
	Transitioning	Exit	Transitioning	Exit	Transitioning	Exit
Number of Children	*63*	*80*	*63*	*80*	*60*	*77*
e - Children who maintained functioning at a level comparable to same-aged peers	5%	39%	10%	30%	18%	36%
d - Children who improved functioning to reach a level comparable to same-aged peers	16%	38%	18%	48%	17%	44%
c - Children who improved functioning to a level nearer to same-aged peers but did not reach it	29%	5%	31%	5%	22%	6%
b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	33%	19%	23%	15%	22%	13%
a - Children who did not improve functioning	17%	0%	19%	3%	22%	0%

Concrete explanation of improvement categories:
e = Child scored a 6 or 7 both times
d = Child scored below a 6 at Time 1 and a 6 or 7 at Time 2
c = Child scored higher at Time 2 than at Time 1, but Time 2 score is not a 6 or 7
b = Child scored the same at Time 2 and Time 1 (but not a 6 or 7); OR child scored lower at Time 2 than at Time 1 but the child made progress
a = Child scored lower at Time 2 than at Time 1 and the child made no progress; OR child scored a 1 at both times

Baseline Data for FFY 2008:

Display 3-1: Number and Percentage of Children in Each Progress Category and Summary statement Calculations

	Positive Social-Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	# of children	% of children	# of children	% of children	# of children	% of children
a - Children who did not improve functioning	22	3.96%	21	3.79%	22	4.03%
b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	209	37.66%	193	34.84%	172	31.50%
c - Children who improved functioning to a level nearer to same-aged peers but did not reach it	53	9.55%	56	10.11%	63	11.54%
d - Children who improved functioning to reach a level comparable to same-aged peers	117	21.08%	134	24.19%	161	29.49%
e - Children who maintained functioning at a level comparable to same-aged peers	154	27.75%	150	27.08%	128	23.44%
Total	555	100.00%	554	100.00%	546	100.00%
Summary Statements:						
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited.		**42.39%**		**47.03%**		**53.59%**
2. Of those children who were functioning at a level comparable to same-aged peers by the time they exited.		**48.83%**		**51.26%**		**52.93%**

Display 3-2: Targets

	Positive Social-Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	2009-10	**2010-11**	**2009-10**	**2010-11**	**2009-10**	**2010-11**
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited.	**42.39%**	**42.89%**	**47.03%**	**47.53%**	**53.59%**	**54.09%**
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	**48.83%**	**49.33%**	**51.26%**	**51.76%**	**52.93%**	**53.43%**

Discussion of Improvement Activities Completed for FFY 2008:

Improvement Activity 1:

A strategic plan for training, and implementing the data collection for this indicator was completed with the help of NECTAC.
Completed

Improvement Activity 2:

Training was provided during the August 14-16, 2006 Pre-service Conference with assistance from NECTAC. Following the training, the Child Outcome Summary Form (COSF) was revised to include the Decision Tree developed by the ECO Center. In addition a technical assistance document titled "Frequently Asked Questions (FAQ 1)" was posted on the WDH website to assist CDC staff in completing the COSF. WDH will continue to provide training and "Guidance Documents" as needed to ensure data gathered is consistent across the State.
Ongoing

Improvement Activity 3:

Evaluate the success of each region in the implementation of the state approved tools and ECO Child Outcomes Summary Form.
Ongoing

Improvement Activity 4:

Provide training in curriculum based assessments and the utilization of curriculums in Part C programs to encourage best practices in the CDCs.
Completed

Improvement Activity 5:

Data has been collected since January 15, 2006. The updated State Performance Plan submitted in 2007 contains entry data on all children that entered the program between January 15, 2006 and June 30, 2006.
Completed

Improvement Activity 6:

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

Improvement Activity 7:

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

Improvement Activity 8:

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

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights:
B. Effectively communicate their children's needs; and
C. Help their children develop and learn.

(20 USC 1416(a) (3) (A) and 1442)

Measurement:

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

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

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

Overview of Issue/Description of System or Process:

The purpose of the family outcome survey is to assist the Wyoming Department of Health (WDH) in determining how early intervention services have helped the family: (A) know their rights; (B) effectively communicate their children's needs, and (C) help their children develop and learn. The survey data will assist the WDH in tailoring early intervention services and will result in positive outcomes for families as well as improved outcomes for children.

WDH used a paper-and-pencil version of the 22-item National Center for Special Education Accountability Monitoring (NCSEAM) Part C Survey. The format of this survey was changed somewhat, based on stakeholders' recommendation that it look more user-friendly. Each survey was identifiable to each Child Development Center (CDC). WDH contracted with Data Driven Enterprises (DDE) for assistance with the data collection, data analysis, and report writing for this indicator. See Appendix A for the State of Wyoming Part C - Early Intervention Family Survey.

Survey data was collected from January 2006 through June 2006 from all CDCs. The surveys were distributed in person by local CDC staff during parent functions and events. The CDC Directors ensured the families were provided with a private space to complete the survey and with an envelope for them to seal their responses in. The stakeholder group also discussed obstacles around language and literacy and recommended strategies to ensure that surveys were distributed in the families' native language and that support was provided to families with low literacy abilities. WDH provided regions with a written explanation describing the survey's purpose, explaining how the results would be reported, and stating that no identifying information would be requested so that family anonymity would be maintained. This explanation was distributed to families by the CDCs.

Surveys were distributed to all families who had been enrolled in the CDC for at least six months. CDC regions submitted the completed surveys to WDH on a quarterly basis as indicated in the table below. For the baseline data collection period, surveys were collected from only two quarters. After the baseline year, survey results will be based on four quarters of data collection (July through June).

Quarter	Data Collection	Submit to WDH
1	January through March	April 15
2	April through June	July 15
3	July through September	October 15
4	October through December	January 15

Between January 2006 and June 2006, 230 family surveys were completed this represents all CDCs in the State. A total of 832 children were receiving early intervention services as of December 1, 2005. Calculating a response rate based on 832 children gives a response rate of 30%. However, given that surveys were distributed at regularly scheduled meetings and that the surveys were collected for only a 6-month period, this 30% response rate most likely represents an under-estimate of the actual response rate since not all 832 families had an opportunity to complete the family survey in the first six months of 2006. (All families enrolled in the CDC for at least six months will be given the opportunity to complete the survey during any given 12-month time period.)

Because the response rate was less than 100%, the demographic characteristics of the children of families who responded were compared to the demographic characteristics of the 832 children receiving services as of December 1, 2005. The demographic characteristics based on current age of the child, the race/ethnicity of the child, and the CDC to which the child is enrolled are very similar. For example, 6% of the December count children are under the age of 1, and 5% of the families who completed a survey indicated that their child receiving services was under the age of 1. Another example: 81% of the December count children are white and 9% are Hispanic; 84% of the families who completed a survey indicated that their child receiving services was white, and 10% of the families who completed a survey indicated that their child receiving services was Hispanic. A last example: 13% of the December count children are enrolled in Region 1 CDC and 9% are enrolled in Region 6 CDC; 12% of the families who completed a survey indicated that their child is enrolled in Region 1 CDC and 9% indicated that their children are enrolled in Region 6 CDC. One CDC was slightly overrepresented in the survey respondents: Region 10 CDC; and three CDCs were slightly under-represented: Regions 7, 11, and 14 CDCs. However, survey responses did not significantly differ by CDC (or by race or by age of child), so weighting of results was not necessary.

After the surveys were collected and item results were calculated, the Early Intervention Council members, CDC program directors, and staff members of the WDH reviewed the survey items to determine which of the 22 items related to each of the three target areas: (A) know their rights; (B) effectively communicate their children's needs; and (C) help their children develop and learn. Two items were selected for area A, six items for area B, and four items for area C. Based on the item selections, each survey respondent received a “percent of maximum” score for each target area that indicated the percentage of points the respondent “awarded” to early intervention services. A respondent who rated early intervention services a “6” (Very Strongly Agree) on each item for a given target area received a 100% score for that target area; a respondent who rated early intervention services a “1” (Very Strongly Disagree) on each item for a given target area received a 0% score. A respondent who rated early intervention services a “4” (Agree) on each item for a given target area received a 60% score for that target area.

After the item selection, this same stakeholder group decided where to set the cut-score for determining that early intervention services did indeed help a respondent (A) know their rights, (B) effectively communicate, and (C) help their child develop and learn. The stakeholders decided that a 65% cut-score represented the most appropriate cut-score. A 60% cut-score would be representative of a family who, on average, agrees with each item for that target area and as such agrees that early intervention services helped the family. Thus, a 65% cut-score represents a family who is slightly more positive than “agree,” i.e., the family has to have “strongly agreed” with at least one other item. The staff members did not believe it was appropriate to insist that respondents “strongly agree” (a cut-score of 80%) to every item or “very strongly agree” (a cut score of 100%) to every item in order for the respondent to be counted as someone who believes that early intervention services helped them.

In the fall of 2007, the stakeholder group and the WDH staff members discussed the 2006-07 data and the cut-scores. Upon further review of the cut-scores the stakeholder group decided to revise the cut-scores, which necessitated revising the target. Originally, the cut-score for determining the percent of parents who met a given sub-indicator was set at 65%. This meant that a parent, on average had to circle at least one "strongly agree" response in order to meet the indicator. Upon further discussion with the stakeholder group and the WDH, it was decided that this was an unrealistic expectation. A parent who agreed with each item was certainly expressing satisfaction with the program and requiring parents to "strongly agree" with the family survey items was not appropriate.

Baseline Data for FFY 2006 (2005-2006):

The following table shows the percentage of families who reported that they were helped on each of 93the target areas. 78% of the surveyed families reported that the CDC early intervention services helped them know their rights; 85% indicated that the CDC helped them effectively communicate their child's needs; and 87% reported that the CDC program helped them help their child develop and learn.

Percentage of families who state that early intervention services have helped them:

	A. Know their rights	B. Effectively communicate their child's needs	C. Help their child develop and learn
2005 (2005-2006)	78.3%	85.2%	86.5%
2005 Revised baseline	*93.48%*	*93.48%*	*93.04%*

Discussion of Baseline Data:

This first year of data collection indicates that the large majority of families believe that early intervention services have helped them know their rights, effectively communicate their child's needs, and help their child develop and learn. Over three-fourths of families state that the CDC early intervention services helped them know their rights. 85%-87% state that early intervention services have helped them effectively communicate their child's needs and have helped them help their child develop and learn. *Using the cut-score of 60% over 90% of families state that CDC early intervention services helped them know their rights, effectively communicate their child's needs, and help their child develop and learn.*

While these three "overall" percentages provide a benchmark of the extent to which the CDC early intervention program is helping families, WDH has also reviewed individual item results to determine specific areas in which they can make improvements in how they communicate with, relate to, and help the families. The CDC programs will be given their individual survey results so that they might also target specific areas for improved family and child outcomes.

