



State of Wisconsin  
Department of Health Services

Tony Evers, Governor  
Kirsten L. Johnson, Secretary

October 22, 2024

Linsay Hale  
Senate Chief Clerk  
Room B20 Southeast, State Capitol  
Madison, WI 53701

Edward Blazel  
Assembly Chief Clerk  
17 West Main, Suite 401  
Madison, WI 53703

Dear Ms. Hale and Mr. Blazel:

The Department of Health Services (DHS) is submitting the attached State Annual Performance Report, including the State's 2024 determination status notification as established by the U.S. Department of Education's Office of Special Education Programs (OSEP). The purpose of this report is to meet the requirement outlined in Wis. Stat. § 51.44(5)(c) to annually submit to the chief clerk of each house of the legislature a report highlighting DHS's progress in implementing the Wisconsin Birth to 3 Program.

The enclosed report covers the federal fiscal year 2022 as submitted to OSEP and the response from OSEP, including our Part C Results-Driven Accountability Matrix and accompanying determination letter to the Director of the Bureau of Children's Services, Deborah Rathermel.

Wisconsin's Birth to 3 Program has a strong and successful history in partnering with local county governments to support children with delays in development. The State Annual Performance Report highlights the positive outcomes achieved by the Wisconsin Birth to 3 Program in partnership with local Birth to 3 Programs. The year's findings indicate that Wisconsin is in the category of "Meets Requirements," which is the highest determination category.

If you have questions regarding this report, please contact Deb Rathermel, Director of the Bureau of Children's Services, at 608-266-9366.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Johnson".

Kirsten L. Johnson  
Secretary-designee

Enclosures: Annual Performance Report FFY 2022  
US Department of Education June 21, 2024, Determination Letter  
Wisconsin Part C Results-Driven Accountability Matrix

**Briefing**  
**Bureau of Children's Services**  
**Wisconsin Birth to 3 Program Annual Performance Report (APR) FFY22**  
**Measures state performance for the period of July 1, 2022 - June 30, 2023**

**Federal Requirement:**

As required by the Federal Individuals with Disabilities Education Act (IDEA), each State must complete an Annual Performance Report (APR) that evaluates the State's efforts to implement the requirements and purposes under Part C (Early Intervention Program for Infants and Toddlers with Disabilities) of the IDEA. In Wisconsin, the statewide program of early intervention services for infants and toddlers with disabilities is known as the Birth to 3 Program.

The APR is submitted via an online US Department of Education, Office of Special Education Programs (OSEP) controlled platform called EMAPS. The report includes data on eleven indicators and tracks findings and progress for each indicator.

**APR Due Date:**

- The APR is due in February of every year for the previous year's performance (the FFY 2022 APR was due February 1, 2024, and reports on July 1, 2022 – June 30, 2023 performance).
- The APR must be reviewed by the Interagency Coordinating Council (ICC). This briefing was held on January 24, 2024.
- The APR was submitted electronically through the EMAPS system.

**After the APR Feb 2024 Submission:**

- OSEP staff reviews each State's APR after the February submission.
- In mid-April, there was an opportunity for Wisconsin to provide clarification of any questions that OSEP had regarding our submission of data and information from our APR. The clarification included reading OSEP's comments in the EMAPS system and re-submitting the APR to address their comments.
- After the APR final submission, OSEP issues state determination letters on their ability to meet the requirements of IDEA Part C.

**State Determination:**

- Based on the information provided in the State's APR and any other public information, OSEP will determine if the State:
  - "Meets Requirements", or
  - "Needs Assistance", or
  - "Needs Intervention", or
  - "Needs Substantial Intervention" in implementing the requirements of the IDEA.
- On June 18, 2024, OSEP issued their state determinations for FFY22.
- For FFY22, Wisconsin received "*Meets Requirements*" for this reporting period.

**Briefing**  
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**Report to Wisconsin Legislators:**

- In March of every year there is a request from the WI Legislature for the Birth to 3 Program “annual report”.
- The Bureau of Children's Services (BCS) uploads the following documents to a SharePoint site for administration review before being sent to the legislature:
  - Birth to 3 Program Cover Letter to legislature from Secretary Johnson
  - Birth to 3 Program Annual Performance Report FFY22
  - US Department of Education June 18, 2024 State Determination Letter
  - Wisconsin Part C Results-Driven Accountability Matrix
- The report is typically sent to the legislature in July of each calendar year once the APR clarification period is complete and state determination letters have been issued.
- WI Legislature is aware of the timeframe and anticipates the report with all accompanying documentation in July.



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

## Final Determination Letter

June 18, 2024

Honorable Deborah Rothermel  
Director, Bureau of Children's Services, Division of Medicaid Services  
Wisconsin Department of Health Services  
1 West Wilson Street, Room 418  
Madison, WI 53703

Dear Director Rothermel:

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

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

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

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2024: Part C](#)" (HTDMD-C).

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

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

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

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

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

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

- (1) Wisconsin's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

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

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

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

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

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

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

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

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

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

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

Sincerely,

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Valerie C. Williams  
Director  
Office of Special Education Programs

cc: State Part C Coordinator

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## Determination Enclosures

### RDA Matrix

# Wisconsin 2024 Part C Results-Driven Accountability Matrix

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

Percentage (%)	Determination
90.18%	Meets Requirements

#### Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	7	87.50%
Compliance	14	13	92.86%

#### 2024 Part C Results Matrix

##### I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	4,571
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	6,669
Percentage of Children Exiting who are Included in Outcome Data (%)	68.54
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

###### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2
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##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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###### (b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	2
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022	63.92%	38.61%	66.51%	29.37%	66.72%	39.19%
FFY 2021	59.83%	39.07%	62.95%	29.71%	64.52%	39.84%

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

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision	99.98%	N/A	2
Indicator 7: 45-day timeline	99.89%	N/A	2
Indicator 8A: Timely transition plan	99.85%	N/A	2
Indicator 8B: Transition notification	98.56%	YES	2
Indicator 8C: Timely transition conference	99.63%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2024 Part-C SPP-APR Measurement Table.pdf](https://sites.ed.gov/idea/files/2024/2024%20Part-C%20SPP-APR%20Measurement%20Table.pdf)

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

**Appendix A**

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

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

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

<b>Data Completeness Score</b>	<b>Percent of Part C Children included in Outcomes Data (C3) and 618 Data</b>
<b>0</b>	<b>Lower than 34%</b>
<b>1</b>	<b>34% through 64%</b>
<b>2</b>	<b>65% and above</b>



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

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

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

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

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

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

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

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

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

Anomalies in Your State's Outcomes Data FFY 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	4,571
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	5	1,463	1,338	1,263	502
Performance (%)	0.11%	32.01%	29.27%	27.63%	10.98%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	4	1,464	1,760	1,155	187
Performance (%)	0.09%	32.04%	38.51%	25.27%	4.09%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	5	1,391	1,381	1,418	372
Performance (%)	0.11%	30.46%	30.24%	31.05%	8.15%
Scores	1	1	1	1	1

	Total Score
Outcome A	5
Outcome B	5
Outcome C	5
Outcomes A-C	15

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data

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

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

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

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

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

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

Your State's Summary Statement Performance FFY 2022

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	63.92%	38.61%	66.51%	29.37%	66.72%	39.19%
Points	1	1	1	1	1	1

Total Points Across SS1 and SS2(*)	6
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Your State's Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2022 data to your State's FFY 2021 data

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

Test of Proportional Difference Calculation Overview

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

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

$$\text{e.g., } C3A \text{ FFY}2022\% - C3A \text{ FFY}2021\% = \text{Difference in proportions}$$

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

$$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021N) + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N)] = \text{Standard Error of Difference in Proportions}$$

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

$$\text{Difference in proportions} / \text{standard error of the difference in proportions} = \text{z score}$$

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

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

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

0 = statistically significant decrease from FFY 2021 to FFY 2022

1 = No statistically significant change

2= statistically significant increase from FFY 2021 to FFY 2022

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

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

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	3,552	59.83%	4,069	63.92%	4.10	0.0112	3.6741	0.0002	YES	2
SS1/Outcome B: Knowledge and Skills	3,827	62.95%	4,383	66.51%	3.56	0.0106	3.3669	0.0008	YES	2
SS1/Outcome C: Actions to meet needs	3,701	64.52%	4,195	66.72%	2.20	0.0107	2.0527	0.0401	YES	2
SS2/Outcome A: Positive Social Relationships	4,016	39.07%	4,571	38.61%	-0.46	0.0105	-0.4323	0.6655	NO	1
SS2/Outcome B: Knowledge and Skills	4,016	29.71%	4,570	29.37%	-0.34	0.0099	-0.3453	0.7299	NO	1
SS2/Outcome C: Actions to meet needs	4,016	39.84%	4,567	39.19%	-0.65	0.0106	-0.6112	0.5411	NO	1

Total Points Across SS1 and SS2	9
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Your State's Performance Change Score	2
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**Data Rubric**  
**Wisconsin**

FFY 2022 APR (1)

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

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

**APR Score Calculation**

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

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

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2) =	18.00

Indicator Calculation

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

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

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



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

DATE: February 2024 Submission

### SPP/APR Data

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

### Part C 618 Data

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

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

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

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

## Dispute Resolution

IDEA Part C

Wisconsin

Year 2022-23

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

### Section A: Written, Signed Complaints

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

### Section B: Mediation Requests

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

### Section C: Due Process Complaints

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

### State Comments:

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

These data were extracted on the close date:  
11/15/2023

## How the Department Made Determinations

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

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

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2022

Wisconsin



**PART C DUE**  
**February 1, 2024**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

P-01941 (10/2024)

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Wisconsin Birth to 3 Program is committed to a comprehensive, results-driven, accountability system for infants and toddlers and their families in early intervention. We are dedicated to providing high-quality, evidence-based tools and practices in partnership with our local county Birth to 3 Programs and prioritize improving outcomes for infants and toddlers with disabilities. This dedication has led to a continuous increase in child outcomes data across Wisconsin's 72 county Birth to 3 Programs in FFY2021 and FFY2022. DHS attributes the continual increase in outcomes scoring to the initiatives it took to further support the early intervention workforce and county programs in their efforts to improve supports and services for children and families and improve operational program practices.

Wisconsin's Department of Health Services (DHS) continued their American Rescue Plan Act (ARPA) funded project dedicated to professional development through its contract with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) Team. In FFY2022, RESource launched the Wisconsin Birth to 3 Program's professional development system, "EI in WI", designed to enhance the knowledge and support for the early intervention workforce statewide. "EI in WI" offers a plethora of resources to promote the consistent implementation of evidence-based practices across Wisconsin's 72 county Birth to 3 Programs and establish key practices that support quality intervention. Practices include support in coaching, teaming, collaboration, and providing services in natural environments that are based on a family-centered approach. More information on Wisconsin Birth to 3 Program's professional development system, "EI in WI", can be found here: <https://www.eiinwi.org>.

The Wisconsin Birth to 3 Program prioritizes community engagement by actively seeking input from external stakeholders, including the Interagency Coordinating Council (ICC), county Birth to 3 Programs, and families. In FFY2022, DHS focused their attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. DHS conducted two Operational Impact Discussions (OID) with participating county programs to discuss the enhanced technical assistance and allowed opportunities for feedback to implement effective strategies at a local level. As a result, DHS introduced "Annual Determinations Technical Assistance Forums" in FFY2022 as part of their annual determinations process, including specific follow-up activities based on status categories. The required follow-up activities ensure that county Birth to 3 Programs adhere to the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA).

In FFY2022, DHS analyzed the Wisconsin Birth to 3 Program's current policies and practices to IDEA Part C federal regulations in preparation for OSEP's Differentiated Monitoring and Support (DMS) 2.0. The comprehensive gap analysis provided insight into program improvement opportunities, one of which being increasing referrals for children in historically underrepresented populations to ensure all eligible infants and toddlers are receiving Birth to 3 Program services. Therefore, the Wisconsin Birth to 3 Program created a series of Child Find Outreach Resources to aid local programs in their outreach efforts to identify all eligible infants and toddlers with disabilities earlier and increase referrals to the Birth to 3 Program. DHS published a "Comprehensive Child Find Checklist" as a tool to aid county Birth to 3 Programs in the establishment of a comprehensive child find system at a local level. DHS also published outreach resources for specific populations to promote equitable access and participation in Birth to 3 Program services. DHS solicited stakeholder input from the ICC, external subject matter experts, and RESource's Research to Practice team on the validity and cultural appropriateness of materials prior to publication. DHS values stakeholder feedback when revising program processes to continue efforts towards health equity. All of the Child Find Outreach Resources can be found here: <https://www.dhs.wisconsin.gov/birthto3/outreach-campaign.htm>. DHS hopes that county Birth to 3 Programs can use these resources to improve upon their local outreach efforts and build stronger relationships with community partners and families.

DHS ensures that county Birth to 3 Programs provide accurate reporting on federal indicators shared in the Annual Performance Report (APR). DHS' oversight of county programs and data verification processes are detailed in the APR. The data and initiatives reported in the FFY2022 APR illustrates DHS' continued commitment to improve outcomes for infants, toddlers, and families in Wisconsin's Birth to 3 Program.

#### Additional information related to data collection and reporting

DHS requires all 72 county Birth to 3 Programs report on referral, enrollment, transition, and child outcome data through the Program Participation System (PPS). Data retrieved from the Birth to 3 Program PPS module is used to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

#### General Supervision System

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

On July 24, 2023, the U.S. Department of Education, Office of Special Education and Rehabilitative Services issued State General Supervision Responsibilities Under IDEA Parts B and C of the IDEA (OSEP QA 23-01) that outlined States' general supervision responsibilities for implementation of a reasonably designed general supervision system. In OSEP QA 23-01, OSEP considers the necessary components of a reasonably designed State general supervision system to include eight components. The following information highlights Wisconsin's integration of these components to operate an effective general supervision system that ensures equitable implementation of IDEA.

The Wisconsin Department of Health Services (DHS) operates its early intervention program, the Birth to 3 Program, through its counties. Each of Wisconsin's 72 counties are responsible for providing Birth to 3 Program services as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). DHS ensures that counties are adhering to IDEA's requirements through state county contracts. All 72 counties must sign a legal document agreeing to deliver Birth to 3 Program services following both state and federal requirements to receive Part C funding.

Wisconsin administers the Birth to 3 Program at the Department of Health Services, Division of Medicaid Services in the Bureau of Children's Services (BCS). BCS is responsible for the administration of numerous state programs aimed to improve the lives of children with special needs, including the Birth to 3 Program. The collective expertise and resources of BCS, along with support from multiple other bureaus within the Medicaid Division of DHS, position the state's early intervention program with a wealth of knowledge, skills, and abilities to support children and families in the state.

As part of DHS' efforts to ensure proper adherence to IDEA Part C requirements within their county Birth to 3 Programs, DHS published their Birth to 3

Program Operations Guide. The Birth to 3 Program Operations Guide captures the essential program requirements needed for local Birth to 3 Programs to operationalize the program. The Birth to 3 Program Operations Guide interprets and incorporates information from federal and state statute and regulations and administrative rules, including the Individuals with Disabilities Education Act, Wis. Admin. Code Ch. DHS 90 and Wis. Stat 51.44. The guide provides a framework for local programs to operate the Birth to 3 Program in line with state and federal requirements. The Birth to 3 Program Operations Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p03138.pdf>.