The data collected this first year suggest an area of concern with the survey. First, the response rate of 30% is lower than desired. The CDC directors have been contacted about their individual region's response rates, and they will evaluate their survey administration and collection methods to make sure that they are as effective as they can be.

The stakeholders set the following targets. The targets in FFY 2010 represent a significant difference from the starting point in FFY 2005.

Wyoming

FFY	Measurable and Rigorous Target for Indicator 4		
	A. Know their rights	B. Effectively communicate their child's needs	C. Help their child develop and learn
2005 (2005-2006) Baseline	78.3%	85.2%	86.5%
2006 (2006-2007)	78.5%	85.5%	86.8%
2007 (2007-2008)	79.0%	86.0%	87.3%
2008 (2008-2009)	80.0%	86.5%	87.8%
2009 (2009-2010)	81.0%	87.5%	88.8%
2010 (2010-2011)	83.3%	89.2%	90.5%

The following table represents the revised targets for Indicator 4 using the new cut-score as determined by the stakeholder group and WDH staff.

FFY	***A. Know their rights***	***B. Effectively communicate their child's needs***	***C. Help their child develop and learn***
2005 (2005-2006) Baseline	*93.48%*	*93.48%*	*93.04%*
2006 (2006-2007)	*93.50%*	*93.50%*	*93.10%*
2007 (2007-2008)	*93.75%*	*93.75%*	*93.35%*
2008 (2008-2009)	*94.00%*	*94.00%*	*93.55%*
2009 (2009-2010)	*94.50%*	*94.50%*	*94.10%*
2010 (2010-2011)	*95.50%*	*95.50%*	*95.10%*

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
1. Provide training and technical assistance to CDC staff on administering the NCSEAM Family Survey. Provide training to staff at the Annual Conference in January 9, 10 and 11, 2006 and at the August 2006 annual training. **Completed**	X	X					• WDH Staff • NCSEAM. WDH will follow up with NCSEAM staff to determine if training can be provided by their agency by December 15, 2006. • Mountain Plains Regional Resource Center. WDH will ask for support in providing training in the completion of the NCSEAM survey by December 15, 2006. • NECTAC: WDH will ask for support in providing training in the completion of the NCSEAM survey by December 15, 2006.
2. Evaluate how the process is working and determine any obstacles that regions are facing in administering the survey to families.	X	X	X	X	X	X	• April 2006 Directors Meeting and all future meetings. • Regional staff feedback at each August Pre-Service Conference
3. Report on data collected from January 15, 2006 to June 30, 2006. Data will be reported to the public and local regions. From the data collected, stakeholders will develop targets and discuss means for improvement. Data and targets will be reported in the 2007 *SPP*. **Completed**	X	X	X				• WDH • Data Driven Enterprises (contractor) • Information will be posted on the Department of Health Website. • Presentation to the State Early Intervention Council. • EIC will assist in developing targets • Information will be disseminated statewide through the Parent Information Center Newsletter.

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
4. Report FFY data on NCSEAM survey results in all future APRs and report to the public (State ICC by *October* 31 of each year).		X	X	X	X	X	• WDH • Data Driven Enterprises (contractor) • WDH Website. • Presentation to the State Early Intervention Council. • EIC will assist in developing targets • Information will be disseminated statewide through the Parent Information Center Newsletter.
5. Research the possibility of translating the NCSEAM survey into Spanish by June 30, 2006. **Completed**	X	X					• WDH • NCSEAM

Discussion of Improvement Activities Completed:

2005-2006

Improvement Activity 1:

Training occurred as indicated in the State Performance Plan

1) January 9-11, 2006 Annual Conference
2) August 14-16, 2006 Pre-Service Conference

Completed

Improvement Activity 2:

The data collected this first year suggest an area of concern with the survey. First, the response rate of 30% is lower than desired. The CDC directors have been contacted about their individual region's response rates, and they will evaluate their survey administration and collection methods to make sure that they are as effective as they can be.

Ongoing

Improvement Activity 3:

The data that was collected from January 15, 2006 to June 30, 2006 has been included in the 2007 submission of the State Performance Plan. Targets were developed with stakeholders and are included in the 2007 submission of the State Performance Plan.

Completed

Improvement Activity 4:

Results of the family surveys will be reported to the public shortly after the submission of the 2007 APR. The timeline for notifying the Early Intervention Council has been revised from August 31st of each year to October 31st of each year. This will allow WDH to provide the EIC with a complete report instead of preliminary data, as there will be enough time for the surveys to be entered into a database, and for the data to be analyzed.

Ongoing

Improvement Activity 5:

Final revisions were made to the survey in September 2006. Translations were completed in November 2006. English and Spanish versions of the survey are posted on WDH website.

Completed

Monitoring Priority: Effective General Supervision Part C/ Child Find

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

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

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

Overview of Issue/Description of System or Process:

Data for the above indicator was pulled from the WDH database, the 2003-2004 APR, The Wyoming Vital Statistics Division and from the US Census Bureau. A review of trend data on child count, referral sources, established conditions as well as the race ethnicity of children identified helped to highlight Wyoming's strengths as well as target improvement activities for the areas of need.

Coordinated child find activities in Wyoming include:

- One before Two promotional programs to encourage screening on children before the age of two. Posters are disseminated to local communities and radio commercials are advertised throughout the state.
- Newborn hearing screenings: All birthing facilities in Wyoming are conducting newborn hearing screening for infants born in their facility. As part of the protocol, every infant that did not pass the screening are referred on for further testing
- The State Early Intervention Council funds promotional materials including t-shirts, calendars, developmental wheels, pens and coffee mugs, advertising a 1-800 referral number.
- Each CDC has at least one Local Inter-Agency Coordinating Council where multiple local community providers and parents sit on the council. One of their goals is to educate the community about their services and ultimately increase the referrals received by these agencies.

With stakeholders input, targets were set for the next six years. Targets were based on child count data over the last 4 years when looking at the increase of infants and toddlers served over time in Wyoming.

Baseline data for FFY 2004 (2004-2005):

For 2004 the estimated number of children ages birth to one year of age is 6,600 (US Census Bureau). One hundred and fourteen children ages birth to age one were on an IFSP as of December 2004 which is **1.73%** of the total population. Wyoming ranks sixth in serving the highest percentage of the population compared to other states with broad eligibility criteria. Wyoming ranks seventh when compared to all states

As the tables show below, the percentage of children being referred for Part C services has steadily increased over time. In looking at the long-term trend from 2000 to 2005 the percentage of children served has increased for each racial/ethnic group. Referrals continued to be received from a variety of sources. Most families referred themselves, or were referred by a health care provider.

Although the Child Abuse Prevention and Treatment Act of 2003 requires the protection and safety workers to make the mandatory referrals of infants and toddlers that have been substantiated as abuse or neglect, our data shows a low percentage of referrals being received from the Wyoming Department of Family Services. This is an area that needs additional attention and is identified in our improvement activities below.

Wyoming

Wyoming has increased the number of children served by fourteen since 2003. One region increased the number of children ages birth to one from ten in 2003 to twenty six in 2004. Although most regions showed an increase or stayed the same from 2003 to 2004, four regions showed a slight decrease in the number of children age's birth to one who they provided services to. There is no 2004 population data broken down for this age group, to determine if the decrease in children served is related to the decrease in the overall population for the four regions that showed a decline. The Vital Statistics trend data from 2000 to 2003 does show an overall increase in the population of children ages birth to one, in all but one region. One CDC shows a steady decline in the population, although the regional CDC has increased the number of children birth to one, served.

Region	Number of Children Served: Ages Birth to One in 2003	Total Number of Children Ages Birth to One in 2003 (by region)
1	6	535
2	6	365
3	3	99
4	6	264
5	4	493
6	10	496
7	8	531
8	4	178
9	14	1012
10	10	386
11	2	365
12	10	1172
13	10	487
14	7	No Data

When reviewing trend data from 2000 to 2003, there is overall increase in parent referrals, yet an overall decrease of referrals from Physicians. Hospital referrals also show a significant decrease from 2000 to 2003, although there is a slight improvement from FFY 2002.

Referral Source Trend Data				
	2000-01	2001-02	2002-03	2003-04
Physicians	34.0%	28.5%	26.2%	25.2%
Parents	34.0%	50.1%	48.5%	51.2%
Other Agencies	16.3%	5.9%	12.4%	8.8%
Hospitals	10.5%	6.2%	5.6%	6.3%
Public Screenings	5.2%	9.3%	6.3%	9.5%
Number of Referrals	**903**	**1012**	**1270**	**1412**

When looking at the number of children with established conditions for this age group, the database showed that 26% of children ages birth to one were eligible (thirty out of one hundred and fourteen) under this category.

When reviewing referral sources by region for 2004, it shows that parents and physicians have the highest number of referrals. It also shows a small percentage of referrals being made from the Wyoming Department of Family Services. Also, the regions that have low numbers of physician and public health referrals correlate with low numbers of children eligible under an established condition.

REGION	Other	Parents	Physic.	Public Health	Private Child Care	Early Head Start	DFS	Even Start
1	8	36	15	8	3	3	2	2
2	9	17	7	0	0	0	0	0
3	6	2	2	4	0	0	0	0
4	0	15	3	5	1	1	1	0
5	6	25	4	4	0	0	1	0
6	39	4	23	7	3	0	1	0
7	6	12	5	6	0	0	4	0
8	0	18	5	2	0	0	2	0
9	19	34	22	9	0	0	3	0
10	17	16	3	10	0	2	0	0
11	8	11	14	0	0	0	0	0
12	34	29	36	2	1	8	0	0
13	8	9	6	1	0	4	1	1
14	15	6	4	1	0	4	1	0

The table below shows a steady increase in the Hispanic/Latino population that is being served. Although there is a decrease in American Indian and African American children being served, there is a low population of these race/ethnicities in Wyoming as noted in the 2000 Census. The 2000 Census shows that 9% of Hispanics, 3.2% American Indian or Alaskan Natives, **.**9% African Americans, **.**5% Asian or Pacific Islander and 89% Caucasian make up the Wyoming population.

Part C Children Served by Race/Ethnicity

Race	2000	2001	2002	2003	2004
American Indian or Alaskan Native	6.30%	7.70%	7.60%	7.90%	6%
Asian or Pacific Islander	2.40%	.38%	1.60%	1.20%	.70%
Black or African American	1.50%	1.50%	1.40%	1.80%	1.50%
Hispanic or Latino	7.80%	8.50%	9.40%	10.60%	11%
White	82. %	82. %	80. %	79%	81%

Measurable and Rigorous Targets for Indicator 5	
FFY	Percentage of Children Birth to One year of age with IFSPs
2005 **(2005-2006)**	1.9%
2006 **(2006-2007)**	2.0%
2007 **(2007-2008)**	2.1%
2008 **(2008-2009)**	*To exceed the national baseline of infant and toddlers birth to 1 with IFSPs as compared to national data. The national baseline for the single day count between 10/1/2008 and 12/1/2008 was 1.04%.*
2009 **(2009-2010)**	*To exceed the national baseline of infant and toddlers birth to 1 with IFSPs as compared to national data.*
2010 **(2010-2011)**	*To exceed the national baseline of infant and toddlers birth to 1 with IFSPs as compared to national data.*

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines: FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
1. Provide education to physicians throughout the state about Part C services. **Completed**	X	X					• Wyoming Early Childhood Comprehensive Systems Planning Grant (WECCS), Consumer and Provider Education Committee • Wyoming Primary Care Association • Kid Care CHIP • Medicaid

SPP – Part C (3)

Wyoming

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
1. Annual Conference in August 2006. Discuss with Family Service Coordinators the need for increased outreach to their local physicians and identify any barriers that they may be facing. Brainstorm ideas of how to improve referrals from the local physicians and follow up with FSCs at the next Annual Conference. *As the percentage of children 0-1 with an IFSP varies significantly from CDC to CDC, this improvement activity has been extended through 2010.*		X	***X***	***X***	***X***	**X**	○ WDH staff members ○ Wyoming Primary Care Association ○ WECCS Consumer and Provider Education Committee
2. Work with State DFS Director around creating an interagency agreement to ensure that required referrals are occurring by June 30, 2006. *In 2007 WDH will continue to work with DFS to develop an agreement that will ensure that a process exists to streamline and increase the number of referrals coming from DFS offices around the State.*	X	X	X				○ WDH ○ DFS
3. Work with local inter-agency coordinating councils to ensure that a representative from DFS is participating in the meetings and encourage local inter-agency agreements to be completed.	X	X	X	X	X	X	• CDC Directors • Family Service Coordinators • WDH • State DFS office
5. Continue to evaluate the Promotional "One before Two" program and track the number of screenings completed for children from birth to one year of age.	X	X	X	X	X	X	• WDH • Child Development Services of Wyoming (contractor)
6. Provide educational materials in Spanish to ensure information is being outreached to the Spanish Speaking populations throughout the state.	X	X	X	X	X	X	• WDH • Child Development Services of Wyoming (contractor)

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
7. WDH will monitor for this indicator through the new Citrix database and during on site reviews to identify any concerns within those Regions falling below the State target for serving children 0-1. WDH will work with each CDC identified to determine what improvement activities are necessary to increase public awareness in the communities they serve. **Ongoing**			*X*	*X*	*X*	*X*	• WDH • CDC

Monitoring Priority: Effective General Supervision Part C/ Child Find

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

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

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

Overview of Issue/Description of System or Process:

Data for the above indicator was pulled from the WDH database, the 2003-2004 APR, The Wyoming Vital Statistics Division and from the US Census Bureau. A review of trend data on child count, referral sources, established conditions as well as the race ethnicity of children identified helped to highlight Wyoming's strengths as well as target improvement activities for the areas of need.

Coordinated child find activities in Wyoming include:

- One before Two promotional programs to encourage screening on children before the age of two. Posters are disseminated to local communities and radio commercials are advertised throughout the state.
- Newborn hearing screenings: All birthing facilities in Wyoming are conducting newborn hearing screening for infants born in their facility. As part of the protocol, every infant that did not pass the screening are referred on for further testing
- The State Early Intervention Council funds promotional materials including t-shirts, calendars, developmental wheels, pens and coffee mugs, advertising a 1-800 referral number.
- Each CDC has at least one Local Inter-Agency Coordinating Council where multiple local community providers and parents sit on the council. One of their goals is to educate the community about their services and ultimately increase the referrals received by these agencies.

With stakeholders' input, targets were set for the next six years. Targets were based on child count data over the last 4 years when looking at the increase of infants and toddlers birth through age three served over time in Wyoming

(See tables 1- 5 in Indicator 5)

Baseline data for FFY 2004 (2004-2005):

In 2004, Wyoming provided early intervention services to **3.98%** (759 divided by 19, 081) of the total population of children, ages birth through two. Only two other states with similar eligibility served a higher percentage of children compared to their state's population. Wyoming ranks fifth on this indicator when compared to all other states.

As the tables show in the above indicator, the percentage of children being referred for Part C services has steadily increased over time. In looking at the long-term trend from 2000 to 2005 the percentage of children served has increased for each racial/ethnic group. Referrals continued to be received from a variety of sources. Most families referred themselves, or were referred by a health care provider.

Again, although the Child Abuse Prevention and Treatment Act of 2003 requires the protection and safety workers to make the mandatory referrals of infants and toddlers that have been substantiated as abuse or neglect, our data shows a low percentage of referrals being received from the Wyoming Department of Family Services (DFS). This is an area that needs additional attention and is identified in our improvement activities below.

When reviewing established conditions of children ages birth to three from the December 2004 count, 12.1% (92 out of 759) were eligible under this category and again the regions who show low physician and hospital referrals also have low numbers of children with established conditions.

FFY	Measurable and Rigorous Targets for Indicator 5
2005 (2005-2006)	4%
2006 (2006-2007)	4.2%
2007 (2007-2008)	4.4%
2008 (2008-2009)	*To exceed the national baseline of infant and toddlers birth to 3 with IFSPs as compared to national data. The national baseline for the single day count between 10//2008 and 12/1/2008 was 2.66%.*
2009 (2009-2010)	*To exceed the national baseline of infant and toddlers birth to 3 with IFSPs as compared to national data.*
2010 (2010-2011)	*To exceed the national baseline of infant and toddlers birth to 3 with IFSPs as compared to national data.*

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines (FFY Year(s) when activities will occur)						Resources
	2005	2006	2007	2008	2009	2010	
1. Provide education to physicians throughout the state about Part C services. **Completed**	X	X					• Wyoming Early Childhood Comprehensive Systems Planning Grant (WECCS), Consumer and Provider Education Committee • Wyoming Primary Care Association • Kid Care CHIP • Medicaid
2. Annual Conference in August 2006. Discuss with Family Service Coordinators the need for increased outreach to their local physicians and identify any barriers that they may be facing. Brainstorm ideas of how to improve referrals from the local physicians and follow up with FSCs at the next Annual Conference. *In order to ensure that the State continues to reach the established targets, this activity has been extended through 2010.*		X	X	X	X	X	○ WDH staff members ○ Wyoming Primary Care Association ○ WECCS Consumer and Provider Education Committee
3. Work with State DFS Director around creating an inter-agency agreement to ensure that required referrals are occurring by June 30, 2006. Provide necessary training to DFS staff by August 31, 2006. *In 2008 WDH will continue to work with DFS to develop an agreement that will ensure that a process exists to streamline and increase the number of referrals coming from DFS offices around the State.*	X	X	X	X			○ WDH ○ DFS

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
4. Work with local inter-agency coordinating councils to ensure that a representative from DFS is participating in the meetings and encourage local inter-agency agreements to be completed.	X	X	X	X	X	X	• CDC Directors • Family Service Coordinators • WDH • State DFS office
5. Continue to evaluate the Promotional "One before Two" program and track the number of screenings completed for children from birth to one year of age.	X	X	X	X	X	X	• WDH • Child Development Services of Wyoming (contractor)
6. Provide educational materials in Spanish to ensure information is reaching the Spanish speaking populations throughout the state.	X	X	X	X	X	X	• WDH • Child Development Services of Wyoming (contractor)

Monitoring Priority: Effective General Supervision Part C/ Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

USC 1416(a) (3) (B) and 1442)

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # 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.

Overview of Issue/Description of System or Process:

Data was collected from the WDH database. It is based on the December 1, 2004 count and included documented timeframes on all children and written justifications for not meeting the above timeline. WDH validates the above indicator during regional monitoring reviews. No compliance issues were identified for this indicator in the four 2004-2005 monitoring reviews that were completed.

The data is broken down into two categories 1) baseline information, which identifies at what percentage each region met the 45-day timeline and 2) compliance information, which is a thorough review of the justifications that were documented on the IFSP if the 45-day timeline was not met. Justifications were broken down into family and staff/agency related issues. Family related issues were categorized into: 1) child and family illness 2) family scheduling preference and 3) unable to locate or communicate with family. Staff or agency related issues were categorized into: 1) assignment of service coordinator delayed 2) completion of evaluation and assessment delayed 3) scheduling of initial IFSP meeting delayed or 4) completion of IFSP development delayed.

The above indicator was reviewed by the stakeholders and a frequent recommendation was for WDH to provide technical assistance and training to CDC staff on this compliance indicator.

Revised Baseline data for FFY 2004 (2004-2005): 96.4% (732 divided by 759)

In the State Performance Plan submitted in 2005, the State identified a baseline, and a separate compliance rate. Based on new guidance from OSEP regarding exceptional family circumstances, the State is using the same information reported in the original State Performance Plan, to identify the true baseline. Six hundred, twenty-seven (627) of the eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting conducted within the Part C 45-day timeline. One hundred, five of those who did not meet the 45-day timeline were due to exceptional family circumstances. Eleven out of fourteen CDCs documented staff/agency related issues that resulted in 27 IFSPs meetings that were not held within the 45-day timeframe.