In FFY2020, DHS implemented a Program Review Protocol in the Wisconsin Birth to 3 Program. The Birth to 3 Program Review Protocol was developed as a way to systematically measure program practices at the individual child and family level within each county. In FFY2021, DHS contracted an external agency, MetaStar, to perform an initial analysis of the state and county level aggregate data to identify trends in high and low scoring focus areas as well as individual quality practices. DHS will use its findings from the Program Review Protocol to identify and implement improvement strategies for sustained quality practices, ensure service delivery, and to inform systematic changes in the following year.

Additionally, accurate and quality data allows DHS to monitor compliance of IDEA Part C requirements in the Wisconsin's Birth to 3 Program. DHS provides counties with a Program Participation System (PPS) User Guide (<https://www.dhs.wisconsin.gov/publications/p02344.pdf>) to drive accurate reporting of Wisconsin's Birth to 3 Program referral, enrollment, transition, and child outcome data across the state. Data retrieved from the Birth to 3 Program PPS module is used to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

The Birth to 3 Program Data Manager is the State's lead for monitoring data quality at the state and county level. This includes oversight of two data verification processes, the year-end data certification and October 1 child count certification. The year-end data certification process requires local programs to review the entirety of the past fiscal year's data and confirm its accuracy to the Data Manager. The October 1 child count certification requires local programs to review their enrollment data for October 1 of the current year and confirm its accuracy to the Data Manager.

As part of the Wisconsin Birth to 3 Program County determinations process, data matrix charts are completed annually by the Birth to 3 Program Data Manager and distributed to county Birth to 3 Programs after the submission of the APR to assign each county a determination status. The data matrix charts track compliance percentages for indicators 1, 2, 7, 8a, 8b, 8c, 9 and 10. DHS has also incorporated indicator 3, child outcomes data, into its county determinations process to drive county Birth to 3 Programs to improve children's outcomes.

Data analysis is also completed annually near the close of the federal fiscal year, which can result in issuance of findings of non-compliance for any county not achieving 100% compliance on the compliance indicators. When a county Birth to 3 Program receives a formal written notification of findings of non-compliance from DHS, it must then follow the DHS correction process for findings of non-compliance (Details on the findings of non-compliance process are detailed within indicators 1, 7, and 8A-8C narratives).

#### IDEA Complaint:

Any person or organization may file an IDEA complaint to DHS if they have reason to believe that DHS, a county Birth to 3 Program administrative agency, or any public or private provider is not meeting one or more of the requirements of a state or federal law regarding the early intervention system. The complaint must allege a violation of a requirement of Part C of the Individuals with Disabilities Education Act (34 CFR 303) and/or Wis. Stat 51.54, and/or Wis. Admin. Code Ch. DHS 90. Detailed information regarding the IDEA complaint process is outlined in the Birth to 3 Program Operations Guide and the Birth to 3 Program website.

#### Mediation:

DHS currently contracts to implement a statewide mediation system for the Birth to 3 Program. Mediation may be used when disputes arise concerning the determination of eligibility, the evaluation or assessment process, or the provision of appropriate early intervention services. During the mediation process, a neutral and impartial third party helps parties to resolve their disputes in a private setting. In FFY22, the Wisconsin Birth to 3 Program updated their Mediation brochure to inform families on the process of requesting a mediation using family-friendly language. The brochure can be assessed here: <https://www.dhs.wisconsin.gov/publications/p2/p23117.pdf>. Detailed information regarding the mediation process is outlined in the Birth to 3 Program Operations Guide, Birth to 3 Program website, and the updated mediation brochure.

#### Due Process Hearing:

An individual may challenge a county Birth to 3 Program administrative agency's proposal or refusal to evaluate or provide services to the child or family by filing a written request for a due process hearing with the Department of Health Services. In order to ensure that an effective hearing system is available for parents and county administrative agencies, DHS entered into an agreement with the Division of Hearing and Appeals (DHA) to conduct early intervention due process hearings. Detailed information regarding the due process hearing process is outlined in the Birth to 3 Program Operations Guide and the Birth to 3 Program website.

#### Technical Assistance System:

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

Wisconsin has a comprehensive, statewide technical assistance system for county Birth to 3 Programs through the Bureau of Children's Services (BCS) Children and Family Program Specialists (CFPS). Designated staff are assigned specifically to Wisconsin's county Birth to 3 Programs to support ongoing program implementation and address technical assistance needs. The CFPS team provides assistance to county programs during regularly scheduled teleconferences, initiative-based county outreach, and individualized support. Additionally, the CFPS team facilitates any required follow-up meetings with county programs as a result of the annual determinations and findings of noncompliance processes. The follow-up meetings act as an opportunity to discuss local operations and determine improvement strategies for any identified barriers. In an effort to standardize technical assistance requests from local programs, BCS launched the Technical Assistance Center (TAC) in FFY2022 to provide a centralized location for local programs to request support and be assigned to the appropriate personnel. All technical assistance submissions will be tracked to inform future technical assistance activities and the creation of additional resources.

Throughout the year, the Birth to 3 Program Data Manager participates in the bi-monthly Birth to 3 Program teleconferences and uses time during these teleconferences to provide technical assistance and assist county Birth to 3 Programs in understanding data reports and use of the DataMart, which is Wisconsin's data warehouse.

#### Professional Development System:

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

Wisconsin's Department of Health Services (DHS) contracts with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) Team, to provide personnel development to providers who serve families and children receiving services from the Birth to 3 Program.

In FFY2021, the Wisconsin Birth to 3 Program using American Rescue Plan Act (ARPA) funds, worked with CESA-5's RESource team to launch a project to reimagine the professional development (PD) system for Wisconsin's Birth to 3 Program with a focus on improving child outcomes, through responsive, high-quality training in evidence-based practices and increased accessibility of practices and tools across the state. In FFY2022, RESource launched Wisconsin's professional development system, "El in WI", to provide comprehensive training and implementation of evidence-based practices to strengthen Wisconsin early intervention workforce. As part of the comprehensive professional development system, RESource offers early intervention providers opportunities to participate in "Discipline Specific Communities of Practice" to build upon their skillset and area of expertise as well as Leadership Forums to discuss tools and resources to operationalize at a local level.

Additionally, DHS continues to fund stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program. In recent fiscal years, DHS has utilized the additional funds allocated in our federal Part C grant to increase the number of stipends provided and offered to local Birth to 3 Program professionals. Professionals who complete the Capstone Program learn how to apply concepts of parent, infant, and early childhood mental health that is informed by developmental, neuroscience, and attachment research. With the knowledge gained from the Capstone Program, local Birth to 3 Program professionals build a deeper capacity to aid families in the creation of healthy relationships.

DHS also dedicated a portion of their American Rescue Plan Act (ARPA) funding to continue prioritizing Infant Mental Health services through the Infant Early Childhood Mental Health Consultation Pilot in partnership with University of Wisconsin's IECMH Capstone Program. The pilot provided Birth to 3 Programs with an opportunity for IECMH Consultation and workforce development of IECMH Consultants for Birth to 3 Programs. IECMH is an assessment and early intervention approach for building Birth to 3 Program professionals' capacity to support young children's social and emotional development to address concerning and challenging behaviors in the context of relationships across multiple settings. The IECMH Pilot focused on improving social-emotional development of children in the Birth to 3 Program and promoted racial health equity in access and outcomes through culturally sensitive and responsive services. In FFY2023, DHS plans to analyze the pre- and post-surveys of all pilot participants to assess provider competency and confidence in addressing social and emotional needs of children and families and overall impact to advocate for policy initiatives and funding to drive sustainability efforts.

#### **Stakeholder Engagement:**

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

County agencies, families, advocates, and the Wisconsin Governor-appointed Interagency Coordinating Council (ICC) are among the broad array of stakeholders in the statewide early intervention system. These groups have historically and continually provided input into all major components of Wisconsin's Part C Program. These components include the State Systemic Improvement Plan (SSIP), priorities and practices related to outcomes for children and families, targets for all Part C indicators, and the Annual Performance Reports (APR). County agencies, as the local providers of Wisconsin's Birth to 3 Program services, are key partners in the process, through the delivery of effective early intervention services in partnership with families and community providers. DHS ensures county Birth to 3 Programs can provide input on initiatives taken by the State towards the State's Systemic Improvement Plan (SSIP). In FFY2022, county feedback became imperative in the creation of new annual determinations follow-up activities and enhanced technical assistance through Operational Impact Discussions (OID) to continue improving child outcomes. The OIDs were held on January 10, 2023, and March 14, 2023, where county Birth to 3 Programs provided the following recommendations:

- Clarifying language on timelines and state expectations
- Providing standardized analytic calculator training
- Increasing opportunities for collaboration amongst county programs to learn and emulate practices shown to have positive impact
- Grouping counties with same determination statuses to plan improvement strategies with shared challenges

A strategy that Wisconsin uses to solicit broad stakeholder input on the State's targets in the SPP/APR is through the child outcomes dashboard. County-level performance is made publicly available on the Birth to 3 Program website for counties to view and compare their performance to both the state performance, state targets, and other county performances. County-level performance is based on Indicator 3: Child Outcomes results that assess a child's positive social-emotional skills (3A), acquisition and use of knowledge skills (3B), and use of appropriate behaviors to meet needs (3C). The interactive dashboard has ignited more conversations with county Birth to 3 Programs on state targets and strategies to reach targets and analyze current program practices, if applicable. The dashboard can be found here: <https://www.dhs.wisconsin.gov/birthto3/reports/child-outcomes.htm>. The interactive dashboard is also a useful visual tool during many ICC meetings when discussing strategies to continue improving the State's child outcomes performance and achieving the State's Systemic Improvement Plan (SSIP).

The Wisconsin ICC has a diverse membership and connects with a variety of workgroups and committees related to early intervention services in Wisconsin. Each year DHS staff provide qualitative and quantitative data to the ICC on the status of the Birth to 3 Program indicators and corresponding outcomes. These outcomes closely align with the indicators developed under Part C Individuals with Disabilities Education Act (IDEA). DHS staff continue to update and seek input from ICC members on Child Outcomes Targets, Indicator 3; Family Outcomes Targets, Indicator 4; and State Systemic Improvement Plan, Indicator 11. The ICC members have the opportunity to listen, reflect, and make recommendations on the directions of these indicators and overall performance of the Birth to 3 Program at the quarterly ICC meetings. The ICC recommendations are frequently implemented by the DHS, which demonstrates the state's ongoing practice of securing and acting on stakeholder input for improvement of the Birth to 3 Program.

Lastly, DHS recognizes the need to recruit and solicit broad stakeholder input across various factors, such as demographics, socio-economic status, and geographic location, for accurate representation and consideration of all populations within Wisconsin. In FFY2022, DHS established a Council Coordination Project to ensure Wisconsin's compliance to IDEA Part C federal regulations with regards to ICC membership and intentionally recruit more diverse participation. The Council Coordination Project included surveying existing ICC members to gain insights on demographic, race, and ethnicity information. These findings will be shared with the ICC and used to inform future member recruitment efforts, focused on increasing the representation of persons not currently included.

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

NO

#### **Number of Parent Members:**

2

#### **Parent Members Engagement:**

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

Parents serve as members of the Interagency Coordinating Council (ICC) and any parent participating in the Wisconsin Birth to 3 Program can attend the open ICC council meetings. DHS informs families in Wisconsin's Birth to 3 Program of upcoming ICC meetings and opportunities for parent

involvement and membership in the ICC in their quarterly All in for Kids: Birth to 3 Program newsletter. The dates of the quarterly ICC meetings are publicly posted on the Birth to 3 Program website every January.

Wisconsin's ICC intentionally schedules one of their quarterly meetings to be held at the Circles of Life Conference as an opportunity to involve families in setting targets, analyzing data, and developing improvement strategies. Circles of Life is Wisconsin's annual statewide conference for families who have children with disabilities and the professionals who support them. The Wisconsin Birth to 3 Program invite families to attend the ICC meeting and encourage staff to attend sessions to hear families' feedback on children's programs to find ways to make the Wisconsin Birth to 3 Program stronger. In FFY2022, DHS was a member of the listening panel for parents at the Circles of Life Conference held on May 11, 2023, wherein over 700 parents and families of children with disabilities shared their insights and ideas with state and local policymakers. In the forum, parents shared experiences with local Birth to 3 Programs and their interest in advancing inclusion in early intervention and developing improvement strategies. Family Voices, a national parent-led advocacy organization, sponsored this event, and also offered a virtual option on June 6, 2023, where DHS also participated as an invited representative to listen to the inputs of parents.

Throughout FFY2022, the ICC was briefed on state-level initiatives to develop improvement strategies and evaluate Birth to 3 Program performance and progress. Comments and feedback were solicited from the ICC and were used to guide and inform the Wisconsin Birth to 3 Program's efforts. As an example, during the May 12, 2023 ICC Meeting, the Council was briefed on Wisconsin's efforts to enhance their statewide child find outreach efforts for historically underrepresented populations to increase identification and referrals in the Birth to 3 Program. The ICC, including parent members, provided substantial feedback on the Child Find Outreach Resources shared during the meeting that included:

- Adjusting language to dispel stigmatism
- Providing education to service providers regarding cultural awareness and cultural competence
- Promoting diversity among service providers
- Sharing opportunities to connect with community groups and organizations

Additionally, in FFY2022, DHS enlisted a parent member of the ICC to share her tribal experience with the group and obstacles that tribal infants and toddlers and their families face in accessing early intervention services. DHS wanted to engage with parents in conversations to promote equity and improve outcomes of families participating in the Birth to 3 Program. The presentation sparked impactful discussions on opportunities to identify tribal infants and toddlers eligible for early intervention services earlier and increase accessibility and delivery of services. In response to the presentation, DHS created Child Find Outreach Resources, including one specific to families residing on and off reservations. Tribal representatives, including the ICC parent and Tribal Affairs Office, reviewed the new materials for accuracy and cultural appropriateness. The development of the Child Find Outreach Resources is designed to improve accessibility of services and, ultimately, outcomes for infants and toddlers with disabilities and their families. The new Child Find Outreach Resources can be found here: <https://www.dhs.wisconsin.gov/birthto3/outreach-campaign.htm>.

As part of the American Rescue Plan Act (ARPA) funded Infant Early Childhood Mental Health (IECMH) Consultation Pilot, the participating families who received services were asked to complete a survey to assess efficacy and impact of IECMH consultation. The survey inquired about a family's understanding of consultation, knowledge they gained from working with a consultant, aptitude to recommend services to other families, and an opportunity to provide feedback. The information gathered from these surveys will be instrumental in evaluating pilot progress and advocating for funding to create a sustainable model for IECMH consultation statewide. DHS, in partnership with University of Wisconsin, aim to deliver a comprehensive report of the pilot with both qualitative and quantitative data to county Birth to 3 Programs in FFY2023. The report will drive new policy considerations for social and emotional outcomes of infants and toddlers with disabilities in the Birth to 3 Program.

DHS acknowledges that there are parent groups not represented on the ICC and from advisory committees to engage in developing improvement strategies and evaluating progress. The formation of the Council Coordination Project in FFY2022 aims to recruit more diverse representation in all of the children's councils, including the ICC.