Region	Children Served	% Within timeframe	Number within timeframe	Compliance Rate
1	86	81%	70	*97%*
2	41	86%	35	*95%*
3	25	86%	22	*92%*
4	39	75%	29	*100%*
5	41	95%	39	*98%*
6	73	96%	70	*96%*
7	42	86%	36	*98%*
8	34	94%	32	*100%*
9	97	89%	86	*98%*
10	53	93%	49	*100%*
11	35	64%	22	*73%*
12	125	72%	90	*98%*
13	36	63%	23	*97%*
14	32	73%	23	*98%*
Total	759	82.6%	627	96.4%

FFY	Measurable and Rigorous Target 100% of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.
2005 **(2005-2006)**	**100%**
2006 **(2006-2007)**	**100%**
2007 **(2007-2008)**	**100%**

2008 **(2008-2009)**	**100%**
2009 **(2009-2010)**	**100%**
2010 **(2010-2011)**	**100%**

Improvement Activities/Timelines/Resources:

Improvement Activities	**Timelines** FFY Year(s) when activities will occur						**Resources**
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	
1. WDH will target the eleven CDCs that were identified as out of compliance in this indicator. WDH will provide immediate technical assistance as well as request a corrective action plan to be submitted by January 31, 2006. WDH will request quarterly chart reviews to assess timeliness of services throughout the next year with the expectation that the above CDCs will be at 100% compliance. WDH will validate the corrective action plan to ensure compliance by December 2006. **Completed**	X	X					• CDC Directors will complete the corrective action plans • CDC Directors will review files and submit to WDH through their self-assessment. ○ WDH will follow up by December 2006 to ensure 100% compliance.

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
2. Training on what is considered timely early intervention services will be provided on an individual basis, to each CDC director by December 15, 2005. Training will also include what the state would consider acceptable justifications for not meeting the 45-day timeframe. In addition, training on this indicator was presented at the Fall 2005, TA Series and Guidance Video Conferences, which occurred in November, WDH Annual Conference in January 2006 and the August 2006 Pre-Service Conference. Participants at these trainings will include CDC directors and direct service staff. **Completed**	X	X					○ WDH ○ Mountain Plains Regional Resource Center
3. WDH will continue to track this data regionally. This data will be collected annually through the self- assessment process as well as completing four to five regional monitoring reviews yearly to validate data already submitted and increase number of files reviewed. All CDCs will be monitored every three years *Technical assistance will be made available as needed.*	X	X	X	X	X	X	○ WDH Self- Assessment Protocol, which includes NECTAC chart review form. ○ Monitoring reviews completed by WDH staff. Four will be completed in 2005-2006, five will be completed in 2006-2007 and five will be completed in 2007-2008.
4. WDH will submit an update of the corrective actions in the February 2007, APR **Completed** *WDH will submit an update on the corrective actions in February of 2008, APR*		X		X			• WDH staff

Monitoring Priority: Effective General Supervision Part C/ Effective Transition

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

A. IFSPs with transition steps and services
B. Notification to LEA, if child potentially eligible for Part B: and
C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

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

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

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

Account for untimely transition conferences, including reasons for delays.

Overview of Issue/Description of System or Process:

Data was collected from the WDH database on all children exiting Part C and children potentially eligible for Part B from the December 2004 child count. The data was broken down into three categories 1) The number of children who have an IFSP with transition steps and services 2) The number of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred and 3) The number of children exiting Part C and potentially eligible for Part B where the transition conference occurred.

For sub-indicator A, it is important to note that the current Part C database includes pre-populated transition steps that require regional personnel to enter the date those steps were completed. The database also allows personnel to add additional steps with respective completion dates. In order to determine the percentage of children with transition steps and services, we pulled the children exiting who were potentially eligible for Part B where dates had been entered on their transition plan form. WDH plans to collect data on all children exiting Part C and report on the percentage of these children with transition steps and services in the February 2007 APR, but was unable to report it in this SPP.

For sub-indicator B, the CDC programs throughout Wyoming provide both Part C and Part B services. The CDC Directors submit exit data annually, where they identify all children exiting Part C who are potentially eligible for Part B services. The Regional CDC is considered the LEA, so this information is communicated from the Part C staff to the CDC Directors, is entered into the database and submitted to WDH. The CDC Directors ensure the families understand the differences between Part C and Part B and that the children transitioning into Part B, meet the eligibility criteria.

For sub-indicator C, data was collected from the database, identifying children exiting Part C and potentially eligible for Part B who had a transition conference prior to their third birthday.

Baseline Data for FFY 2004 (2004-2005) for sub-indicator A:

Of one hundred and ninety four children who were exiting Part C and potentially eligible for Part B, **53.7%** (one hundred and four divided by one hundred and ninety four) had transition steps and services identified and addressed. Due to the low percentage, this will be considered an area of systemic non-compliance for the WDH Part C program that will be addressed as noted in the improvement activities below.

FFY	Measurable and Rigorous Target for Indicator 8A 100% children exciting Part C will have an IFSP with transition steps and services divided by # of children exiting Part C
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Baseline Data for FFY 2004 (2004-2005) for sub-indicator B:

Of one hundred and ninety four children who were exiting Part C and potentially eligible for Part B, the LEA received notification for **100%** of those children. All children eligible or potentially eligible for Part B were communicated by the Part C staff to the CDC Directors. The CDC Directors submitted a report on all children exiting Part C and potentially eligible for Part B to the WDH. Additionally, the WDH was notified as the Intermediate Education Unit for 619 Part B services of the potential for children to transition to Part B.

FFY	Measurable and Rigorous Target for Indicator 8B 100% of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B.
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%

2008 (2008-2009)	**100%**
2009 (2009-2010)	**100%**
2010 (2010-2011)	**100%**

Baseline Data for FFY 2004 (2004-2005) for sub-indicator C:

Of one hundred and ninety four children who were exiting Part C and potentially eligible for Part B **46.9%** (ninety one divided by one hundred and ninety four) had a transition conference that occurred. Due to the low percentage, this will be considered an area of systemic non-compliance for the WDH Part C program that will be addressed as noted in the improvement activities below.
The State used the correct computations for determining compliance with this indicator.

FFY	Measurable and Rigorous Target for Indicator 8C 100 % of children exiting Part C and potentially eligible for Part B where transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B.
2005 (2005-2006)	**100%**
2006 (2006-2007)	**100%**
2007 (2007-2008)	**100%**
2008 (2008-2009)	**100%**
2009 (2009-2010)	**100%**
2010 (2010-2011)	**100%**

Improvement Activities/Timelines/Resources:

Improvement Activities for Sub-Indicator A	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
1) WDH will immediately investigate the root cause of what the data is showing. WDH will investigate with regions and the data consultant, potential issues with submitting accurate data, obstacles to providing timely transition services and any other issue that would create such low percentages. WDH will target all regions and provide immediate technical assistance as well as request a corrective action plan to be submitted by January 2006. WDH will request quarterly chart reviews to assess transition serves throughout the next year with the expectation that all regions will be within 100% compliance. WDH will validate the corrective action plan to ensure compliance by December 2006. WDH will submit an update of the corrective actions in the February 2007, APR **Completed**		X					• WDH • CDC Directors

Improvement Activities for Sub-Indicator A	Timelines: FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
2) Technical Assistance to all regional staff on timely transitions. Training will include: Issues that are identified from the root cause analysis of data reported. Database guidance to be distributed to the regional child development centers by January 31, 2006. The WDH has already completed a series of videoconferences to begin addressing the data entry errors. Over 250 staff members from child development centers attended the videoconferences. Transition planning workshop for all Part C family service coordinators at the Early Intervention and Education Program annual conference in January 2006 and August 2006, aimed at clarifying the expectations and requirements around transition planning for children exiting Part C. In order to ensure compliance with this indicator, continued Technical Assistance will be provided at the August 2007 Annual Conference ***Completed***	X	X	*X*				• WDH staff • MPRRC (contracting to present at the January 2006 and August 2006 Conference).
3) Ongoing monitoring for this indicator will occur through the WDH database. A quarterly review of the database will occur to identify any potential noncompliance within a CDC so that any concerns can be resolved or corrected within a timely manner. Beginning in May 2007, WDH will be able to collect real time data for all Regions through the new Citrix Server.			*X*	*X*	*X*	*X*	• *WDH Part C Data Consultant* • *WDH Staff*

Improvement Activities for Sub-Indicator A	Timelines: FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
• 4) The WDH will revise the current Transition Plan in the database to allow for an individualized transition plan that meets the needs of children who are transitioning from Part C to Part B as well as those children who are not eligible for Part B who are exiting Part C .The revisions will occur by May 2007 and guidance will be provided to Child Development Center Staff. Provide training and professional development in holding a transition conference • 5) *The WDH will revise the data collection system in order to:* *Improve data collection* *Improve systems administration and monitoring* *Clarify and develop policies and procedures in the development of transition steps and services* *Improve collaboration and coordination of transition services*			*X*	*X*	***X***	***X***	MPRRC WDE

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

a. # of findings of noncompliance.
b. # of corrections completed as soon as possible but in no case later than one year from identification.

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

States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment A).

Overview of Issue/Description of System or Process:

The data below was taken from file reviews, monitoring reports, corrective action plans and the WDH parent complaint log for federal fiscal year, 2003-2004. During on-site monitoring visits, a minimum of 10% of the files were reviewed by WDH staff to determine any areas of non-compliance. There were also staff interviews with administrators as well as direct service staff. Prior to monitoring visits, parent surveys were distributed and reviewed to identify satisfaction of services, ability to provide input and knowledge of parental rights. The file reviews completed on-site, assessed monitoring priorities around natural environments and justifications for not providing services in the natural environment, the forty-five day time frame and justifications for not meeting this timeframe, as well as timely transition services. The file reviews also assessed eligibility determination, family service coordinator as a single point of contact, parental consent, prior written notice, family priorities, resources and concerns and documentation of intervention services. The corrective action plans were validated by reports from CDC Directors around the steps taken to correct the non-compliance issue as well as an electronic review of all files in December 2004.

Measurable and Rigorous Target for Indicator 9	
Target is 100% for percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:	
2005 (2005-2006)	**100%**
2006 (2006-2007)	**100%**
2007 (2007-2008)	**100%**
2008 (2008-2009)	**100%**
2009 (2009-2010)	**100%**
2010 (2010-2011)	**100%**

Baseline Data for 9 (revised): 75% (12 divided by 16)

(Baseline data has been revised February 1, 2007 as a result of guidance provided during OSEP's technical assistance call for Indicator 9) As the table below shows, in the 2003-2004 federal fiscal years 10 non-compliance issues relating to the monitoring priorities were identified in six regions that were monitored. Six out of the ten non-compliance issues were corrected within one year. WDH continued to work with the regions that show non-compliance in the areas that were identified in 2003-2004. All noncompliance identified in the 2005 State Performance Plan that was not corrected prior to the December 2005 submission has been corrected.

A. SPP Indicators	*# of Regions Reviewed On Site*	*# of Regions with Findings*	*a. # Findings in Region*	*b. # Corrected within 1 year*	*% Corrected within 1 year*
1. El services in timely manner.	*6*	*0*	*0*	*0*	*NA*
2. El services in NE	*6*	*2*	*2*	*2*	*100%*
3. Outcomes for Infants & Toddlers	*New Indicator*				
4. Family Survey	*New Indicator*				
5. Percent of Infants & Toddlers - Birth to 1 with IFSPs	*6*	*0*	*0*	*0*	*NA*
6. Percent of Infants & Toddlers - Birth to 3 with IFSPs	*6*	*0*	*0*	*0*	*NA*
7. 45 day timeline	*6*	*3*	*6*	*4*	*66%*
8. Transition	*6*	*2*	*2*	*0*	*0%*
TOTALS			*10*	*6*	*60%*

Indicator 9B Baseline Data:

After reviewing the 2003-2004 monitoring reports and corrective action plans, of the sixty files reviewed four findings were identified that were areas not included in the above monitoring priority areas. Of those six findings, **100%** were corrected within one year of the completion of the corrective action plan.

9B. Topical Areas	*# of Regions Reviewed*	*# of Regions with Findings*	*a. # Findings in Regions*	*b. # Corrected*	*% Corrected*

Prior Written Notice	*6*	*2*	*2*	*2*	*100%*
Parent Consent was not obtained	*6*	*2*	*2*	*2*	*100%*
Service Coordination	*6*	*1*	*1*	*1*	*100%*
Six month review not completed on IFSP	*6*	*1*	*1*	*1*	*100%*
TOTALS			*6*	*6*	*100%*

Indicator 9C Baseline Data:

After review of the WDH complaint log, it shows that **no complaints, due process hearings or mediation** occurred during the 2003-2004 federal fiscal year.

AGGREGATE for SPP 2005

A. a. 10 *A. b. 6*
B. a. 6 *B. b. 6*

Findings Totals 16 *Correction Totals 12*
Corrections of Findings = 12/16 = 75%

Improvement Activities/Timelines/Resources:

Improvement Activities for Indicator 9A, 9B and 9C	Timelines (FFY Year(s) when activities will occur)						Resources
	2005	2006	2007	2008	2009	2010	
1. Track future non-compliance issues by utilizing the new chart review form. Aggregate the data compiled through chart reviews completed during self-assessments and on-site monitoring visits.	X	X	X	X	X	X	• WDH • Contract Monitors • Data Driven Enterprises
2. Ensure that the corrective action plans are completed as noncompliance issues are identified and that these plans align with the areas of non-compliance. WDH to provide technical assistance in the completion of those corrective action plans.	X	X	X	X	X	X	• WDH • Contract Monitors

Improvement Activities for Indicator 9A, 9B and 9C	Timelines: FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
3. Upon approval of the Corrective Action Plan submitted by a Region with identified noncompliance, the WDH Part C Coordinator outlines expectations and mechanisms for verifying that correction has occurred within one year of identification. This is communicated to the Region through a letter that accompanies the approved action plan.			X	X	X	X	• WDH • Contract Monitors • Data Driven Enterprises
4. Develop a Corrective Action Tracking form to be used by WDH by January 31, 2006. This tracker will allow for tracking of areas of non-compliance, dates of monitoring reviews, dates of completion of the corrective action plan and any follow-up that occurred by WDH to ensure that the regional program was in 100% compliance in the areas identified. **Completed**	X						• WDH Program Integrity Staff • WDH Early Intervention & Education Program Staff • Contract Monitors
5. Include a procedure, in the monitoring protocol, that ensures a review of parent complaints, prior monitoring reports and any corrective action plans that were developed in previous years. Revisions to the monitoring protocol will occur by January 31, 2006. **Completed**	X						• WDH Program Integrity Staff • WDH Early Intervention & Education Program Staff • Contract Monitors
6. Create a Parent Complaint Tracking form that will identify region, area of non-compliance, date of the complaint, the date of mediation or due process hearing and information around how the complaint was resolved. Tracking form will be completed by January 31, 2006. **Completed**	X						• WDH • WDH Program Integrity Staff • Contract Monitors

Revisions (With Justification) to Proposed Targets/Improvement Activities /Timelines /Resources for FFY 2006:

The following improvement activities are added to ensure that modifications and improvements made to the general supervision system will be effective and in place statewide for FFY 2008.

Improvement Activities	***Timelines***						***Resources***
1. CDCs pilot new self-assessment tool (all regions complete a portion of the self-assessment and 4 CDCs that receive onsite visits complete the entire self-assessment)			*X*	*X*			• *WDH Staff* • *FPG-UNC/NECTAC*
2. WDH pilots root cause analysis process and tools during onsite monitoring visits in 4 CDCs			*X*	*X*			• *FPG-UNC/NECTAC*
3. WDH will pilot the use of a revised CAP form that includes the state developing evidence of change statements for at least 4 CDCs with CAPs.				*X*			• *FPG-UNC/NECTAC*
10. WDH finalizes new monitoring tools and processes piloted in preparation for statewide implementation in 2008			*X*	*X*			• *FPG-UNC/NECTAC*
11.WDH trains CDC programs on the revised general supervision and monitoring process, forms and expectations in preparation for statewide implementation in FFY 2008, including using data for improvement				*X*			• *FPG-UNC/NECTAC*
12. WDH and CDCs implement the revised general supervision and monitoring process and forms statewide			*X*	*X*	*X*	*X*	• *NECTAC*

Monitoring Priority: Effective General Supervision Part C/ General Supervision

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

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

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

Overview of Issue/Description of System or Process:

Currently the complaint policy for WDH states that complaints must be written and signed by the parent and submitted to the Administrator of the Developmental Disabilities Division of the Wyoming Department of Health. The WDH then determines if an investigation is necessary and ensures that written complaints with reports issued were resolved within 60-day timeline. WDH disseminated parent handbooks to all families who were identified in the December 2004 count in March 2005. The handbook outlined parents' rights and procedures for reporting a complaint. WDH also provided training to all Family Service Coordinators in June 2004 and informed staff of parent rights as they are identified in IDEA as well as the complaint processes that can be used by parents if they feel that their legal rights have been violated.

Baseline Data for FFY 2004 (2004-2005): The WDH has not received any signed, written complaints in the past two years for Part C.

Discussion of Baseline Data: Wyoming received no written complaints for the 2003-2004 and 2004-2005 federal fiscal year. It is important to continue educating parents about the complaint process and tracking the responses to these complaints. Additionally, it remains important to have qualified personnel ready to facilitate the complaint process in the regions and in the state office.

Measurable and Rigorous Target for Indicator 10	
Target is 100% of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint	
2005 (2005-2006)	**100%**
2006 (2006-2007)	**100%**
2007 (2007-2008)	**100%**
2008 (2008-2009)	**100%**
2009 (2009-2010)	**100%**
2010 (2010-2011)	**100%**

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
1. Training to parents: The WDH has contracted with the Parent Information Center to hold an Annual Conference starting in 2006 for parents. Training topics will include IDEA in relation to parental rights as well as written and verbal information regarding WDH parent complaint policies. The conference will include presentations on how to advocate for your child, from UPLIFT a parent advocacy group in Wyoming.		X	X	X	X	X	• Parent Information Center • WDH • UPLIFT
2. Training to staff yearly: The training will include a review of the updated Wyoming procedural safeguards and an orientation on how to explain this information to parents. (Uplift and PIC)		X	X	X	X	X	• WDH • Mountain Plains Regional Resource Center • Uplift • PIC
4. Modify the WDH complaint log to include date of complaint, area of non-compliance, follow-up completed by WDH (to include specifics around information that was gathered during the follow-up investigation to show evidence of non-compliance) and corrective actions to be taken.		X	X	X	X	X	• WDH staff • Mountain Plains Regional Resource Center, for assistance.

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
4. Post the Part C Parent Handbook on the WDH website so that it's easily accessible to the public. The Part C Parent Handbook will be placed on the WDH website upon the completion of the public comment period (January 30, 2007) for the Revised Part C Policies which include the adoption of the Part C dispute resolution requirements. Updated Procedural Safeguards will be included in the handbook. **Completed**	X		X				• WDH staff • WDH web site
5. Annually report summaries of complaints received, mediations completed and due process hearings to Wyoming Early Intervention Council by August 31st of each year.		X	X	X	X	X	• Wyoming EIC • WDH

Monitoring Priority: Effective General Supervision Part C/ General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

Currently the dispute resolution policy states that requests for a due process hearing must be submitted to the Wyoming Department of Health (WDH), Developmental Disabilities Division. The hearing must be completed and written findings provided within 45 days of receipt of the request. WDH is coordinating with Wyoming Department of Education to utilize Hearing Officers who have been trained in both Part B 619 and Part C rules and regulations. Hearing Officers were trained and a list contacts were distributed to each region in 2004. Currently there are four Hearing Officers located throughout the state.

Baseline Data for FFY 2004 (2004-2005): No due process hearings were requested.

Measurable and Rigorous Target for Indicator 11	
Target is 100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.	
2005 (2005-2006)	**100%**
2006 (2006-2007)	**100%**
2007 (2007-2008)	**100%**
2008 (2008-2009)	**100%**
2009 (2009-2010)	**100%**
2010 (2010-2011)	**100%**

SPP – Part C (3)

Wyoming

Improvement Activities	Timelines FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
1. Training to parents: The WDH has contracted with the Parent Information Center to hold an Annual Conference starting in 2006 for parents. Training topics will include IDEA in relation to parental rights as well as written and verbal information regarding WDH parent complaint policies. The conference will include presentations on how to advocate for your child, from UPLIFT a parent advocacy group in Wyoming.		X	X	X	X	X	• Parent Information Center • WDH • UPLIFT Conference was held 2006
2. Training to staff: The WDH is holding a conference in August 2006 and January 2006. Part of the training will include a review of the updated Wyoming procedural safeguards and an orientation on how to explain this information to parents. **Completed**		X					• WDH • Mountain Plains Regional Resource Center
3. Continued Training to Hearing Officers. WDH is working with the Department of Education to train new Hearing Officers as well as provide training in changes to IDEA for Part C and Part B 619 programs. Training will occur in 2006. **Completed**	X	X					• WDH staff • Department of Education
4. Post the Part C Parent Handbook on the WDH website so that it's easily accessible to the public. The Part C Parent Handbook will be placed on the WDH website upon the completion of the public comment period (January 30, 2007) for the Revised Part C Policies which include the adoption of the Part C dispute resolution requirements. Updated Procedural Safeguards will be included in the handbook. **Completed**	X		X				• WDH Web Site • WDH staff
5. Annually report summaries of complaints received, mediations completed and due process hearings to Wyoming Early Intervention Council by August 31st of each year.		X	X	X	X	X	• Wyoming EIC • WDH

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

Overview of Issue/Description of System or Process:

2004-2006 WDH has adopted Part B dispute resolution procedures but plans to revise these policies and procedures to incorporate dispute resolution requirements under Part C.