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

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

In FFY2022, DHS formed the Council Coordination Project to ensure compliance to IDEA Part C federal regulations in regard to ICC membership requirements. Responsibilities of the project consist of providing and facilitating onboarding for new Council members, including parent stakeholders. The Council Coordination Project will ease any member transitions and create a centralized location for any member to ask for assistance and/or education throughout their term.

The Wisconsin Birth to 3 Program aims to increase capacity of diverse groups of parents by sharing opportunities for connection and encouraging parents to submit applications to the ICC within the All in For Kids: Birth to 3 Program newsletter that is distributed to all families participating in Part C. In the March 2023 All in For Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program stressed the importance of family engagement and extended an invite to the Circles of Life Conference as an opportunity for families to connect with other families and share their personal experiences in Wisconsin's Birth to 3 Program. Additionally, the newsletter provides information on Birth to 3 Program practices in concise, family-friendly language, such as information on the mediation process for families to have a better understanding of their right for mediation in the event of a dispute. DHS uses the quarterly newsletter as a means to increase diverse parent engagement. The newsletter can be found here: <https://www.dhs.wisconsin.gov/newsletters/b3aifk2023-01.pdf>.

Wisconsin still recognizes the need to continuously increase capacity of diverse groups of parents. DHS is actively seeking out new opportunities to involve diverse parents in decision-making and target setting to improve outcomes for infants and toddlers with disabilities. In FFY2023, DHS anticipates funding CESA-5's project of creating a Family Consultant Pool, where the RESource team would recruit a pool of diverse and representative parents from across the state to act as consultants for the Wisconsin Birth to 3 Program related projects and events. The funding would provide families with a stipend for their time, attention, and expertise on projects such as the development of a family assessment tool, development of an electronic IFSP, and new staff education from a family-centered perspective.

#### **Soliciting Public Input:**

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

The Wisconsin Birth to 3 Program holds ICC meetings on a quarterly basis (January, March, May, and October). These are public meetings open to families participating in the Wisconsin Birth to 3 Program as well as advocates and members of the general public. During the ICC meetings, participants can listen, reflect, and make recommendations on the Wisconsin Birth to 3 Programs' APR indicator targets. Participants are also able to recommend strategies to improve overall program performance and Birth to 3 Program data in the future.

The Wisconsin Birth to 3 Program also hosts bi-monthly teleconferences with county Birth to 3 Programs to obtain input and guidance on the development of improvement strategies and recommendations for improving overall Birth to 3 Program performance. The APR and SSIP data are



reviewed and presented to county programs during the January teleconference and programs can provide input on setting targets and analyzing data. The teleconferences are recorded and made publicly available through Vimeo on the DHS website for individuals to listen, review, and provide any feedback on any of the topics discussed.

Additionally, in FFY2022, DHS organized two Operational Impact Discussions (OID) with county administrators to obtain stakeholder input to inform the revised follow-up activities for the Annual Determinations process. County Birth to 3 Program administrators provided feedback on the proposed improvement strategies for counties receiving status of needs assistance, needs intervention, and needs substantial intervention. Implementation of the new follow-up activities occurred in July 2023 upon issuance of local programs' determinations.

Finally, DHS' contracted agency, CESA-5, conducted several Leadership Forums and Communities of Practice with early intervention providers and administrators to inform their professional development materials for statewide implementation of evidence-based practices in the Wisconsin Birth to 3 Program. Examples of the professional development materials include Orientation to Early Intervention Bundle, OSEP Child Outcomes 101 Bundle, Child Outcomes Summary (COS) Process Quick Reference Guide, and IFSP Outcomes Bundle. In FFY2022, CESA-5 launched the statewide professional development system, "EI in WI" that will provide direct support and resources for the early intervention workforce and house all training materials related to early intervention. The materials aim to provide consistent instruction and guidance to Wisconsin's early intervention workforce to improve outcomes of infants and toddlers with disabilities participating in the Birth to 3 Program.

#### **Making Results Available to the Public:**

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

In the first quarter of each year, the APR is reviewed with the ICC and county Birth to 3 Programs to discuss and review our FFY indicator data and target setting efforts. The APR is also posted publicly on the Birth to 3 Program Website at <https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>. Throughout the year, DHS staff discuss indicator data, data analysis, development of the improvement strategies, and evaluation efforts with the ICC. ICC meeting minutes are available to the public at: <https://www.dhs.wisconsin.gov/b3icc/past.htm>.

County Birth to 3 Program data as well as each county's performance during the annual county determinations process is publicly available at the following link: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>. Additionally, in FFY2021, a new webpage was published by DHS to review the child outcomes rating process and to make each county Birth to 3 Program's average child outcome scores available to the public. The child outcome scores are presented in an interactive format allowing users to compare county performance in Indicator 3 to the state average and the state target. The new child outcomes dashboard can be found at: <https://www.dhs.wisconsin.gov/birthto3/reports/child-outcomes.htm>.

In FFY2022, DHS released an overview of the American Rescue Plan Act (ARPA) funded "Child and Family-Focused Pandemic Recovery Initiatives" and shared program highlights publicly on the Birth to 3 Program website. DHS distributed over \$1.6 million in supplemental ARPA funds to support 23 child and family-focused pandemic recovery initiatives for local Birth to 3 Program participants and their families. The initiatives provide a wide range of services, including home-based services, family support, and therapy services, to help children with disabilities and their families overcome challenges related to the pandemic. More information on the grant recipients and individual county success stories can be found here: <https://www.dhs.wisconsin.gov/birthto3/reports/pandemic-recovery-grants.htm>.

Finally, the Department will continue to inform the public of progress of Birth to 3 Program projects through bi-monthly teleconferences and GovD messages.

#### **Reporting to the Public:**

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

In support of transparency and communication with external stakeholders, upon submission to the U.S. Department of Education, a direct link to the OSEP APR public page for accessing the last several years of APR reports is provided at the DHS website at: <https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>.

Documents are also available in printed and alternate formats upon request. DHS provides information to the public regarding accessing the Wisconsin SPP and APR through email messages, teleconferences, regional meetings, and local county outreach.

DHS meets the requirement for public reporting of local EIS program performance through posting county program data on its website. County performance results are currently displayed in a dashboard format, allowing readers to compare different counties' compliance on any of the federal indicators. The determination status for each county program is also publicly available on the DHS website. Both county performance data and county determination status are available at: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>.

These activities fulfill the state's responsibility to report annually to the public on the performance of each early intervention service (EIS) program located in the state on the targets in the SPP under IDEA section 616(b)(C)(ii)(1) and 642. County Birth to 3 Programs are responsible for sharing data with local advisory groups and developing other communication strategies to share data within their communities.

Finally, the Wisconsin Birth to 3 Program annually submits to the Wisconsin legislature on the progress of the Department of Health Services in implementing the Birth to 3 Program as required by Wis. Stat. §51.44(5)(c).

## **Intro - Prior FFY Required Actions**

The State has not provided a description of the activities conducted to increase the capacity of diverse groups of parents. In its FFY 2022 SPP/APR, the State must provide the required information.

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

In FFY22 SPP/APR, Wisconsin provided a description of the activities conducted to increase the capacity of diverse groups of parents. For example, Wisconsin uses the quarterly "All In For Kids" newsletter to inform families enrolled in the Birth to 3 Program on Birth to 3 Program practices in concise, family-friendly language. One of the newsletters contained information on the mediation process for families to have a better understanding of their right for mediation in the event of a dispute and access to the updated mediation brochure. DHS is ensuring families are aware of their rights to mediation, so that infants and toddlers with disabilities and their families receive appropriate services for improved outcomes.

**Intro - OSEP Response**

**Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	85.79%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.83%	100.00%	99.90%	99.98%	100.00%

### Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

### FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
7,915	8,188	100.00%	100%	99.98%	Did not meet target	No Slippage

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

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

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

The acceptable delay reasons for Wisconsin are family reasons, extreme weather, and/or IFSP team determined that services should begin after the 30-day timeline. Wisconsin's Birth to 3 Program "Program Participation System (PPS) User Guide" outlines specific examples of when to appropriately document delays for late service start. The PPS User Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p02344.pdf>.

Examples of family reasons include family was not available to start service within 30-day timeline, a child or family member became ill, or family was on vacation. Extreme weather delays include unsafe conditions, such as school or road closures, or travel advisories, that would result in delayed service start. The only other reason is system reason, where action was late due to staff or agency, and that is a non-compliant reason. DHS analyzed the number of documented delays attributable to exceptional family circumstances to identify the counties using family reason disproportionately. DHS will utilize the Children and Family Program Specialists (CFPS) to gather insight from counties with higher numbers of delays due to family reason and work with counties to develop individualized improvement strategies.

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

The Wisconsin Birth to 3 Program defines timely service as a service beginning within 30 days of a parent's consent and added to the Individual Family Service Plan (IFSP).

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

State database

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

January 1, 2023 – March 31, 2023

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

For Indicator 1, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY2022, the state selected the third quarter, (January 1, 2023 through March 31, 2023).

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the reporting period. DHS continues to focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data.

Additionally, in FFY2022, DHS utilized a portion of their American Rescue Plan Act (ARPA) funding to improve backend capabilities of their statewide database, the Program Participation System, to add admin functionalities, enhance eligibility section to gather additional details during the screening and evaluation process, and enhance participant's transition/exit process to provide additional details to the local education agency (LEA). The enhancements made to the statewide database ensure accurate and more detailed reporting of infants and toddlers with IFSPs in Wisconsin.

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

DHS selects the third quarter of every year (January 1 – March 31) to review data to monitor Part C compliance, as allowable by OSEP. DHS has established a data clarification period, or "pre-finding correction" period as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports from January 1 – March 31 and identify any data needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification and provide a deadline of submitting correction to DHS
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

For FFY2019, DHS reported no findings of noncompliance although our Indicator 1 data was less than 100% compliant. During the January 1, 2020 – March 31, 2020 data collection period, DHS identified 4 files that needed further clarification for Indicator 1 compliance during our "pre-finding correction" period. The "pre-finding correction" period prescribed by DHS was April 1, 2020 – July 31, 2020. Calumet County had to clarify 2 files and Dodge and Milwaukee County had to clarify 1 file for a total of 4 files for Indicator 1. On May 28, 2020, Calumet County confirmed that they had entered their data incorrectly for the date range of January 1, 2020 – March 31, 2020 and had corrected their data appropriately in the state database system. Dodge County and Milwaukee County submitted 60 consecutive days of 100% compliance between April 1, 2020 – July 31, 2020 to the Birth to 3 Program Data Manager by the deadline prescribed by DHS prior to the issuance of a written finding of noncompliance. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the data clarification period for Indicator 1. Therefore,

no findings were issued in FFY19 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2020, DHS reported no findings of noncompliance although our Indicator 1 data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 2 findings that needed further clarification for Indicator 1 compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On July 1, 2021, Dane County submitted 60 consecutive days of 100% compliant data for Indicator 1 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. La Crosse County indicated that they had incorrectly entered data for the dates between January 1–March 31, and this data is now accurate. The Birth to 3 Program Data Manager verified Lacrosse County’s submission of accurate data in the state database system. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the data clarification period for Indicator 1. Therefore, no findings were issued in FFY20 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

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

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

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

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

**1 - Prior FFY Required Actions**

The State reported that it did not identify any findings of noncompliance in FFY 2019 and FFY 2020, although its FFY 2019 and FFY 2020 data reflect less than 100% compliance. In the FFY 2022 SPP/APR, the State must report that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 and FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

For FFY2019, DHS reported no findings of noncompliance although our Indicator 1 data was less than 100% compliant. During the January 1, 2020 – March 31, 2020 data collection period, DHS identified 4 files that needed further clarification for Indicator 1 compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2020 – July 31, 2020. Calumet County had to clarify 2 files and Dodge and Milwaukee County had to clarify 1 file for a total of 4 files for Indicator 1. On May 28, 2020, Calumet County confirmed that they had entered their data incorrectly for the date range of January 1, 2020 – March 31, 2020 and had corrected their data appropriately in the state database system. Dodge County and Milwaukee County submitted 60 consecutive days of 100% compliance between April 1, 2020 – July 31, 2020 to the Birth to 3 Program Data Manager by the deadline prescribed by DHS prior to the issuance of a written finding of noncompliance. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the data clarification period for Indicator 1. Therefore, no findings were issued in FFY19 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2020, DHS reported no findings of noncompliance although our Indicator 1 data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 2 findings that needed further clarification for Indicator 1 compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On July 1, 2021, Dane County submitted 60 consecutive days of 100% compliant data for Indicator 1 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. La Crosse County indicated that they had incorrectly entered data for the dates between January 1–March 31, and this data is now accurate. The Birth to 3 Program Data Manager verified La Crosse County’s submission of accurate data in the state database system. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the data clarification period for Indicator 1. Therefore, no findings were issued in FFY20 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

**1 - OSEP Response**

**1 - Required Actions**

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.10%

FFY	2017	2018	2019	2020	2021
Target >=	96.37%	96.40%	99.00%	99.00%	99.00%
Data	99.59%	99.40%	99.54%	99.59%	99.35%

### Targets

FFY	2022	2023	2024	2025
Target >=	99.00%	99.00%	99.00%	99.00%

### Targets: Description of Stakeholder Input

At each quarterly meeting, the Birth to 3 Program Data Manager briefs the Interagency Coordinating Council with eligibility, enrollment, and transition data to inform the discussion on future target setting and encourage stakeholder input. A decision was made to keep the target at 99% through FFY2025 after being presented with trend data from previous years. During the January 24, 2024 ICC meeting, council members were presented with the State's FFY2022 Indicator 2 performance. For FFY2022, the State did meet their target of achieving above 99.00%.

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	6,324
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	6,376

### FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
6,324	6,376	99.35%	99.00%	99.18%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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



### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

DHS staff annually present Child Outcome (indicator 3) data results for each FFY to the Wisconsin Interagency Coordinating Council (ICC). The ICC was presented with the State's FFY2022 Indicator 3 data during the January 24, 2024 meeting. In early 2022, the Birth to 3 Program Data Manager presented ICC members with child outcome trend data from previous years to help decide on targets for FFY2021-FFY2025. The Wisconsin Birth to 3 Program has set our indicator 3 targets for FFY2021-FFY2025 to reach slightly above our baseline. The ICC supported the decision for slow, incremental improvements that would be feasible and achievable for county Birth to 3 Programs, accounting for the negative impact of the COVID-19 pandemic on county programs. During these coming years, we continue with efforts and strategies to improve our indicator 3 performance. In FFY2022, the Wisconsin Birth to 3 Program showed another year of continuous growth in Indicator 3 performance with no identified slippage.

#### Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2018	Target>=	59.05%	59.06%	62.00%	62.00%	56.13%
A1	60.40%	Data	60.23%	60.40%	56.47%	55.06%	59.83%
A2	2018	Target>=	66.15%	66.16%	48.00%	48.00%	37.77%
A2	43.81%	Data	47.27%	43.81%	39.86%	36.26%	39.07%
B1	2018	Target>=	66.15%	66.16%	66.17%	66.17%	59.83%
B1	66.16%	Data	64.30%	63.84%	59.89%	58.25%	62.95%
B2	2018	Target>=	50.75%	50.76%	36.00%	36.00%	27.43%
B2	32.61%	Data	34.89%	32.61%	28.11%	26.14%	29.71%
C1	2018	Target>=	69.55%	69.56%	69.57%	69.57%	61.51%
C1	66.53%	Data	67.43%	66.53%	61.64%	60.25%	64.52%
C2	2018	Target>=	68.55%	68.56%	51.00%	51.00%	39.23%
C2	47.03%	Data	50.91%	47.03%	41.06%	37.28%	39.84%

#### Targets

FFY	2022	2023	2024	2025
Target A1>=	57.20%	58.27%	59.34%	60.50%
Target A2>=	39.28%	40.79%	42.30%	43.91%
Target B1>=	61.41%	62.99%	64.57%	66.26%
Target B2>=	28.72%	30.01%	31.30%	32.71%
Target C1>=	62.77%	64.03%	55.29%	66.63%
Target C2>=	41.18%	43.13%	45.08%	47.13%

#### Number of infants and toddlers with IFSPs assessed

4,571

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,463	32.01%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,338	29.27%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,263	27.63%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	502	10.98%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,601	4,069	59.83%	57.20%	63.92%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,765	4,571	39.07%	39.28%	38.61%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	4	0.09%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,464	32.04%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,760	38.51%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,155	25.27%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	187	4.09%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,915	4,383	62.95%	61.41%	66.51%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,342	4,570	29.71%	28.72%	29.37%	Met target	No Slippage

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

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,391	30.46%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,381	30.24%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,418	31.05%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	372	8.15%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,799	4,195	64.52%	62.77%	66.72%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,790	4,567	39.84%	41.18%	39.19%	Did not meet target	No Slippage

**FFY 2022 SPP/APR Data**

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	6,669
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2,098
Number of infants and toddlers with IFSPs assessed	4,571

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

County Birth to 3 Program teams, with family input, use a variety of instruments to gather data for this indicator, including: COS form, bucket list, decision-making tree, age-anchoring tool, and crosswalks. From this, county Birth to 3 Programs enter individual child entrance and exit ratings in our statewide database, the Program Participation System (PPS). The Wisconsin Birth to 3 Program data manager pulls the data from PPS for the required data reporting period and uses the Child Outcomes analytic calculator to arrive at data reported in the APR.

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

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2011	Target>=	82.98%	83.03%	85.00%	85.00%	76.21%
A	82.83%	Data	75.06%	76.57%	78.20%	74.55%	76.01%
B	2011	Target>=	87.64%	87.69%	89.00%	89.00%	82.20%
B	87.49%	Data	82.75%	81.71%	87.74%	80.80%	77.42%
C	2011	Target>=	85.35%	85.40%	92.00%	92.00%	80.61%
C	85.20%	Data	81.35%	77.14%	82.83%	79.46%	76.21%

**Targets**

FFY	2022	2023	2024	2025
Target A>=	77.87%	79.53%	81.19%	82.93%
Target B>=	83.60%	85.00%	86.40%	87.79%
Target C>=	81.76%	82.91%	84.06%	85.30%

**Targets: Description of Stakeholder Input**

DHS staff annually present Family Outcome (Indicator 4) data results for each FFY to the Wisconsin Interagency Coordinating Council (ICC). The ICC was informed of FFY2022 Family Outcome data during the January 24, 2024 meeting. The Wisconsin Birth to 3 Program experienced slippage in indicator 4 in previous years. Wisconsin Birth to 3 Program reset their Indicator 4 targets for FFY2021-FFY2025 with input from the ICC in FFY2021 to be slightly above baseline. Additionally, in FFY2021, the Wisconsin Birth to 3 Program implemented a new strategy to increase family engagement and improve Indicator 4 data by revising its Family Experience Survey. Revisions to the survey in FFY2021 have shown continuous improvements in FFY2021 and FFY2022 with increases to family response rate. Additionally, in FFY2022, a parent member of the ICC shared her lived experiences as Native American in Wisconsin and presented opportunities to improve family engagement with tribal infants and toddlers with disabilities and their families. Her presentation sparked discussions for improvements in outreach efforts statewide, specifically with historically underrepresented populations.

**FFY 2022 SPP/APR Data**

The number of families to whom surveys were distributed	5,344
Number of respondent families participating in Part C	633
Survey Response Rate	11.85%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	486
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	633
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	519
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	633
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	493
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	633

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	76.01%	77.87%	76.78%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	77.42%	83.60%	81.99%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	76.21%	81.76%	77.88%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	NO

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

DHS is undertaking several actions to ensure that, in the future, response data for the Family Experience Survey are representative of the demographics of infants, toddlers, and families enrolled in the program. DHS provides the cover letter of the survey in English and Spanish to all program participants and is providing the survey in Spanish to all program participants recorded as Hispanic in our Program Participation System (PPS). Families completing the survey electronically can also self-select their language preference as well and the survey will be distributed in the appropriate language.

DHS contracts with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) Team, to provide personnel development to providers who serve families and children receiving services from the Birth to 3 Program. In FFY2022, RESource launched Wisconsin's professional development system, "EI in WI", to provide comprehensive training and implementation of evidence-based practices to strengthen Wisconsin early intervention workforce. Within the comprehensive system, RESource is developing learning tracks for the early intervention workforce with emphasis on family engagement and culturally responsive practices to improve experiences for families participating in the Birth to 3 Program. The increased knowledge of culturally responsive practices will help county Birth to 3 Programs appropriately engage with diverse families and build trusting relationships for families to safely communicate their needs.

DHS developed a family communications newsletter, "All in for Kids: Birth to 3 Program", specific to the Birth to 3 Program that is distributed quarterly to families of children enrolled in the Birth to 3 Program or have been referred to the Birth to 3 Program within the last three months. DHS uses this publication to better support and inform families about our programs and notify families of the importance of the Family Experience Survey to encourage more responses. The newsletter is translated in English, Spanish, and Hmong to ensure that the information being disseminated across the state is representative of the Birth to 3 Program families. Copies of the quarterly newsletter in all three languages can be found here: <https://www.dhs.wisconsin.gov/library/collection/akidsb-3-2022>.

DHS also analyzed the Family Experience Survey response data based on geographic location to determine if the Birth to 3 Program Family Experience data is representative of the population it surveys. DHS compared the number of survey responses received from each county Birth to 3 Program to the number of children exiting each county Birth to 3 Program in FFY22. The Family Experience Survey is sent to families participating in the Birth to 3 Program at time of exit to receive data for Indicator 4A, 4B, and 4C for the APR. The data analysis based on geographic location showed the county Birth to 3 Programs with discrepancies between the number of survey responses compared to the number of children disenrolled to improve upon analysis. DHS plans to provide individualized technical assistance from designated Child and Family Program Specialists (CFPS) to those county Birth to 3 Programs that are underrepresented in Indicator 4 data. DHS hopes to identify specific barriers to completing the Family Experience Survey for those counties and develop strategies to ensure response data is more representative in the future. Additionally, DHS can determine a need for statewide technical assistance resources from increased discussions and technical assistance provided to the counties with low response rates to further improve Wisconsin's overall survey response rate year over year.

**Response Rate**

FFY	2021	2022
Survey Response Rate	11.16%	11.85%

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

The Wisconsin Birth to 3 Program compares the demographic data of the survey respondents to the demographic data reported in the FY 2022 618 child count to evaluate the survey for representativeness. Representativeness was determined by using a +/-1% threshold. For example, the state compares the percentage of survey respondents' race/ethnicity to the race/ethnicity percentages of the population reported in the 618 child count data. Given the number of completed surveys, we believe that for the survey to be representative of the population the percent makeup of each demographic category of the survey respondents should be similar to the 618 child count data. The percentage of completed surveys filled out by Hispanic families was 11.22%. In the FY 2022 618 child count data Wisconsin reported 15.18% of the participants in the fiscal year were Hispanic children. Given that these percentages are approximately -4% of each other, we determined that our completed surveys could be more representative of the Hispanic population. Additionally, the percentage of completed surveys filled out by Black or African American families was 5.06% whereas the FY 2022 618 child count data for Wisconsin was 11.26%. The percentages between completed surveys compared to the FY 2022 618 child count data is -6% of each other for Black or African American families. However, the percentage of completed surveys filled out by white families was 72.99% compared to the 66.54% of white families reported in the Wisconsin FY 2022 618 child count data, showing an over-representation of approximately +6.5%. Wisconsin did show accurate representation of American Indian or Alaskan Indian and Asian families when comparing the percent of completed surveys to FY 2022 618 child count percentages. Wisconsin recognizes room for improvement and seeking opportunities for intentional and individualized outreach efforts for specific populations to accurately depict representativeness in the Wisconsin Birth to 3 Program as explained in previous responses.

In FFY22, DHS also analyzed the Family Experience Survey response data based on geographic location to determine if the Birth to 3 Program Family Experience data is representative of the population it surveys. DHS compared the number of survey responses received from each county Birth to 3 Program to the number of children exiting each county Birth to 3 Program in FFY22. The Family Experience Survey is sent to families participating in the Birth to 3 Program at time of exit to receive data for Indicator 4A, 4B, and 4C for the APR. The data analysis based on geographic location showed the county Birth to 3 Programs with discrepancies between the number of survey responses compared to the number of children disenrolled to improve upon analysis.

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

In FFY22, Wisconsin analyzed the Family Experience Survey data on race/ethnicity and geographic location to determine whether the data collected is representative of the demographics of infants and toddlers enrolled in Wisconsin's Birth to 3 Program. The State compares the percentage of survey respondents' race/ethnicity to the race/ethnicity percentages of the population reported in the 618 child count data. Given the number of completed surveys, we believe that for the survey to be representative of the population the percent makeup of each demographic category of the survey respondents should be similar to the 618 child count data. Based on race/ethnicity, DHS determined that the response data was underrepresenting the Hispanic and African American populations and overrepresenting White populations using the metric of +/-1% discrepancy. The percentage of

completed surveys filled out by Hispanic families was 11.22%. In the FY 2022 618 child count data Wisconsin reported 15.18% of the participants in the fiscal year were Hispanic children. Given that these percentages are approximately -4% of each other, we determined that our completed surveys could be more representative of the Hispanic population. Additionally, the percentage of completed surveys filled out by Black or African American families was 5.06% whereas the FY 2022 618 child count data for Wisconsin was 11.26%. The percentages between completed surveys compared to the FY 2022 618 child count data is -6% of each other for Black or African American families. However, the percentage of completed surveys filled out by white families was 72.99% compared to the 66.54% of white families reported in the Wisconsin FY 2022 618 child count data, showing an over-representation of approximately +6.5%. Wisconsin did show accurate representation of American Indian or Alaskan Indian and Asian families when comparing the percent of completed surveys to the FY 2022 618 child count percentages.

DHS also analyzed the Family Experience Survey response data based on geographic location to determine if the Birth to 3 Program Family Experience data is representative of the population it surveys. DHS compared the number of survey responses received from each county Birth to 3 Program to the number of children exiting each county Birth to 3 Program in FFY22. The Family Experience Survey is sent to families participating in the Birth to 3 Program at time of exit to receive data for Indicator 4A, 4B, and 4C for the APR. The data analysis based on geographic location showed the county Birth to 3 Programs with discrepancies between the number of survey responses compared to the number of children disenrolled to improve upon analysis. For example, in FFY22, Waupaca County had 40 children disenroll from the Birth to 3 Program with only 1 survey response, resulting in 3% response rate. Similarly, Columbia County had 65 children disenroll from the Birth to 3 Program with only 1 survey response, resulting in 2% response rate. DHS can use this analysis to uncover barriers to families completing the survey in counties with low percent of responses based on disenrollment rate. The data analysis will not only provide useful information to provide targeted strategies to specific county Birth to 3 Programs, but also opportunities to improve upon transition services, as the Family Experience Survey is distributed upon disenrollment.

**The demographics of the parents responding are representative of the demographics of children receiving special education services. (yes/no)**

NO

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

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

The Wisconsin Birth to 3 Program saw an increase in our survey response rate from 11.16% in FFY2021 to 11.85% in FFY2022. However, the Wisconsin Birth to 3 Program is continuously committed to increasing our survey response rate year over year.

As explained above, DHS plans to provide individualized technical assistance from designated Child and Family Program Specialists (CFPS) to those county Birth to 3 Programs that have a low number of survey responses compared to their disenrollment numbers. DHS hopes to identify specific barriers to completing the Family Experience Survey for those counties and develop strategies to ensure response data is more representative in the future. Additionally, DHS can determine a need for statewide technical assistance resources from increased discussions and technical assistance provided to the counties with low response rates to further improve Wisconsin's overall survey response rate year over year.

Although our survey response rate increased, we are still dedicated to improving our outreach and demographic breakdown to have a more accurate depiction of program reach. In FFY2022, 11.22% of survey respondents self-identified as Hispanic while the percentage of Hispanic families reported in the Wisconsin FFY 2022 618 child count data was 15.18%. DHS recognizes the opportunity to engage with more Hispanic families and will ensure that all forms of communication are translated in Spanish as well as increase the accessibility to translators. Additionally, the percentage of completed surveys filled out by Black or African American families was 5.06% whereas the FY 2022 618 child count data for Wisconsin was 11.26%. DHS will identify county Birth to 3 Programs with large populations of Black or African American infants and toddlers with disabilities enrolled in the Birth to 3 Program to provide individualized technical assistance and emphasize the importance of increased family engagement. Within Wisconsin's professional development system, "EI in WI", the REsource Team is also developing learning tracks for the early intervention workforce with emphasis on family engagement and culturally responsive practices to improve experiences for families participating in the Birth to 3 Program. The increased knowledge of culturally responsive practices will help county Birth to 3 Programs appropriately engage with diverse families and build trusting relationships for families to safely communicate their needs.

Lastly, in FFY2022, the Wisconsin Birth to 3 Program created a series of Child Find Outreach Resources to aid local programs in their outreach efforts to identify all eligible infants and toddlers with disabilities earlier and increase referrals to the Birth to 3 Program. DHS published a "Comprehensive Child Find Checklist" to ensure county Birth to 3 Programs establish a comprehensive child find system at a local level. DHS also published outreach resources for specific populations to promote equitable access and participation in Birth to 3 Program services. According to federal law, Part C programs are responsible for identifying, locating, and referring eligible infants and toddlers residing on reservations, directly affected by substance exposure, and experiencing homelessness. DHS solicited stakeholder input from the ICC, external subject matter experts, and REsource's Research to Practice team on the validity and cultural appropriateness of materials prior to publication. DHS values stakeholder feedback when revising program processes to continue efforts towards health equity. All of the Child Find Outreach Resources can be found here: <https://www.dhs.wisconsin.gov/birthto3/outreach-campaign.htm>. DHS hopes that county Birth to 3 Programs can use these resources to improve upon their local outreach efforts and build stronger relationships with community partners and families, which, in turn, will increase the response rate year over year for groups that are underrepresented.