2006 update: In 2006 WDH considered adopting Part C procedures but did not formally do so. WDH is currently in the process of reviewing policies and will clarify use of Part B procedures.

Monitoring Priority: Effective General Supervision Part C/ General Supervision

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

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

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

Overview of Issue/Description of System or Process:

The revised Part C policy for WDH states that mediations must be completed by a qualified impartial party who is trained in mediation techniques. Mediation must be voluntary and occur within 30 days of the receipt of the request and may not be used to delay a parents' right to due process. WDH currently coordinates with Wyoming Department of Education to utilize Mediators who have been trained in both Part B 619 and Part C rules and regulations and effective mediation techniques. Individuals were trained as Mediators and a contact list was distributed to each region in 2004. Currently there are four Mediators located throughout the state.

Baseline Data for FFY 2004 (2004-2005): There were no requests for mediation. If the State reaches a threshold of 10 or more mediation requests, the State will set measurable and rigorous targets and improvement activities at that time.

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Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

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

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

Overview of Issue/Description of System or Process:

The WDH data consultant, the Part C Coordinator and the Program Manager have overall responsibility for the submission of 618 data, the Annual Performance Report and the State Performance Plan. The 618 data is completed and submitted to OSEP by the WDH data consultant on or before the identified due dates and includes child count, race ethnicity settings, exit information and personnel information**.** The Annual Performance Report reviewed by the State Early Intervention Council and submitted by the Part C Coordinator on or before the due date.

During OSEP's 2003 visit to Wyoming to verify the effectiveness of the State's systems for general supervision and data collection under Section 618 of IDEA, OSEP found that the WDH could not demonstrate that it had a system in place for collecting and reporting data from regional early intervention programs that ensured the accuracy of the data WDH reported under 618 of IDEA. A plan was submitted by WDH that included the following: (1) adding software edits in WDHs data base (by December 1, 2004); (2) holding technical assistance calls to all regional staff regarding requirements for reporting data under §618 (by June 30, 2004); (3) providing ongoing assistance to regional staff concerning data requirements; and, (4) setting out a yearly schedule to verify and resolve data discrepancies (by January 15 and June 15 of each year). OSEP requested that WDH continue to report its strategies to ensure compliance and performance in this area, however, WDH did not include any information regarding the accuracy of its data. In response to OSEP's request this letter and the SPP (Indicator 14) are submitted certify that:

- Software edits were developed for the database, however full deployment of those changes has not occurred for all regions. Full deployment of those changes will occur by June 2006.
- In the interim the WDH has provided three detailed, statewide, videoconference-based training sessions to regional CDC personnel on the various database fields between November 1st and November 18th, 2005. The WDH also reviewed the 618 reporting requirements during these videoconferences;
- Feedback from the videoconference training sessions including questions about IDEA 2004 are being incorporated into final database guidance notebooks for distribution to the regions by December 31, 2005;
- The WDH hosted a data managers meeting for the regional child development centers in October 2004 where the reporting requirements for the §618 reporting requirements were reviewed;

- The Part C Data Consultant has resolved data discrepancies as outlined in WDH's previous submission regarding the current database software by January 15 and June 15 of each year;
- Ongoing technical assistance on the use of the database has been provided by the Part C Data Consultant to various regions as requested;

Baseline Data for FFY 2004 (2004-2005: 100% of reports, including the APR, SPP and 618 data have been submitted to OSEP on or before the due dates.

Measurable and Rigorous Target
Target is 100% of state reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines: FFY Year(s) when activities will occur						Resources
	2005	2006	2007	2008	2009	2010	
1. The WDH is developing a procurement process to develop a new database that will allow centralized administrative access for software updates and anticipates having this database up and functional by December 31, 2006.	X	X	X	X	X	X	WDH Contractor identified through a request for proposal.
2. Ongoing technical assistance on the use of the database will continue to be provided by the Part C Data Consultant.	X	X	X	X	X	X	WDH Part C Data Consultant

Appendix A

- **Wyoming Child Outcome Summary Form**
- **Wyoming Part C-Early Intervention Family Survey**
- **ICC Certification Letter**
- **Table 1**

Wyoming Department of Health
Developmental Disabilities Division
Early Intervention & Education Program

CHILD OUTCOMES SUMMARY FORM

I. Background

1. Today's Date: _____/_____/_____
   Month Day Year

2. Region: _____ 3. Name of Developmental Preschool or Site: _____

4. Child's Last Name: _____ 5. Child's First Name: _____

6. Child's Date of Birth: _____/_____/_____
   Month Day Year

7. Type of Outcomes Summary being completed on this child *(circle one response)*:
   a Initial
   b Annual
   c Transition (exit from C, entry to B)
   d Exit (leaving early intervention and education services)

8. This Outcome Summary Form is for:
   a Part B
   b Part C

9. Persons involved in **assigning ratings**:

First and Last Name	Title or Role

10. How was information from the child's parent gathered *(circle all that apply)*:
    a Received in team meeting
    b Collected separately
    c Incorporated into assessment(s)
    d Other: _____

11. List any "special considerations" (e.g., child hospitalized, new intervention was implemented, new adaptations used, or other family issues) that are important in interpreting the summary of results:
_____

II. POSITIVE SOCIO-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

To answer the questions below, think about the child's functioning in these and closely related areas:
Relating with adults; Relating with other children; following rules related to groups or interacting with others (if older than 18 months)

A. Evidence of Skills

1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating. List also the highest level of positive socio-emotional skills the child demonstrated, i.e., if the child demonstrated age-appropriate skills, list those; if not, then list the immediate foundational skills the child demonstrated; if none, list the foundational skills the child demonstrated. Be specific.

Assessment Name	Assess-ment Date	**Summary of the actual test results (e.g., test scores)**	List the Positive socio-emotional **age-appropriate** skills the child demonstrated on this assessment; if none, list the positive socio-emotional **immediate foundational** skills the child demonstrated; if none, list the positive socio-emotional **foundational** skills this child demonstrated.

2. Other Data

List the other data you used to assign your ratings. This could include IFSP/IEP goals, Parents, Teacher Observations, non-core assessments, or other useful data sources. Then list the highest level of skill the child demonstrated on each of these sources.

Did you use this source?	Data Collection Date	List the positive socio-emotional **age-appropriate** skills the child demonstrated via this source; if none, list the positive socio-emotional **immediate foundational** skills the child demonstrated; if none, list the positive socio-emotional foundational skills this child demonstrated.
a. Parent: Yes No		
b. IFSP/IEP Goals: Yes No		
c. Other (list):		
d. Other (list):		

To determine the Overall Rating, answer the following two questions.

3. Think of the positive socio-emotional **age-appropriate** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-appropriate** skills across all or almost all everyday situations (multiple settings)? *(Circle one response)*

   a Yes → 7 or 6 b Somewhat → 5 c Rarely → 4 d Child demonstrated **no** age-appropriate skills (go to Q4)

4. Think of the positive socio-emotional **immediate foundational** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations (multiple settings)? *(Circle one response; if you answered a, b, or c for question 3, no need to answer)*

   a Yes → 3 b Somewhat → 2 c No → 1 d Child demonstrated no immediate foundational skills → 1

B. Overall Rating

1. Based on your answers to questions A.3. and A.4., to what extent does this child show positive social-emotional behaviors and skills appropriate for his or her age across a variety of settings and situations? **(Circle one number)**

Not Yet		**Emerging**		**Somewhat**		**Completely**
1	**2**	**3**	**4**	**5**	**6**	**7**

III. ACQUIRING AND USING KNOWLEDGE AND SKILLS

To answer the questions below, think about the child's functioning in these and closely related areas: *Thinking, reasoning, remembering, and problem solving; Understanding symbols; Understanding the physical and social worlds*

A. Evidence of Skills

1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating. List also the highest level of skills the child demonstrated in the area of acquiring and using knowledge and skills, i.e., if the child demonstrated age-appropriate skills, list those; if not, then list the immediate foundational skills the child demonstrated; if none, list the foundational skills the child demonstrated. Be specific.

Assessment Name	Assess-ment Date	**Summary of the actual test results (e.g., test scores)**	List the **age-appropriate** skills the child demonstrated on this assessment in the area of acquiring and using knowledge and skills; if none, list the **immediate foundational** skills the child demonstrated in this outcomes area; if none, list the **foundational** skills this child demonstrated.

2. Other Data

List the other data you used to assign your ratings. This could include IFSP/IEP goals, Parents, Teacher Observations, non-core assessments, or other useful data sources. Then list the highest level of skill the child demonstrated on each of these sources.

Did you use this source?	Data Collection Date	List the **age-appropriate** skills the child demonstrated via this source in the area of acquiring and using knowledge and skills; if none, list the **immediate foundational** skills the child demonstrated in this outcomes area; if none, list the **foundational** skills this child demonstrated.
a. Parent: Yes No		
b. IFSP/IEP Goals: Yes No		
c. Other (list):		
d. Other (list):		

To determine the Overall Rating, answer the following two questions.

3. Think of the **age-appropriate** skills related to acquiring and using knowledge/skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-appropriate** skills across all or almost all everyday situations (multiple settings)? *(Circle one response)*

   a Yes → 7 or 6 b Somewhat → 5 c Rarely → 4 d Child demonstrated no age-appropriate skills (go to Q4)

4. Think of the **immediate foundational** skills related to acquiring and using knowledge/skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations? *(Circle one response; if you answered a, b, or c for question 3, no need to answer)*

   a Yes → 3 b Somewhat → 2 c No → 1 d Child demonstrated no immediate foundational skills → 1

B. Overall Rating

1. Based on your answers to questions A.3. and A.4., to what extent does this child acquire and use knowledge and skills appropriate for his or her age across a variety of settings and situations? **(Circle one number)**

Not Yet		**Emerging**		**Somewhat**		**Completely**
1	**2**	**3**	**4**	**5**	**6**	**7**

IV. TAKING APPROPRIATE ACTION TO MEET NEEDS

To answer the questions below, think about the child's functioning in these and closely related areas:
Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.); Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months; Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)

A. Evidence of Skills

1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating. List also the highest level of skill the child demonstrated in the area of taking appropriate action to meet needs, i.e., if the child demonstrated age-appropriate skills, list those; if not, then list the immediate foundational skills the child demonstrated; if none, list the foundational skills the child demonstrated. Be specific.

Assessment Name	Assess-ment Date	**Summary of the actual test results (e.g., test scores)**	List the **age-appropriate** skills the child demonstrated on this assessment in the area of taking appropriate action to meet needs; if none, list the **immediate foundational** skills the child demonstrated in this outcomes area; if none, list the **foundational** skills this child demonstrated.

2. Other Data

List the other data you used to assign your ratings. This could include IFSP/IEP goals, Parents, Teacher Observations, non-core assessments, or other useful data sources. Then list the highest level of skill the child demonstrated on each of these sources.

Did you use this source?	Data Collection Date	List the **age-appropriate** skills the child demonstrated via this source in the area of taking appropriate action to meet needs; if none, list the **immediate foundational** skills the child demonstrated in this outcomes area; if none, list the **foundational** skills this child demonstrated.
a. Parent: Yes No		
b. IFSP/IEP Goals: Yes No		
c. Other (list):		
d. Other (list):		

To determine the Overall Rating, answer the following two questions.

3. Think of the **age-appropriate** skills related to taking appropriate action to meet needs the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-appropriate** skills across all or almost all everyday situations (multiple settings)? *(Circle one response)*

   a Yes → 7 or 6 b Somewhat → 5 c Rarely → 4 d Child demonstrated no age-appropriate skills (go to Q4)

4. Think of the **immediate foundational** skills related to taking appropriate action the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations? *(Circle one response; if you answered a, b, or c for question 3, no need to answer)*

   a Yes → 3 b Somewhat → 2 c No → 1 d Child demonstrated no immediate foundational skills → 1

B. Overall Rating

1. Based on your answers to questions A.3. and A.4., to what extent does this child take appropriate actions to meet needs that are appropriate for his or her age across a variety of settings and situations? **(Circle one number)**

Not Yet		**Emerging**		**Somewhat**		**Completely**
1	**2**	**3**	**4**	**5**	**6**	**7**

V. CHILD'S PROGRESS

Complete this section **only** if this is an annual or exit outcomes summary. Do not complete this section if this is an initial outcomes summary for this child.

Think of the progress the child has made since the initial or prior annual outcomes summary. Then answer the following three questions.

A. Positive Socio-Emotional Skills

1. Has the child shown any new skills or behaviors related to positive socio-emotional skills (including positive social relationships) since the last completion of the child outcomes summary form?

a Yes b No

Please describe the new skills or behaviors demonstrated by the child;

B. Acquiring and Using Knowledge and Skills

1. Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last completion of the child outcomes summary form?

a Yes b No

Please describe the new skills or behaviors demonstrated by the child;

C. Taking Appropriate Action to Meet Needs

1. Has the child shown any new skills or behaviors related to taking appropriate action to meet needs since the last completion of the child outcomes summary form?

a Yes b No

Please describe the new skills or behaviors demonstrated by the child;

Revised Child Outcomes Summary Form as of August 2007. Based on input from stakeholders and staff. No substantive changes just clarifications.

CHILD OUTCOMES SUMMARY FORM

I. Background

1. Today's Date: _____/_____/_____
   Month Day Year
2. Region: _____ 3. Name of Developmental Preschool or Site: _____

4. Child's Last Name: _____ 5. Child's First Name: _____

6. Child's Date of Birth: _____/_____/_____
   Month Day Year
7. Type of Outcomes Summary being completed on this child *(circle one response)*:
   a Initial Date: _____/_____/_____
   b Transition (exit from C, entry to B) Date: _____/_____/_____
   c Exit (leaving early intervention and education services) Date: _____/_____/_____
8. This Outcome Summary Form is for:
   a Part B
   b Part C
9. Persons involved in **assigning ratings**:

First and Last Name	Title or Role

10. How was information from the child's parent gathered *(circle all that apply)*:
    a Received in team meeting
    b Collected separately
    c Incorporated into assessment(s)
    d Other: _____

11. List any "special considerations" (e.g., child hospitalized, new intervention was implemented, new adaptations used, or other family issues) that are important in interpreting the summary of results:

_____

II. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

To answer the questions below, think about the child's functioning in these and closely related areas:
Relating with adults; Relating with other children; Following rules related to groups or interacting with others (if older than 18 months)

A. Evidence of Skills

1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating. List also the highest level of positive social-emotional skills the child demonstrated, i.e., if the child demonstrated age-appropriate skills, list those; if none, then list the immediate foundational skills the child demonstrated; if none, list the foundational skills the child demonstrated. Be specific. Indicate whether the skill you listed is age-appropriate (AA), immediate foundational (IF), or foundational (F).

Assessment Name	Assess-ment Date	**Summary of the actual test results (e.g., test scores)**	List the Positive social-emotional **age-appropriate** skills the child demonstrated on this assessment; if none, list the positive social-emotional **immediate foundational** skills the child demonstrated; if none, list the positive social-emotional **foundational** skills this child demonstrated.	The skill listed:
				AA IF F
				AA IF F

2. Other Data

List the other data you used to assign your ratings. This could include IFSP/IEP goals, Parents, Teacher Observations, non-core assessments, or other useful data sources. Then list the highest level of skill the child demonstrated on each of these sources. Indicate whether the skill you listed is age-appropriate (AA), immediate foundational (IF), or foundational (F).

Did you use this source?	Data Collection Date	List the positive social-emotional **age-appropriate** skills the child demonstrated via this source; if none, list the positive social-emotional **immediate foundational** skills the child demonstrated; if none, list the positive social-emotional foundational skills this child demonstrated.	The skill listed:
a. Parent: Yes No			AA IF F
b. IFSP/IEP Goals: Yes No			AA IF F
c. Other (list):			AA IF F
d. Other (list):			AA IF F

To determine the Overall Rating, answer the following two questions.

3. Think of the positive socio-emotional **age-appropriate** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-appropriate** skills across all or almost all everyday situations (multiple settings)? *(Circle one response)*

   a Yes → 7 or 6 b Somewhat → 5 c Rarely → 4 d Child demonstrated **no** age-appropriate skills (go to Q4)

4. Think of the positive socio-emotional **immediate foundational** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations (multiple settings)? *(Circle one response; if you answered a, b, or c for question 3, no need to answer)*

   a Yes → 3 b Somewhat → 2 c No → 1 d Child demonstrated no immediate foundational skills → 1

B. Overall Rating

1. Based on your answers to questions A.3. and A.4., to what extent does this child show positive social-emotional behaviors and skills appropriate for his or her age across a variety of settings and situations? **(Circle one number)**

Not Yet		**Emerging**		**Somewhat**		**Completely**
1	**2**	**3**	**4**	**5**	**6**	**7**

III. ACQUIRING AND USING KNOWLEDGE AND SKILLS

To answer the questions below, think about the child's functioning in these and closely related areas:
Thinking, reasoning, remembering, and problem solving; Understanding symbols; Understanding the physical and social worlds

A. Evidence of Skills

1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating. List also the highest level of skills the child demonstrated in the area of acquiring and using knowledge and skills, i.e., if the child demonstrated age-appropriate skills, list those; if none, then list the immediate foundational skills the child demonstrated; if none, list the foundational skills the child demonstrated. Be specific. Indicate whether the skill you listed is age-appropriate (AA), immediate foundational (IF), or foundational (F).

Assessment Name	Assess-ment Date	**Summary of the actual test results (e.g., test scores)**	List the **age-appropriate** skills the child demonstrated on this assessment in the area of acquiring and using knowledge and skills; if none, list the **immediate foundational** skills the child demonstrated in this outcomes area; if none, list the **foundational** skills this child demonstrated.	The skill listed:
				AA IF F
				AA IF F

2. Other Data

List the other data you used to assign your ratings. This could include IFSP/IEP goals, Parents, Teacher Observations, non-core assessments, or other useful data sources. Then list the highest level of skill the child demonstrated on each of these sources. Indicate whether the skill you listed is age-appropriate (AA), immediate foundational (IF), or foundational (F).

Did you use this source?	Data Collection Date	List the **age-appropriate** skills the child demonstrated via this source in the area of acquiring and using knowledge and skills; if none, list the **immediate foundational** skills the child demonstrated in this outcomes area; if none, list the **foundational** skills this child demonstrated.	The skill listed:
a. Parent: Yes No			AA IF F
b. IFSP/IEP Goals: Yes No			AA IF F
c. Other (list):			AA IF F
d. Other (list):			AA IF F

To determine the Overall Rating, answer the following two questions.

3. Think of the **age-appropriate** skills related to acquiring and using knowledge/skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-appropriate** skills across all or almost all everyday situations (multiple settings)? *(Circle one response)*

   a Yes → 7 or 6 b Somewhat → 5 c Rarely → 4 d Child demonstrated no age-appropriate skills (go to Q4)

4. Think of the **immediate foundational** skills related to acquiring and using knowledge/skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations? *(Circle one response; if you answered a, b, or c for question 3, no need to answer)*

   a Yes → 3 b Somewhat → 2 c No → 1 d Child demonstrated no immediate foundational skills → 1

B. Overall Rating

1. Based on your answers to questions A.3. and A.4., to what extent does this child acquire and use knowledge and skills appropriate for his or her age across a variety of settings and situations? **(Circle one number)**

Not Yet		**Emerging**		**Somewhat**		**Completely**
1	**2**	**3**	**4**	**5**	**6**	**7**

IV. TAKING APPROPRIATE ACTION TO MEET NEEDS

To answer the questions below, think about the child's functioning in these and closely related areas:
Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.); Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months; Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)

A. Evidence of Skills

1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating. List also the highest level of skill the child demonstrated in the area of taking appropriate action to meet needs, i.e., if the child demonstrated age-appropriate skills, list those; if none, then list the immediate foundational skills the child demonstrated; if none, list the foundational skills the child demonstrated. Be specific. Indicate whether the skill you listed is age-appropriate (AA), immediate foundational (IF), or foundational (F).