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

In FFY2022 the Wisconsin Birth to 3 Program distributed 5,344 Early Childhood Outcomes (ECO) Family Experience Surveys and received 633 completed surveys, a return rate of 11.85%. In FFY2021, the return rate for the Early Childhood Outcomes (ECO) Family Experience Surveys for the Wisconsin Birth to 3 Program was 11.16%. Overall, there was an increase from 11.16% to 11.85% from the previous fiscal year.

Among the responses received in FFY2022, there was nonresponse bias identified in the race and ethnicity of the survey respondents when compared to the race and ethnicity of the Wisconsin Birth to 3 Program participants reported in FFY2022 618 child count data. In FFY2022, 11.22% of survey respondents self-identified as Hispanic while the percentage of Hispanic families reported in the Wisconsin FFY 2022 618 child count data was 15.18%. Additionally, the percentage of completed surveys filled out by Black or African American families was 5.06% whereas the FY 2022 618 child count data for Wisconsin was 11.26%.

Given the race and ethnicity analysis of survey respondents discussed above, the Wisconsin Birth to 3 Program has identified a slight nonresponse bias in race and ethnicity of non-respondents. To reduce future bias and promote responses, more effort will be towards effectively engaging Hispanic families to improve upon their response rate. DHS will ensure that all forms of communication are translated in Spanish as well as accessibility to translators to convey the importance of the survey and families' responses. DHS will identify county Birth to 3 Programs with large populations of Black

or African American infants and toddlers with disabilities enrolled in the Birth to 3 Program to provide individualized technical assistance and emphasize the importance of increased family engagement. Within Wisconsin's professional development system, "EI in WI", the RESource Team is also developing learning tracks for the early intervention workforce with emphasis on family engagement and culturally responsive practices to improve experiences for families participating in the Birth to 3 Program. The increased knowledge of culturally responsive practices will help county Birth to 3 Programs appropriately engage with diverse families and build trusting relationships for families to safely communicate their needs.

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

#### **4 - Prior FFY Required Actions**

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

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

In FFY22 SPP/APR, Wisconsin provided extensive analysis on the State's FFY22 response data and its representativeness in the sections above. Wisconsin included analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program and outlined actions the State will take to address this issue. Wisconsin included geographic location as the additional required component for FFY22 outlined by OSEP along with race/ethnicity data that has been provided every year by the State.

#### **4 - OSEP Response**

#### **4 - Required Actions**



## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2008	0.86%

FFY	2017	2018	2019	2020	2021
Target >=	0.95%	0.95%	1.05%	1.05%	1.06%
Data	1.03%	1.04%	1.00%	0.82%	0.92%

### Targets

FFY	2022	2023	2024	2025
Target >=	1.07%	1.08%	1.09%	1.10%

### Targets: Description of Stakeholder Input

The ICC reviews data performance and targets on an annual basis in order to advise the Part C program on any changes or revisions. The Wisconsin Birth to 3 Program has met its Indicator 5 target of 0.95% from FFY 2013 - FFY 2018. In FFY2021, the ICC approved DHS's decision to gradually increase the Indicator 5 target to reach 1.10% by FFY2025. The FFY2022 data results were presented to the ICC at the January 24, 2024 meeting.

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	619
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	61,278

### FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
619	61,278	0.92%	1.07%	1.01%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

## 5 - Prior FFY Required Actions

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	2.79%

FFY	2017	2018	2019	2020	2021
Target >=	2.83%	2.83%	3.00%	3.00%	3.01%
Data	2.90%	3.03%	3.04%	2.65%	3.04%

#### Targets

FFY	2022	2023	2024	2025
Target >=	3.02%	3.03%	3.04%	3.05%

#### Targets: Description of Stakeholder Input

The ICC reviews data performance and targets on an annual basis in order to advise the Part C program on any changes or revisions. The Wisconsin Birth to 3 Program has met its target for Indicator 6 from FFY2017-FFY2018. In FFY2021, the ICC approved DHS's decision to gradually increase the Indicator 6 target to reach 3.05% by FFY2025. The FFY2022 data results were presented to the ICC at the January 24, 2024 meeting.

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	6,376
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	184,517

#### FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
6,376	184,517	3.04%	3.02%	3.46%	Met target	No Slippage

Provide additional information about this indicator (optional).

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	74.40%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.19%	99.11%	99.36%	99.59%	99.84%

### Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

### FFY 2022 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,174	1,746	99.84%	100%	99.89%	Did not meet target	No Slippage

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

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

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Provide reasons for delay, if applicable.

The acceptable delay reasons for Wisconsin are family reason, or extreme weather. Wisconsin's Birth to 3 Program "Program Participation System (PPS) User Guide" outlines specific examples of when to appropriately document delays for late service start. The PPS User Guide can be found: <https://www.dhs.wisconsin.gov/publications/p02344.pdf>.

Examples of family reason include family was not available to start service within 30-day timeline, a child or family member became ill, or family was on vacation. Extreme weather delays include unsafe conditions, such as school or road closures, or travel advisories, that would result in delayed service start. The only other reason is system reason, where action was late due to staff or agency, and that is a non-compliant reason. DHS analyzed the number of documented delays attributable to exceptional family circumstances to identify the counties using family reason disproportionately. DHS will utilize the Children and Family Program Specialists (CFPS) to gather insight from counties with higher numbers of delays due to family reason and work with counties to develop individualized improvement strategies.

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

State database

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

January 1, 2023 – March 31, 2023

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

For Indicator 7, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY2022, the state selected the third quarter, (January 1, 2023 through March 31, 2023).

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the reporting period. DHS continues to focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data.

Additionally, in FFY2022, DHS utilized a portion of their American Rescue Plan Act (ARPA) funding to improve backend capabilities of their statewide database, the Program Participation System, to add admin functionalities, enhance eligibility section to gather additional details during the screening and evaluation process, and enhance participant's transition/exit process to provide additional details to the local education agency (LEA). The enhancements made to the statewide database ensure accurate and more detailed reporting of infants and toddlers with IFSPs in Wisconsin.

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

DHS selects the third quarter of every year (January 1 – March 31) to review data to monitor Part C compliance, as allowable by OSEP. DHS has established a data clarification period, or "pre-finding correction" period as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports from January 1 – March 31 and identify any data needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification and provide a deadline of submitting correction to DHS
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

For FFY2020, DHS reported no findings of noncompliance although our Indicator 7 data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 4 findings that needed further clarification for Indicator 7 compliance during our "pre-finding correction" period. The "pre-finding correction" period prescribed by DHS was April 1, 2021 – July 31, 2021. On June 8, 2021, Portage County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS, also indicating one IFSP late for exceptional family reason, which is an acceptable reason for delay. On June 28, 2021, Sauk County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 9, 2021, Waupaca County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 30, 2021, Waukesha County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2021 – July 31, 2021 "pre-finding correction" period. Therefore, no findings were issued in FFY20 due the Birth to 3 Programs verifying correction of finding of noncompliance during the "pre-finding correction" before formal written notifications of finding of noncompliance were issued.

For FFY2021, DHS reported no findings of noncompliance although our Indicator 7 data was less than 100% compliant. During the January 1, 2022 – March 31, 2022 data collection period, DHS identified 4 findings that needed further clarification for Indicator 7 compliance during our "pre-finding correction" period. The "pre-finding correction" period prescribed by DHS was April 1, 2022 – July 31, 2022. On June 22, 2022, Dodge County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On June 27, 2022, Sauk County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 13, 2022, La Crosse County confirmed that they had inaccurate data within the data collection period of January 1 – March 31, 2022 in the state database system and corrected the data to be accurate. On July 29, 2022, Ozaukee County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2022 – July 31, 2022 "pre-finding correction" period. Therefore, no findings were issued in FFY21 due the Birth to 3 Programs verifying correction of finding of noncompliance during the "pre-finding correction" before formal written notifications of finding of noncompliance were issued.

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

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

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

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	1	1	0

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

DHS selects the third quarter of every year (January 1 – March 31) to review data to monitor Part C compliance, as allowable by OSEP. DHS has established a data clarification period, or “pre-finding correction” period as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

-DHS will review data reports from January 1 – March 31 and identify any data needing clarification

-DHS will inform local Birth to 3 Programs of any data needing clarification and provide a deadline of submitting correction to DHS

-By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

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

DHS contacted Bayfield County regarding their finding of noncompliance not yet verified from FFY19 to complete the verification process. Bayfield County was issued a written notification of noncompliance for Indicator 7 on September 30, 2020. DHS proceeded with the verification process by requesting data from June 1, 2022 to August 1, 2022 showing that Bayfield County has made a system-level adjustment and can demonstrate this by providing 60 consecutive days with 100% compliant data for Indicator 7 within the designated timeframe. Bayfield County Birth to 3 Program verified 100% compliance with Indicator 7 and has met the requirement by providing timely Individualized Family Service Plans. DHS issued a notification of correction of a finding of noncompliance on April 27, 2023. Bayfield County no longer has a finding of noncompliance for Indicator 7 as a result of the verification process and correction. DHS does not have any outstanding findings not yet verified as corrected.

**7 - Prior FFY Required Actions**

The State reported that it did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance. In the FFY 2022 SPP/APR, the State must report that it has verified that each EIS program or provider with noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019 was corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and the EIS program or provider with the remaining noncompliance identified in FFY2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

Wisconsin has demonstrated that the outstanding finding of noncompliance identified in FFY2019 was corrected in the appropriate sections above. Regarding FFY2020 and FFY2021, Wisconsin details their process of clarifying any findings of noncompliance during the “pre-finding correction” prior to the written notification of findings of noncompliance.

For FFY2020, DHS reported no findings of noncompliance although our Indicator 7 data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 4 findings that needed further clarification for Indicator 7 compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On June 8, 2021, Portage County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS, also indicating one IFSP late for exceptional family reason, which is an acceptable reason for delay. On June 28, 2021, Sauk County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 9, 2021, Waupaca County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 30, 2021, Waukesha County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2021 – July 31, 2021 “pre-finding correction” period. Therefore, no findings were issued in FFY20 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2021, DHS reported no findings of noncompliance although our Indicator 7 data was less than 100% compliant. During the January 1, 2022 – March 31, 2022 data collection period, DHS identified 4 findings that needed further clarification for Indicator 7 compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2022 – July 31, 2022. On June 22, 2022, Dodge County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On June 27, 2022, Sauk County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 13, 2022, La Crosse County confirmed that they had inaccurate data within the data collection period of January 1 – March 31, 2022 in the state database system and corrected the data to be accurate. On July 29, 2022, Ozaukee County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2022 – July 31, 2022 “pre-finding correction” period. Therefore, no findings were issued in FFY21 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

## **7 - OSEP Response**

## **7 - Required Actions**



## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$ .
- B. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .
- C. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.87%	99.45%	99.66%	99.83%	99.53%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,152	1,296	99.53%	100%	99.85%	Did not meet target	No Slippage

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

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

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

Family reason is the only compliant reason for 8A for Wisconsin. Wisconsin’s Birth to 3 Program “Program Participation System (PPS) User Guide” outlines specific examples of when to appropriately document delays for late service start. The PPS User Guide can be found: <https://www.dhs.wisconsin.gov/publications/p02344.pdf>.

Examples of family reason include family was not available to start service within 30-day timeline, a child or family member became ill, or family was on vacation. DHS analyzed the number of documented delays attributable to exceptional family circumstances to identify the counties using family reason disproportionately. DHS will utilize the Children and Family Program Specialists (CFPS) to gather insight from counties with higher numbers of delays due to family reason and work with counties to develop individualized improvement strategies. The only other reason is system reason, where action was late due to staff or agency, and that is a non-compliant reason.

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

State database

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

January 1, 2023 – March 31, 2023

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

For Indicator 8A, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY2022, the state selected the third quarter, (January 1, 2023 through March 31, 2023).

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the reporting period. DHS continues to focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that provides Wisconsin’s county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data.

Additionally, in FFY2022, DHS utilized a portion of their American Rescue Plan Act (ARPA) funding to improve backend capabilities of their statewide database, the Program Participation System, to add admin functionalities, enhance eligibility section to gather additional details during the screening and evaluation process, and enhance participant’s transition/exit process to provide additional details to the local education agency (LEA). The enhancements made to the statewide database ensure accurate and more detailed reporting of infants and toddlers with IFSPs in Wisconsin.

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

DHS selects the third quarter of every year (January 1 – March 31) to review data to monitor Part C compliance, as allowable by OSEP. DHS has established a data clarification period, or “pre-finding correction” period as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports from January 1 – March 31 and identify any data needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification and provide a deadline of submitting correction to DHS
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

For FFY2019, DHS reported no findings of noncompliance although our Indicator 8A data was less than 100% compliant. During the January 1, 2020 – March 31, 2020 data collection period, DHS identified 3 findings that needed further clarification for Indicator 8A compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2020 – July 31, 2020. On June 5, 2020, Sheboygan County confirmed that they inputted inaccurate data within the data collection period of January 1 – March 31, 2020 for Indicator 8A in the state database system and corrected the data to be accurate. On June 26, 2020, Milwaukee County confirmed that they inputted inaccurate data within the data collection period of January 1 – March 31, 2020 for Indicator 8A in the state database system and corrected the data to be accurate. On July 7, 2020,

Lacrosse County submitted 60 consecutive days of 100% compliant data for Indicator 8A to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2020 – July 31, 2020 “pre-finding correction” period. Therefore, no findings were issued in FFY19 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2020, DHS reported no findings of noncompliance although our Indicator 8A data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 1 finding that needed further clarification for Indicator 8A compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On July 1, 2021, Dane County submitted 60 consecutive days of 100% compliant data for Indicator 8A to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2021 – July 31, 2021 “pre-finding correction” period. Therefore, no findings were issued in FFY20 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2021, DHS reported no findings of noncompliance although our Indicator 8A data was less than 100% compliant. During the January 1, 2022 – March 31, 2022 data collection period, DHS identified 3 findings that needed further clarification for Indicator 8A compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2022 – July 31, 2022. On June 27, 2022, Sauk County submitted 60 consecutive days of 100% compliant data for Indicator 8A to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 25, 2022, Green County confirmed that they had inaccurate data within the data collection period of January 1 – March 31, 2022 in the state database system and corrected the data to be accurate. On July 27, 2022, Waukesha County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2022 – July 31, 2022 “pre-finding correction” period. Therefore, no findings were issued in FFY21 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

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

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

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

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

**8A - Prior FFY Required Actions**

The State reported that it did not identify any findings of noncompliance in FFY 2019 and FFY 2020, although its FFY 2019 and FFY 2020 data reflect less than 100% compliance. In the FFY 2022 SPP/APR, the State must report that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 and FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

For FFY2019, DHS reported no findings of noncompliance although our Indicator 8A data was less than 100% compliant. During the January 1, 2020 – March 31, 2020 data collection period, DHS identified 3 findings that needed further clarification for Indicator 8A compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2020 – July 31, 2020. On June 5, 2020, Sheboygan County confirmed that they inputted inaccurate data within the data collection period of January 1 – March 31, 2020 for Indicator 8A in the state database system and corrected the data to be accurate. On June 26, 2020, Milwaukee County confirmed that they inputted inaccurate data within the data collection period of January 1 – March 31, 2020 for Indicator 8A in the state database system and corrected the data to be accurate. On July 7, 2020, Lacrosse County submitted 60 consecutive days of 100% compliant data for Indicator 8A to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2020 – July 31, 2020 “pre-finding correction” period. Therefore, no findings were issued in FFY19 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2020, DHS reported no findings of noncompliance although our Indicator 8A data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 1 finding that needed further clarification for Indicator 8A compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On July 1, 2021, Dane County submitted 60 consecutive days of 100% compliant data for Indicator 8A to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2021 – July 31, 2021 “pre-finding correction” period. Therefore, no findings were issued in FFY20 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2021, DHS reported no findings of noncompliance although our Indicator 8A data was less than 100% compliant. During the January 1, 2022 – March 31, 2022 data collection period, DHS identified 3 findings that needed further clarification for Indicator 8A compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2022 – July 31, 2022. On June 27, 2022, Sauk County submitted 60 consecutive days of 100% compliant data for Indicator 8A to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 25, 2022, Green County confirmed that they had inaccurate data within the data collection period of January 1 – March 31, 2022 in the state database system and corrected the data to be accurate. On July 27, 2022, Waukesha County submitted 60 consecutive days of 100% compliant data for Indicator 7 to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2022 – July 31, 2022 “pre-finding correction” period. Therefore, no findings were issued in FFY21 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

## **8A - OSEP Response**

## **8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$ .
- B. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .
- C. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	83.45%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	97.78%	97.65%	98.27%	98.93%	98.61%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
959	1,003	98.61%	100%	98.56%	Did not meet target	No Slippage

**Number of parents who opted out**

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

30

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

Family reason is the only compliant reason for 8B for Wisconsin. Wisconsin's Birth to 3 Program "Program Participation System (PPS) User Guide" outlines specific examples of when to appropriately document delays for late service start. The PPS User Guide can be found: <https://www.dhs.wisconsin.gov/publications/p02344.pdf>.

Examples of family reason include family was not available to start service within 30-day timeline, a child or family member became ill, or family was on vacation. DHS analyzed the number of documented delays attributable to exceptional family circumstances to identify the counties using family reason disproportionately. DHS will utilize the Children and Family Program Specialists (CFPS) to gather insight from counties with higher numbers of delays due to family reason and work with counties to develop individualized improvement strategies. The only other reason is system reason, where action was late due to staff or agency, and that is a non-compliant reason.

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

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the full reporting period. DHS continues to increase focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data.

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

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

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

State database

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

January 1, 2023 – March 31, 2023

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

For Indicator 8B, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY2022, the state selected the third quarter, (January 1, 2023 through March 31, 2023).

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the reporting period. DHS continues to focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data.

Additionally, in FFY2022, DHS utilized a portion of their American Rescue Plan Act (ARPA) funding to improve backend capabilities of their statewide database, the Program Participation System, to add admin functionalities, enhance eligibility section to gather additional details during the screening and evaluation process, and enhance participant's transition/exit process to provide additional details to the local education agency (LEA). The enhancements made to the statewide database ensure accurate and more detailed reporting of infants and toddlers with IFSPs in Wisconsin.

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

DHS selects the third quarter of every year (January 1 – March 31) to review data to monitor Part C compliance, as allowable by OSEP. DHS has established a data clarification period, or “pre-finding correction” period as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports from January 1 – March 31 and identify any data needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification and provide a deadline of submitting correction to DHS
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

For FFY2020, DHS reported no findings of noncompliance although our Indicator 8B data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 6 findings that needed further clarification for Indicator 8B compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On June 15, 2021, Jefferson County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 1, 2021, Dane County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 7, 2021, Sheboygan County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 7, 2021, Dodge County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 9, 2021, Oneida County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 13, 2021, Walworth County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2021 – July 31, 2021 “pre-finding correction” period. Therefore, no findings were issued in FFY20 due to the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

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

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

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

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

DHS selects the third quarter of every year (January 1 – March 31) to review data to monitor Part C compliance, as allowable by OSEP. DHS has established a data clarification period, or “pre-finding correction” period as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports from January 1 – March 31 and identify any data needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification and provide a deadline of submitting correction to DHS
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

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

For FFY2021, DHS issued one written notification of noncompliance for Indicator 8B. On July 5, 2022, Milwaukee County informed DHS of a system adjustment made for Indicator 8B with the timeframe of April 29, 2022 – June 28, 2022 to review for 60 consecutive days of 100% compliant data for Indicator 8B. The Birth to 3 Program Data Manager reviewed the submitted data and found Milwaukee County to be noncompliant for Indicator 8B for the timeframe provided. On September 8, 2022, DHS issued a written notification of noncompliance to Milwaukee County Birth to 3 Program for Indicator 8B. DHS informed Milwaukee County that by no less than one year from receiving their written notification (September 1, 2023), they are required to do the following to correct the noncompliance: 1) by September 1, 2023, the county must submit child file documentation to DHS demonstrating the implementation of required activity where the finding of noncompliance was identified for Indicator 8B; 2) by September 1, 2023, the county must use the October 1, 2022 – September 1, 2023 timeframe to demonstrate a system level correction where a finding was identified for Indicator 8B by identifying 60 consecutive days with 100% compliant data in the state database system and submit the report to the Birth to 3 Program Data Manager. DHS indicated that if Milwaukee County fails to complete the required actions listed by September 1, 2023, the county must contact their state technical assistance for support to correct the finding and additional remedial action may be taken. On August 17, 2023, Milwaukee County submitted 60 consecutive days of 100% compliant data for Indicator 8B from March 1, 2023 – April 30, 2023 to the Birth to 3 Program Data Manager within the required timeframe. Milwaukee County indicated the child for whom they received the finding of noncompliance for 8B was no longer within the jurisdiction of their Birth to 3 Program, consistent with OSEP Memo 09-02. Therefore, DHS verified correction of noncompliance for Indicator 8B for Milwaukee County.

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

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

## 8B - Prior FFY Required Actions

The State reported that it did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance. In the FFY 2022 SPP/APR, the State must report that it has verified that each EIS program or provider with noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

For FFY2020, DHS reported no findings of noncompliance although our Indicator 8B data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 6 findings that needed further clarification for Indicator 8B compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On June 15, 2021, Jefferson County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 1, 2021, Dane County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 7, 2021, Sheboygan County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 7, 2021, Dodge County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 9, 2021, Oneida County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 13, 2021, Walworth County submitted 60 consecutive days of 100% compliant data for Indicator 8B to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2021 – July 31, 2021 “pre-finding correction” period. Therefore, no findings were issued in FFY20 due to the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2021, DHS issued one written notification of noncompliance for Indicator 8B. On July 5, 2022, Milwaukee County informed DHS of a system adjustment made for Indicator 8B with the timeframe of April 29, 2022 – June 28, 2022 to review for 60 consecutive days of 100% compliant data for Indicator 8B. The Birth to 3 Program Data Manager reviewed the submitted data and found Milwaukee County to be noncompliant for Indicator 8B for the timeframe provided. On September 8, 2022, DHS issued a written notification of noncompliance to Milwaukee County Birth to 3 Program for Indicator 8B. DHS informed Milwaukee County that by no less than one year from receiving their written notification (September 1, 2023), they are required to do the following to correct the noncompliance: 1) by September 1, 2023, the county must submit child file documentation to DHS demonstrating the implementation of required activity where the finding of noncompliance was identified for Indicator 8B; 2) by September 1, 2023, the county must use the October 1, 2022 – September 1, 2023 timeframe to demonstrate a system level correction where a finding was identified for Indicator 8B by identifying 60 consecutive days with 100% compliant data in the state database system and submit the report to the Birth to 3 Program Data Manager. DHS indicated that if Milwaukee County fails to complete the required actions listed by September 1, 2023, the county must contact their state technical assistance for support to correct the finding and additional remedial action may be taken. On August 17, 2023, Milwaukee County submitted 60 consecutive days of 100% compliant data for Indicator 8B from March 1, 2023 – April 30, 2023 to the Birth to 3 Program Data Manager within the required timeframe. Milwaukee County indicated the child for whom they received the finding of noncompliance for 8B was no longer within the jurisdiction of their Birth to 3 Program, consistent with OSEP Memo 09-02. Therefore, DHS verified correction of noncompliance for Indicator 8B for Milwaukee County.

## 8B - OSEP Response

## 8B - Required Actions



## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	66.20%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	97.74%	97.31%	97.88%	99.27%	99.69%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
658	1,003	99.69%	100%	99.63%	Did not meet target	No Slippage

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

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

202

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

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

140

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

Acceptable delay reasons for Wisconsin are: family did not consent to a TPC; family did not provide timely consent; child referred after 2 years and nine months of age; family was not available for transition planning process; and child exited program prior to TPC. The reasons that will result in a finding of non-compliance are: LEA did not attend TPC; transition process was not timely; not able to schedule with LEA.

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

State database

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

January 1, 2023 – March 31, 2023

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

For Indicator 8C, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY2022, the state selected the third quarter, (January 1, 2023 through March 31, 2023).

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the reporting period. DHS continues to focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data.

Additionally, in FFY2022, DHS utilized a portion of their American Rescue Plan Act (ARPA) funding to improve backend capabilities of their statewide database, the Program Participation System, to add admin functionalities, enhance eligibility section to gather additional details during the screening and evaluation process, and enhance participant's transition/exit process to provide additional details to the local education agency (LEA). The enhancements made to the statewide database ensure accurate and more detailed reporting of infants and toddlers with IFSPs in Wisconsin.

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

DHS selects the third quarter of every year (January 1 – March 31) to review data to monitor Part C compliance, as allowable by OSEP. DHS has established a data clarification period, or "pre-finding correction" period as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports from January 1 – March 31 and identify any data needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification and provide a deadline of submitting correction to DHS
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

For FFY2020, DHS reported no findings of noncompliance although our Indicator 8C data was less than 100% compliant. During the January 1, 2021 –

March 31, 2021 data collection period, DHS identified 6 findings that needed further clarification for Indicator 8C compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On July 1, 2021, Dane County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 2, 2021, Iowa County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 9, 2021, Waupaca County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 14, 2021, Kenosha County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 27, 2021, Ashland County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 30, 2021, Waukesha County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2021 – July 31, 2021 “pre-finding correction” period. Therefore, no findings were issued in FFY20 due to the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

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

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

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

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

DHS selects the third quarter of every year (January 1 – March 31) to review data to monitor Part C compliance, as allowable by OSEP. DHS has established a data clarification period, or “pre-finding correction” period as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports from January 1 – March 31 and identify any data needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification and provide a deadline of submitting correction to DHS
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

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

For FFY2021, DHS issued one written notification of noncompliance for Indicator 8C. On May 20, 2022, DHS contacted Waukesha County to clarify data for indicators 8A, 8B, and 8C during their “pre-finding correction” period. Waukesha County Birth to 3 Program had to demonstrate that data for the dates between January 1, 2022 – March 31, 2022 were entered incorrectly for Indicator 8C and the data is now accurate, and/or they made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for Indicator 8C between April 1, 2022 – July 31, 2022. Waukesha County was unable to provide clarification on Indicator 8C that met DHS requirements for clarification and still had outstanding noncompliance. On September 8, 2022, DHS issued a written notification of noncompliance to Waukesha County Birth to 3 Program for Indicator 8C. DHS informed Waukesha County that by no less than one year from receiving their written notification (September 1, 2023), they must send an email to the Birth to 3 Program Data Manager indicating they either 1) corrected data entered between January 1 – March 31, 2022; or 2) provide 60 consecutive days of 100% compliant data between October 1, 2022 – September 1, 2023. On July 22, 2023, Waukesha County submitted 60 consecutive days of 100% compliant data for Indicator 8C from April 1, 2023 – May 31, 2023 to the Birth to 3 Program Data Manager to verify correction of noncompliance from FFY21 within one year of notification. DHS verified correction of noncompliance for Indicator 8C for Waukesha County Birth to 3 Program.

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

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

**8C - Prior FFY Required Actions**

The State reported that it did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance. In the FFY 2022 SPP/APR, the State must report that it has verified that each EIS program or provider with noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

For FFY2020, DHS reported no findings of noncompliance although our Indicator 8C data was less than 100% compliant. During the January 1, 2021 – March 31, 2021 data collection period, DHS identified 6 findings that needed further clarification for Indicator 8C compliance during our “pre-finding correction” period. The “pre-finding correction” period prescribed by DHS was April 1, 2021 – July 31, 2021. On July 1, 2021, Dane County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 2, 2021, Iowa County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 9, 2021, Waupaca County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 14, 2021, Kenosha County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 27, 2021, Ashland County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. On July 30, 2021, Waukesha County submitted 60 consecutive days of 100% compliant data for Indicator 8C to the Birth to 3 Program Data Manager within the timeframe prescribed by DHS. DHS would have issued a written notification of findings of noncompliance to the local program if it were unable to demonstrate compliance during the April 1, 2021 – July 31, 2021 “pre-finding correction” period. Therefore, no findings were issued in FFY20 due the Birth to 3 Programs verifying correction of finding of noncompliance during the “pre-finding correction” before formal written notifications of finding of noncompliance were issued.

For FFY2021, DHS issued one written notification of noncompliance for Indicator 8C. On May 20, 2022, DHS contacted Waukesha County to clarify data for indicators 8A, 8B, and 8C during their “pre-finding correction” period. Waukesha County Birth to 3 Program had to demonstrate that data for the dates between January 1, 2022 – March 31, 2022 were entered incorrectly for Indicator 8C and the data is now accurate, and/or they made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for Indicator 8C between April 1, 2022 – July 31, 2022. Waukesha County was unable to provide clarification on Indicator 8C that met DHS requirements for clarification and still had outstanding noncompliance. On September 8, 2022, DHS issued a written notification of noncompliance to Waukesha County Birth to 3 Program for Indicator 8C. DHS informed Waukesha County that by no less than one year from receiving their written notification (September 1, 2023), they must send an email to the Birth to 3 Program Data Manager indicating they either 1) corrected data entered between January 1 – March 31, 2022; or 2) provide 60 consecutive days of 100% compliant data between October 1, 2022 – September 1, 2023. On July 22, 2023, Waukesha County submitted 60 consecutive days of 100% compliant data for Indicator 8C from April 1, 2023 – May 31, 2023 to the Birth to 3 Program Data Manager to verify correction of noncompliance from FFY21 within one year of notification. DHS verified correction of noncompliance for Indicator 8C for Waukesha County Birth to 3 Program.

#### **8C - OSEP Response**

#### **8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

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

YES

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

This indicator is not applicable as Part B due process procedures under section 615 of the IDEA have not been implemented in the Wisconsin Birth to 3 Program.

### 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

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

### 9 - OSEP Response

### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

YES

#### Provide an explanation below.

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

The ICC discussed the low number of mediations received annually and the need to enter targets for the next five-year cycle. Although a target is not required for programs with less than 10 mediations per year, the ICC agreed to target 100% per year. No matter how many mediations are received, the goal for each is to get mediation agreements signed.

Additionally, in FFY2022, DHS updated the ICC on the new procurement and mediation contract for the Wisconsin Birth to 3 Program as well as updates to the Birth to 3 Program Operations Guide, including more detailed information regarding dispute resolution. The Wisconsin Birth to 3 Program plans to publish an updated mediation brochure in FFY2023 to be distributed to families participating in the Birth to 3 Program and accessible publicly on the Birth to 3 Program website.