Assessment Name	Assess-ment Date	**Summary of the actual test results (e.g., test scores)**	List the **age-appropriate** skills the child demonstrated on this assessment in the area of taking appropriate action to meet needs; if none, list the **immediate foundational** skills the child demonstrated in this outcomes area; if none, list the **foundational** skills this child demonstrated.	The skill listed:
				AA IF F
				AA IF F

2. Other Data

List the other data you used to assign your ratings. This could include IFSP/IEP goals, Parents, Teacher Observations, non-core assessments, or other useful data sources. Then list the highest level of skill the child demonstrated on each of these sources. Indicate whether the skill you listed is age-appropriate (AA), immediate foundational (IF), or foundational (F)

Did you use this source?	Data Collection Date	List the **age-appropriate** skills the child demonstrated via this source in the area of taking appropriate action to meet needs; if none, list the **immediate foundational** skills the child demonstrated in this outcomes area; if none, list the **foundational** skills this child demonstrated.	The skill listed:
a. Parent: Yes No			AA IF F
b. IFSP/IEP Goals: Yes No			AA IF F
c. Other (list):			AA IF F
d. Other (list):			AA IF F

To determine the Overall Rating, answer the following two questions.

3. Think of the **age-appropriate** skills related to taking appropriate action to meet needs the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-appropriate** skills across all or almost all everyday situations (multiple settings)? *(Circle one response)*

   a Yes → 7 or 6 b Somewhat → 5 c Rarely → 4 d Child demonstrated no age-appropriate skills (go to Q4)

4. Think of the **immediate foundational** skills related to taking appropriate action the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations? *(Circle one response; if you answered a, b, or c for question 3, no need to answer)*

   a Yes → 3 b Somewhat → 2 c No → 1 d Child demonstrated no immediate foundational skills → 1

B. Overall Rating

1. Based on your answers to questions A.3. and A.4., to what extent does this child take appropriate actions to meet needs that are appropriate for his or her age across a variety of settings and situations? **(Circle one number)**

Not Yet		**Emerging**		**Somewhat**		**Completely**
1	**2**	**3**	**4**	**5**	**6**	**7**

V. CHILD'S PROGRESS

Complete this section **only** if this is an exit outcomes summary. Do not complete this section if this is an initial outcomes summary for this child.

Think of the progress the child has made since the initial or prior annual outcomes summary. Then answer the following three questions.

A. Positive Socio-Emotional Skills

1. Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last completion of the child outcomes summary form?

a Yes b No

If no, please explain:

B. Acquiring and Using Knowledge and Skills

1. Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last completion of the child outcomes summary form?

a Yes b No

If no, please explain:

C. Taking Appropriate Action to Meet Needs

1. Has the child shown any new skills or behaviors related to taking appropriate action to meet needs since the last completion of the child outcomes summary form?

a Yes b No

If no, please explain:

State of Wyoming

Part C Family Survey – Early Intervention

Name of Developmental Preschool and Site: _____
Region #: _____
Date: _____

If your child is 36 months or younger complete this survey.

This is a survey for families receiving Early Intervention services. Your responses will help guide efforts to improve services and results for children and families. *You may skip any item that you feel does not apply to you or your child.*

Over the past year, Early Intervention services have helped me and/or my family:	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. Participate in typical activities for children and families in my community	1	2	3	4	5	6
2. Know about services in the community.....	1	2	3	4	5	6
3. Improve my family's quality of life	1	2	3	4	5	6
4. Know where to go for support to meet my child's needs	1	2	3	4	5	6
5. Know where to go for support to meet my family's needs.....	1	2	3	4	5	6
6. Get the services that my child and family need	1	2	3	4	5	6
7. Feel more confident in my skills as a parent	1	2	3	4	5	6
8. Keep up friendships for my child and family	1	2	3	4	5	6
9. Make changes in family routines that will benefit my child with special needs	1	2	3	4	5	6
10. Be more effective in managing my child's behavior.....	1	2	3	4	5	6
11. Do activities that are good for my child even in times of stress	1	2	3	4	5	6
12. Feel that I can get the services and supports that my child and family need	1	2	3	4	5	6
13. Understand how the Early Intervention system works	1	2	3	4	5	6
14. Be able to evaluate how much progress my child is making	1	2	3	4	5	6
15. Feel that my child will be accepted and welcomed in the community	1	2	3	4	5	6
16. Feel that my family will be accepted and welcomed in the community	1	2	3	4	5	6
17. Communicate more effectively with the people who work with my child and family.....	1	2	3	4	5	6
18. Understand the roles of the people who work with my child and family	1	2	3	4	5	6
19. Know about my child's and family's rights concerning Early Intervention services	1	2	3	4	5	6
20. Do things with and for my child that are good for my child's development	1	2	3	4	5	6
21. Understand my child's special needs	1	2	3	4	5	6
22. Feel that my efforts are helping my child.....	1	2	3	4	5	6

23. My child's age: ___ Years ___ Months

24. My child's age when first referred to early intervention or special education: ___ Years ___ Months

25. My child's race/ethnicity (select one)

1 White
2 Hispanic or Latino
3 American Indian or Alaskan Native
4 Black
5 Asian or Pacific Islander
6 Multi-Racial

26. My Child's Primary Disability (select one)

1 Autism
2 Deaf-blindness
3 Deafness
4 Emotional Disability
5 Hard of Hearing
6 Mental Retardation
7 Multiple Disabilities
8 Orthopedic Impairment
9 Other Health Impairment
10 Developmental Disability
11 Speech/Language Impairment
12 Traumatic Brain Injury
13 Visual Impairment (Including Blindness)
14 Unsure/don't know

Estado de Wyoming
Encuesta Familiar Parte C – Intervención Temprana

Nombre y dirección del Centro de Desarrollo: _____

Región #: _____

Fecha: _____

Complete esta encuesta si su niño(a) tiene menos de tres años.

Esta encuesta es para familias que reciben servicios de Intervención Temprana. Sus respuestas serán usadas como guía para mejorar los servicios y resultados para los niños y sus familias. *Usted puede dejar sin contestar cualquier pregunta que sienta que no se aplica a su niño(a).*

Durante el ultimo año, el Servicio de Intervención Temprana me ha ayudado a mí y/o mi familia a:	Totalmente en Desacuerd	Muy en Desacuerdo	Desacuerdo	De Acuerdo	Muy de Acuerdo	Totalmente de Acuerdo
23. Participar en actividades típicas para niños y familias en mi comunidad	1	2	3	4	5	6
24. Conocer servicios disponibles en la comunidad	1	2	3	4	5	6
25. Mejorar la calidad de vida de mi familia	1	2	3	4	5	6
26. Saber dónde obtener apoyo para atender las necesidades de mi niño(a)	1	2	3	4	5	6
27. Saber dónde obtener apoyo para atender las necesidades de mi familia	1	2	3	4	5	6
28. Obtener los servicios que mi niño(a) y mi familia necesitan	1	2	3	4	5	6
29. Sentirme más seguro(a) de mis habilidades como padre/madre	1	2	3	4	5	6
30. Mantener amistades de ni niño(a) y de mi familia	1	2	3	4	5	6
31. Hacer cambios en la rutina familiar que favorezcan las necesidades especiales de mi niño(a)	1	2	3	4	5	6
32. Ser más efectivo(a) manejando el comportamiento de mi niño(a)	1	2	3	4	5	6
33. Hacer actividades beneficiosas para mi niño(a), aún en tiempos de estrés	1	2	3	4	5	6
34. Sentir que puedo obtener los servicios y el apoyo que mi niño(a) y familia necesitan	1	2	3	4	5	6
35. Entender cómo funciona el sistema de Intervención Temprana	1	2	3	4	5	6
36. Ser capaz de evaluar cuánto mi niño está progresando	1	2	3	4	5	6
37. Sentir que mi niño(a) será aceptado y bienvenido en la comunidad	1	2	3	4	5	6
38. Sentir que mi familia será aceptada y bienvenida en la comunidad	1	2	3	4	5	6
39. Comunicar más efectivamente con las personas que trabajan con mi niño(a) y mi familia	1	2	3	4	5	6
40. Entender los roles de las personas que trabajan con mi niño(a) y mi familia	1	2	3	4	5	6
41. Conocer los derechos de mi niño(a) y mi familia con respecto a los servicios de Intervención Temprana	1	2	3	4	5	6
42. Hacer cosas con y por mi niño(a) que son buenas para su desarrollo	1	2	3	4	5	6
43. Entender las necesidades especiales de mi niño(a)	1	2	3	4	5	6
44. Sentir que mis esfuerzos están ayudando a mi niño(a)	1	2	3	4	5	6

23. La edad de mi niño(a) es: ___ Años ___ Meses

24. La edad de mi niño(a) cuando fue referido por primera vez a intervención temprana o educación especial era: ___ Años ___ Meses

25. La raza u origen étnico de mi niño(a) es (seleccione una)

1 Blanco o caucásico
2 Hispano o Latino
3 Indio Norteamericano o Nativo de Alaska
4 Afro americano
5 Asiático o de las Islas del Pacífico
6 Múltiples razas

26. La principal discapacidad de mi niño es (seleccione una)

1 Autismo
2 Sordo ceguera
3 Sordera
4 Desorden Emocional
5 Deficiencias Auditivas
6 Retardo Mental
7 Discapacidades Múltiples
8 Discapacidad Ortopédica
9 Otro Problema de Salud
10 Discapacidad de Desarrollo
11 Alteración del Habla y del Lenguaje
12 Lesión Cerebral Traumática
13 Deficiencias Visuales (Incluyendo Ceguera)
14 No estoy seguro(a)/ No sé

INTERAGENCY COORDINATING COUNCIL
CERTIFICATION OF ANNUAL REPORT

On behalf of the Interagency Coordinating Council (ICC) of Wyoming, I certify that the ICC X agrees/___ disagrees (*) with the information in the State's Annual Performance Report for Federal Fiscal Year 2004. The ICC understands that 34 CFR §80.40, of the Education Department General Administrative Regulations, requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the grant period, as well as how funds were spent. The ICC has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.

Signature of ICC Chairperson

November 21, 2005
Date

(*) The Council may submit additional comments related to the Lead Agency's Annual Performance Report and append comments to the Report.

Wyoming

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline **SELECT** timeline used {30 day/Part C 45 day/Part B 45 day}	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0