#### Historical Data

Baseline Year	Baseline Data
2005	

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

#### Targets

FFY	2022	2023	2024	2025

Target>=	100.00%	100.00%	100.00%	100.00%
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**FFY 2022 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0		100.00%		N/A	N/A

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

Although a target is not required for programs with less than 10 mediations per year, the ICC agreed to target 100% per year. No matter how many mediations are received, the goal for each is to get mediation agreements signed.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

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

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

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

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

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,



and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

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

**11 - Indicator Data**

**Section A: Data Analysis**

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

Wisconsin’s State Identified Measurable Result (SiMR) is the percentage of children who enter the Birth to 3 Program below age expectations in positive social and emotional skills, including social relationships, that make greater than expected gains by the time they exit the program as measured by indicator 3 - child outcomes, outcome A, summary statement 1.

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

NO

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

NO

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

NO

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

<https://www.dhs.wisconsin.gov/publications/p01036.pdf>

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2018	60.40%

**Targets**

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	57.20%	58.27%	59.34%	60.50%

**FFY 2022 SPP/APR Data**

Number of infants and toddlers who either improved functioning to a level nearer to same-aged peers but did not reach it, or improved functioning to reach a level comparable to same-aged peers by the time they turned 3 years of age or exited the program	Number of infants and toddlers who entered the program functioning below a level comparable to same-aged peers, or who did not improve functioning by the time they turned 3 years of age or exited the program	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
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2,601	4,069	59.83%	57.20%	63.92%	Met target	No Slippage
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**Provide the data source for the FFY 2022 data.**

Statewide database, the Program Participation System (PPS)

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

County Birth to 3 Programs enter individual child entrance and exit ratings in our statewide database, the Program Participation System (PPS). The Wisconsin Birth to 3 Program data manager pulls the data from PPS for the required data reporting period and uses the Child Outcomes analytic calculator to arrive at data reported.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

The Birth to 3 Program Data Manager has reviewed our indicator 3, child outcome data, by race/ethnicity and geographic location to make continued progress towards achieving our SiMR. Through this analysis, DHS has identified trends that will inform our work towards achieving our SiMR.

One trend identified in the data analysis is a difference in outcomes achieved for children of racial and ethnic minority groups in the Wisconsin Birth to 3 Program. Analysis of our indicator 3, child outcomes data, has revealed that white children and families are achieving better outcomes in the Birth to 3 Program than children of racial and ethnic minorities. American Indian, Asian, Hispanic, Black or African American, and Native Hawaiian children are all receiving exit scores in summary statement 1: "making greater than expected social and emotional gain" lower than the state average. More specifically, American Indian and Alaskan Native infants and toddlers enrolled in the Birth to 3 Program had the largest difference in Indicator 3A, summary statement 1, than the state average as well as the largest difference when comparing FFY21 data to FFY22 data. American Indian and Alaskan Native infants and toddlers enrolled in the Birth to 3 Program scored -18.1% below the state average and -12.3% difference between FFY21 to FFY22 for Indicator 3A, summary statement 1. On the other hand, Hispanic infants and toddlers enrolled in the Birth to 3 Program had a significant increase in their child outcomes scores with +10.2% difference between FFY21 to FFY22 and +1.2% above the state average.

In Phase III, Year 8 of the SSIP, DHS undertook initiatives to address the disparities we are seeing in our indicator 3, child outcomes data, to promote health equity in the Birth to 3 Program. Understanding that American Indian and Alaskan Native infants and toddlers had a negative trajectory from FFY21 to FFY22 and highest difference from the state average, DHS focused their attention on developing outreach materials and targeted strategies for local Birth to 3 Programs to engage with tribal populations more effectively. DHS created a series of Child Find Outreach Resources to aid local programs in their outreach efforts to identify all eligible infants and toddlers with disabilities earlier and increase referrals to the Birth to 3 Program from underrepresented populations, including tribal infants and toddlers. DHS hopes that the targeted strategies for the Child Find Outreach Resources for children and families residing on reservations will identify tribal infants and toddlers earlier and result in improved outcomes.

Another trend identified in the data analysis is Wisconsin's efforts towards improving outcomes for children enrolled in the Birth to 3 Program based on geographic location. Similarly to analysis on Indicator 4: Family Outcomes, the Birth to 3 Program Data Manager collected data on Indicator 3A – summary statement 1 and analyzed scores across Wisconsin's 72 county Birth to 3 Programs to identify counties with significant changes to their child outcome scores. The analysis offers an opportunity for DHS to provide individualized technical assistance for counties with decreasing outcome scores from FFY21 to FFY22 to uncover barriers and determine activities for remediation.

To ensure program fidelity practices in our child outcome data, the Birth to 3 Program Data Manager participates in bi-monthly Birth to 3 Program teleconferences and uses time during these teleconferences to explain data reports and the use of the DataMart to local Birth to 3 Programs. Throughout the year, the Children and Family Program Specialists (CFPS) provide technical assistance and continuous support to county Birth to 3 Programs in data collection efforts. In FFY2022, DHS' contracted vendor, Responsive Equitable Support (RESource) team, developed trainings to be available on their Birth to 3 Program professional development platform, "El in WI", including child outcome scoring. These efforts of continuous data trainings, support, and technical assistance help ensure that the Wisconsin Birth to 3 Program is collecting data that is reliable and valid.

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

NO

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

NO

**Section B: Implementation, Analysis and Evaluation**

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

<https://www.dhs.wisconsin.gov/birthto3/reports/ssip-phase2.pdf>

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

NO

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

The continuing strategies and initiatives implemented during the Phase III, Year 8 of the SSIP are detailed below. These strategies and initiatives are grouped by the state system components identified by the Wisconsin Birth to 3 Program in our Phase I SSIP infrastructure analysis:

1. Professional Development

During Phase III, Year 8 of the SSIP, RESource continued to utilize American Rescue Plan Act (ARPA) funding to reimagine the professional development system for Wisconsin's Birth to 3 Program in hopes of providing more consistency among county programs with the implementation of evidence-based practices and increased accessibility of practices and tools across the state. In May 2023, RESource launched the Wisconsin Birth to 3

Program's professional development system, "EI in WI", offering a plethora of resources and establishing key practices that support quality intervention. Practices include support in coaching, teaming, collaboration, and providing services in natural environments that are based on a family-centered approach. More information on Wisconsin Birth to 3 Program's professional development system, "EI in WI", can be found here: <https://www.eiinwi.org>.

Additionally, DHS also dedicated a portion of their ARPA funding to continue prioritizing Infant Mental Health services through the Infant Early Childhood Mental Health Consultation (IECMHC) Pilot in partnership with University of Wisconsin's IECMH Capstone Program. The consultation services are aimed at supporting infants and toddlers and families who are demonstrating concerns related to social-emotional development and/or mental health, often due to trauma, loss, separation, poverty, parental mental illness and/or other adversities. The two-part pilot integrates IECMH into 5 Birth to 3 Programs in Wisconsin and provides infant mental health consultations for individual case consultations. The pilot concluded in December 2023 to align with the expiration of ARPA funding.

Finally, DHS continues to offer stipends for county Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program. Professionals who complete the Capstone Program learn how to apply concepts of parent, infant, and early childhood mental health that is informed by developmental, neuroscience, and attachment research. More information on the UW Capstone Program can be found here: <https://www.psychiatry.wisc.edu/education-training/infant-capstone/>

## 2. Data

The Wisconsin Birth to 3 Program revised the county determination scoring system and placed additional scoring weight on child outcomes. The revised determinations scoring system will add an additional two points for child outcomes performance, increasing its total possible point contribution to 4. The new scoring system was implemented in 2023 to align with Wisconsin's fiscal year reporting.

## 3. Quality Improvement and Accountability

Throughout Phase III, Year 8 of the SSIP, DHS continued to focus their attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. DHS conducted two Operational Impact Discussions (OID) in January 2023 and March 2023 with participating county programs to discuss the enhanced technical assistance and allowed opportunities for feedback on proposed follow-up activities. The required follow-up activities ensure that county Birth to 3 Programs adhere to the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA).

During Phase III, Year 8 of the SSIP, DHS released the highlights from the "Child and Family-Focused Pandemic Recovery Grants", where DHS distributed \$1.6 million of American Rescue Plan Act (ARPA) funding to 23 local Birth to 3 Programs to: 1) enhance equity and assist children and families disproportionately affected by the pandemic; and 2) aim to build protective factors and strengthen supports for families. DHS required that counties provide a qualitative analysis halfway through the implementation period detailing all activities and a final report describing cumulative project activities. DHS intends to use the report to show the positive impact of the grants in supporting the well-being of children and families in Wisconsin during pandemic recovery.

## 4. Quality Standards

During Phase III, Year 8 of the SSIP, DHS continued to review findings for the Program Review Protocol that gave the State insight into strengths and opportunity areas in local operations. The Program Review Protocol reviewed quality practices of local Birth to 3 Programs by using an external agency, MetaStar, to evaluate records across all 72 counties. MetaStar will review samples in each county ranging from 3-8 records, accounting for county size. DHS will receive new findings in FFY23 and use the data to inform future iterations of the tool and program priorities.

In FFY2022, DHS issued a permanent telehealth services policy as a result of the COVID-19 pandemic. Wisconsin Medicaid now allows families of children enrolled in the Birth to 3 Program and in Medicaid to choose to receive services delivered via telehealth. The permanent policy on telehealth services guarantee that children enrolled in the Birth to 3 Program are still receiving early intervention services to achieve improved outcomes. More information on the policy can be found in the Birth to 3 Program Operations Guide here: <https://www.dhs.wisconsin.gov/publications/p03138.pdf>.

Lastly, in FFY2022, the Bureau of Children Services (BCS) embedded their Racial Health Equity Project Planning Tool to all of their projects. BCS created a Racial Health Equity Project Planning Tool aimed at promoting systemic inclusivity for all children and youth enrolled in children's disability programs. As part of the tool, BCS requires all projects to engage and build relationships with those communities impacted, including families, to improve services for all children.

## 5. Governance

As part of DHS' efforts to ensure proper adherence to IDEA Part C requirements within their county Birth to 3 Programs, DHS continued to refer county Birth to 3 Programs to the Birth to 3 Program Operations Guide. The Birth to 3 Program Operations Guide interprets and incorporates information from federal and state statute and regulations and administrative rules, including the Individuals with Disabilities Education Act, Wis. Admin. Code Ch. DHS 90 and Wis. Stat 51.44. The guide provides a framework for local programs to improve their practices to lead to better outcomes for children and families participating in the Birth to 3 Program.

DHS utilizes the quarterly All in for Kids: Birth to 3 Program newsletter to inform families of available resources and program changes. The newsletter is mailed to all families who have a child with a Birth to 3 Program individualized family service plan (IFSP), in addition to families who had a referral established within the previous three months of release of the newsletter. DHS uses this as a means to communicate directly with participating families in the Birth to 3 Program.

## 6. Technical Assistance

During Phase III, Year 8 of the SSIP, the Wisconsin Birth to 3 Program held bi-monthly teleconferences with our local Birth to 3 Programs to provide guidance and assistance on items related to our SSIP. In an effort to standardize technical assistance requests from local programs, BCS launched the Technical Assistance Center (TAC) in FFY2022 to provide a centralized location for local programs to request support and be assigned to the appropriate personnel. All technical assistance submissions will be tracked to inform future technical assistance activities and the creation of additional resources.

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

### 1. Professional Development Initiatives:

Throughout Phase III, Year 8, DHS' contracted vendor, RESource, conducted individual reviews of tools and practices for the "Approved Tool List" to be

included on Wisconsin's professional development system, "EI in WI". The "Approved Tool List" provides a comprehensive list of high-quality, evidence-based tools and practices that are categorized into green, yellow, and red based on validity and reliability for county Birth to 3 Programs to implement at a local level. A portion of RESource's ARPA funds were set aside to support counties in implementing tools from the "Approved Tool List" and each county received a number of protocols for DAYC-2 or the DP-4 equal to approximately one third of the reported number of children evaluated in FFY22. Additionally, RESource developed a process for vetting and reviewing professional development content prior to publication on "EI in WI" for utmost reliability and quality standards.

RESource organized Professional Development Leadership Forums to communicate updates, receive feedback from leaders related to the professional development system, and facilitate leader-to-leader discussions related to professional development materials. Leaders from 41 out of 72 Wisconsin counties attended all 3 Professional Development Leadership Forums. RESource also made intentional outreach with early childhood educators and higher education institutions to increase awareness of early intervention opportunities. In FFY22, RESource presented at a total of 11 events to share information on Wisconsin's comprehensive professional development system, "EI in WI", and opportunities for increased involvement in early intervention. RESource's efforts towards improving professional development opportunities for Wisconsin's early intervention workforce will lead to increased competence and confidence in addressing social and emotional needs of infants and toddlers, further supporting the SiMR.

## 2. Infant Early Childhood Mental Health Consultation Pilot:

It will be important to demonstrate outcomes related to IECMH Consultation in Birth to 3 Programs to provide a rationale for continued funding for this resource. University of Wisconsin and DHS determined the outcome measures that will be most useful to assess impact. The outcome measures include:

- Pre/post social-emotional assessment (e.g. Devereux Early Childhood Assessment (DECA))
- Pre/post assessment of the quality of the parent-child relationship (e.g. Brief Parent-Child Early Relational Assessment)
- Survey assessing Birth to 3 Program provider's confidence and competence in serving children with Social-Emotional and/or Mental Health Needs
- Survey to families participating in IECMHC assessing program impact on child's social and emotional development

At the end of the pilot, UW requested that providers complete a survey to explore what the Mental Health Clinicians providing IECMH Consultation to Birth to 3 Programs identify as useful in terms of structure and frequency, as well as benefits of an ongoing Community of Practice that may then be peer run and supported. The results from the pilot will provide a blueprint for building a sustainable model of Infant Mental Health services in Wisconsin.

## 3. Annual Determinations Scoring and Technical Assistance Follow-Up Activities:

The new annual determinations scoring system was implemented in 2023 to align with Wisconsin's fiscal year reporting. The revised determinations scoring system added an additional two points for child outcomes performance, increasing its total possible point contribution to 4 in the determinations results section. The intent of the updated determinations process is to focus attention on early intervention results and outcomes achieved by children enrolled in the Wisconsin Birth to 3 Program to support progress towards the SiMR.

In FFY2022, DHS requested county feedback on the creation of new annual determinations follow-up activities and enhanced technical assistance through two Operational Impact Discussions (OID) to continue improving child outcomes. The OIDs were held on January 10, 2023, and March 14, 2023, where county Birth to 3 Programs provided the following recommendations:

- Clarifying language on timelines and state expectations
- Providing standardized analytic calculator training
- Increasing opportunities for collaboration amongst county programs to learn and emulate practices shown to have positive impact
- Grouping counties with same determination statuses to plan improvement strategies with shared challenges

## 4. "Child and Family-Focused Pandemic Recovery Grant" Highlights:

DHS released the highlights from the "Child and Family-Focused Pandemic Recovery Grants", where DHS distributed \$1.6 million of American Rescue Plan Act (ARPA) funding to 23 local Birth to 3 Programs to: 1) enhance equity and assist children and families disproportionately affected by the pandemic; and 2) aim to build protective factors and strengthen supports for families. DHS required that counties provide a qualitative analysis halfway through the implementation period detailing all activities and a final report describing cumulative project activities. Highlights from the "Child and Family-Focused Pandemic Recovery Grants" include:

- Chippewa County Birth to 3 Program provided 43 families a combination of transportation and grocery/baby essential supports.
- Trempealeau County Birth to 3 Program served 10 families and trained 30 service providers in Circles of Security, providing focused discussion on pandemic impacts and strategies for addressing issues.
- Vernon County Birth to 3 Program's new playgroup has seen instant interest, averaging 11 families per session, compared to the typical 3-4 families at other start-up groups.
- Milwaukee County Birth to 3 Program collaborated with the Parenting Network and Vision Forward, resulting in increased attendance for parenting classes and increased outreach to underrepresented communities.

The highlights were publicly posted on the Birth to 3 Program website. More information on grant recipient highlights and success stories can be found here: <https://www.dhs.wisconsin.gov/birthto3/reports/pandemic-recovery-grants.htm>.

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

YES

## **Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.**

The new infrastructure improvement strategies implemented during the Phase III, Year 8 of the SSIP are detailed below. These strategies and initiatives are grouped by the state system components identified by the Wisconsin Birth to 3 Program in our Phase I SSIP infrastructure analysis:

1. Professional Development
2. Quality Improvement and Accountability
3. Quality Standards

### 1. Professional Development

RESource will continue to add educational components and content to Wisconsin's professional development system, "EI in WI". During Phase III, Year 8 of the SSIP, RESource introduced "Discipline-specific Communities of Practice" for the early intervention workforce to engage with individuals of the same field for enhanced collaboration. Approximately 250 participants joined for each round of the Communities of Practice. Understanding the importance of discipline-specific guidance and collaboration, RESource plans to develop "learning tracks" in early 2024. The learning tracks will provide a clear path for specific disciplines in early intervention to ensure providers are receiving the appropriate educational materials and consistent guidance across all of Wisconsin's county Birth to 3 Programs. In addition to Communities of Practice for increased collaboration amongst the early intervention workforce, RESource hosted in-person evaluation exploration events in October 2023. There were 143 program participants in total that attended the in-person event and representation from 65 out of 72 counties at one of the events, equating to 90% of counties statewide. The in-person events are meant

to facilitate discussions around early intervention evaluation practices and provide hands-on exploration of the DP-4 and DAYC-2 tools.

RESource also moved from a regional support project to a statewide support project in developing "PD/Support Request Process" to hear needs, questions, and suggestions directly from the Wisconsin Birth to 3 Program workforce. Throughout Phase III, Year 8 of the SSIP, RESource received 111 total requests from across Wisconsin with the five main topics including: 1) assessment, evaluation, and eligibility; 2) transition; 3) IFSP outcomes; 4) child OSEP outcomes; and 5) orientation. The new "PD/Support Request Process" prioritizes transparent and clear guidance to increase equity and consistency across Wisconsin's county Birth to 3 Programs.

During Phase III, Year 8 of the SSIP, DHS dedicated a portion of their ARPA funding for the implementation of the Infant Early Childhood Mental Health Consultation (IECMHC) Pilot. In August 2022, the University of Wisconsin paired each of the five pilot Birth to 3 Programs with an individual IECMH Consultant. The Consultant provided county Birth to 3 Program leadership (Director and/or Supervisors) with reflective space and programmatic consultation on a monthly basis; group consultation twice per month that may be integrated into existing team meetings for case and programmatic consultation; office hours for drop-in individual case consultation; and individual case consultation on 5-8 cases. Quarterly check-in meetings with each county took place in March and September 2023 with UW and DHS representatives to assess progress and address programmatic concerns.

For phase two of the IECMH Pilot, UW and DHS developed a process for county Birth to 3 Programs to submit referrals for individual, child-specific case consultations. A IECMH consultant would be paired with a family to provide direct support for up to 35 cases statewide. DHS was able to extend the second arm of the pilot to December 31, 2023 with outstanding funding from another ARPA-funded project. DHS and UW were able to provide an additional 20 spots for child-specific case consultations statewide. UW will provide DHS a final report in early 2024 with data extracted from the assessment tools and surveys. Program evaluation and analysis will guide DHS in their efforts to sustainably provide Infant Mental Health services across the state.

Lastly, UW's Co-Director of the Infant, Early Childhood, & Family Mental Health Capstone Certificate Program provided B-ERA training to 22 Birth to 3 Program providers from 4 county programs in late 2023. The training was funded by DHS in an effort to continue progress towards the SiMR by building Birth to 3 Program providers' confidence in assessing parent-child dyad and assisting in building emotionally connected relationships between a parent and child.

## 2. Quality Improvement and Accountability

After the two Operational Impact Discussions (OID) to obtain county feedback, DHS introduced the "Annual Determinations Technical Assistance (TA) Forums" as part of their annual determinations process, including specific follow-up activities based on status categories. The required follow-up activities ensure that county Birth to 3 Programs adhere to the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA). The "Annual Determinations TA Forums" aims to support counties in understanding their determination results, reflect on program practices, assess impact of program practices on their results, identify areas of improvement, and implement change. The "Annual Determinations TA Forums" were held in July and August 2023 and split into two larger categories: Child Outcomes and Data Quality and Completeness". DHS took county feedback from the forums to revise next year's "Annual Determinations TA Forums" for continued improvements, including the addition of breakout rooms for more individualized support and guidance on specific topics as well as a video component on data collection and analysis. DHS plans to host another OID with county Birth to 3 Programs in February 2024 to review the revised TA Forums for FFY23 prior to its implementation during the FFY23 annual determinations process.

In FFY2022, DHS analyzed the Wisconsin Birth to 3 Program's current policies and practices with IDEA Part C federal regulations in preparation for OSEP's Differentiated Monitoring and Support (DMS) 2.0. The comprehensive gap analysis provided insight into program improvement opportunities, one of which being improving referrals for children in historically underrepresented populations to ensure all eligible infants and toddlers are receiving Birth to 3 Program services. The Wisconsin Birth to 3 Program created a series of Child Find Outreach Resources to aid local programs in their outreach efforts to identify all eligible infants and toddlers with disabilities earlier and increase referrals to the Birth to 3 Program. DHS solicited stakeholder input from the ICC, external subject matter experts, and RESource's Research to Practice team on the validity and cultural appropriateness of materials prior to publication. DHS values stakeholder feedback when revising program processes to continue efforts towards health equity. All of the Child Find Outreach Resources can be found here: <https://www.dhs.wisconsin.gov/birthto3/outreach-campaign.htm>. DHS hopes that county Birth to 3 Programs can use these resources to improve upon their local outreach efforts and build stronger relationships with community partners and families.

## 3. Quality Standards

Additionally, DHS revises their Birth to 3 Program Operations Guide bi-annually with any programmatic changes and continue to provide updated guidance for federal compliance. The next revisions will be in June 2024. The Birth to 3 Program Operations Guide captures the essential program requirements needed for local Birth to 3 Programs to operationalize the program. DHS will make necessary revisions with feedback from the Interagency Coordinating Council (ICC), DHS Children and Family Program Specialists (CFPS), and bi-monthly teleconferences with local Birth to 3 Programs. The Wisconsin Birth to 3 Program Operations Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p03138.pdf>.

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

### 1. Professional Development

- DHS' contracted vendor, RESource, will continue releasing professional development training bundles and introduce specific "learning tracks" to benefit and support the early intervention workforce.
- UW and DHS will begin reviewing qualitative and quantitative data collected from the ARPA-funded Infant Mental Health Consultation Pilot to build a sustainable model of Infant Mental Health services in Wisconsin.
- DHS will continue to offer stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Certificate Program.

### 2. Data

- The Wisconsin Birth to 3 Program will continue to use the new determination scoring to place additional weight and emphasis on child outcomes.
- The Birth to 3 Program Data Manager will continue to analyze indicator 3 data and identify trends in our data and areas in need of improvement in order to make gains in our SiMR.
- The Birth to 3 Program Data Manager will continue to analyze indicator 4 data and provide a demographic breakdown to identify underrepresented populations to strategize specific outreach efforts.

### 3. Technical Assistance

- DHS will continue to hold bi-monthly teleconferences and utilize the CFPS team to gather input from counties regarding Birth to 3 Program policies and procedures.
- DHS will track all technical assistance submissions through their new Technical Assistance Center (TAC) inbox to inform future technical assistance activities and the creation of additional resources.

-In February 2024, DHS will host another Operational Impact Discussion to review adjustments made to the “Annual Determinations Technical Assistance Forums” after its initial year.  
-DHS will conduct their “Annual Determinations Technical Assistance Forums” with more specific action items to hold counties accountable to improving their determination scores.

#### 4. Quality Improvement and Accountability

-DHS will utilize the highlights from the “Child and Family Pandemic Recovery Grants” to advance Wisconsin Birth to 3 Program’s practices in the areas of family engagement and social-emotional development.  
-DHS will encourage the use of the Child Find Outreach Resources to county Birth to 3 Programs and evaluate referrals of underrepresented populations to assess impact of materials on local practices.

#### 5. Quality Standards

-DHS will continue to gather data from the Birth to 3 Program Review Protocol to inform statewide strategies and ensure high-quality practices to improve child outcomes.  
-DHS will continue to embed our Racial Health Equity Tool into all new projects to promote systemic inclusivity for all children and youth enrolled in children’s disability programs.

#### 6. Governance

-DHS will continue revising of their Birth to 3 Program Operations Guide for accuracy and guidance of policies and procedures.  
-County Birth to 3 Programs and their subcontracted entities will use the Birth to 3 Program Operations Guide to perform local operations.  
-DHS will continue disseminating the Birth to 3 Program All in For Kids Newsletter every quarter to inform families of available resources and upcoming program changes.

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

1. Primary Coach Approach to Teaming (PCATT): The Wisconsin Birth to 3 Program has continued to use the PCATT to implement evidence-based practices that lead to high-quality early intervention. PCATT is an evidence-based practice that incorporates:

-Natural learning environment practices  
-Coaching as an adult learning strategy, which shifts the focus from interventions solely with the child to teaching parents/caregivers as well as the child strategies to support the child’s development.  
-A primary coach approach to teaming, which provides a coordinated team of professionals to support all aspects of the child’s development.

2. Professional Development Initiatives: RESource conducted individual reviews of tools and practices for the “Approved Tool List” to be included on Wisconsin’s professional development system, “EI in WI”. The “Approved Tool List” provides a comprehensive list of high-quality, evidence-based tools and practices with validity and reliability for county Birth to 3 Programs to implement at a local level. The evidence-based tools identified include, but not limited to, the following:

-The Developmental Assessment of Young Children, Second Edition (DAYC-2)  
-The Developmental Profile, Fourth Edition (DP-4)  
-The Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T)  
-The Social-Emotional Assessment/Evaluation Measure (SEAM)  
-The Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)

3. ARPA Infant Mental Health Consultation Pilot: University of Wisconsin and DHS determined the outcome measures that will be most useful to assess impact. The evidence-based practices implemented in this pilot were:

-Pre/post social-emotional assessment (Devereux Early Childhood Assessment (DECA))  
-Pre/post assessment of the quality of the parent-child relationship (Brief Parent-Child Early Relational Assessment (B-ERA))

4. Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative: DHS awarded approximately \$1.6 million of the supplemental ARPA funds to 23 county Birth to 3 Programs through the “Child and Family-Focused Pandemic Recovery Grants” to fund projects that support child and family-focused pandemic recovery efforts. With the grant funds, local Birth to 3 Programs incorporated evidence-based practices into service delivery, including:

-Circle of Security Facilitator Training in both Jackson County and Trempealeau County

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

Primary Coach Approach to Teaming (PCATT): In the PCATT model, each child and family receive a primary coach who implements the interventions defined in the IFSP with the family within the context of their everyday routines and activities. The primary coach is backed by a team, which includes the family, the service coordinator, and professionals from the identified disciplines necessary to support the child’s unique circumstances and developmental needs. The primary coach receives ongoing support from team members during informal conversations, case-based discussions, team meetings, and joint visits. Services are provided within the context of the family and child’s routines, activities, and interests. More information on PCATT can be found here: <https://www.dhs.wisconsin.gov/birthto3/training.htm>

Developmental Assessment of Young Children, Second Edition (DAYC-2): The DAYC-2 helps providers identify children with possible delays in the domains of Cognition, Communication, Social-Emotional Development, Physical Development, and Adaptive Behavior. Each domain reflects an area that is mandated by the Individuals with Disabilities Education Act (IDEA) for assessment and intervention for young children. The domains can be assessed independently, or all give can be measured for general development. The format of the DAYC-2 allows providers to obtain information through observation, interviews of caregivers, and direct assessment. More information on DAYC-2 can be found here: <https://www.parinco.com/products/pkey/82>.

Developmental Profile, Fourth Edition (DP-4): DP-4 is an assessment tool that quickly identifies developmental strengths and weaknesses in five key areas and offers suggested activities for remediation. DP-4 is a powerful, quick, and cost-effective developmental test that can compare development in different key areas, plan intervention, determine eligibility for special education, determine areas for further assessment, and monitor progress over time. One of the five scales includes social-emotional development to assess a child’s interpersonal skills, social-emotional understanding, functioning in social situations, and how a child relates to peers and adults. More information on DP-4 can be found here: <https://www.wpspublish.com/dp-4-developmental-profile-4.html>

Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T): is an evidence-based tool for assessing protective factors and screening for potential risks in the social and emotional development of infants and toddlers. The DECA-I/T helps families and early intervention professionals

recognize and support the social and emotional well-being of infants and toddlers through an interactive, hands-on training approach that consists of a 5-step system. The 5-step system includes: 1) collecting information on individual children, the home, and the group care environment, 2) administering the assessment, 3) scoring the assessment and summarizing results, 4) developing and implementing plans for the environment (home and group care), the child, and the adult caregiver, and 5) evaluating progress. More information on the DECA-I/T can be found here: <https://www.kaplanco.com/>

Social-Emotional Assessment/Evaluation Measure (SEAM): is an evidence-based assessment that focuses solely on the social-emotional and behavioral development in young children. SEAM aims to build positive partnerships among providers and families and enhance parent-child interactions to mitigate concerns to the child's well-being. SEAM acts as a two-part assessment tool by retrieving detailed qualitative information on the child's social-emotional competence and evaluates caregivers' strengths and areas of improvement. More information on SEAM can be found here: <https://agesandstages.com/products-pricing/seam/>

Ages & Stages Questionnaires: Social-Emotional (ASQ: SE): is a parent-completed questionnaire that focuses on the social and emotional development in young children. The purpose of the questionnaire is to identify possible social-emotional challenges as early as possible. Early intervention professionals can quickly recognize young children at risk for social and emotional difficulties or behavioral concerns from the questionnaire results and make a referral for a complete evaluation based on those results. More information on ASQ: SE can be found here: <https://agesandstages.com/products-pricing/asqse-2/>

Brief Parent-Child Early Relational Assessment (B-ERA): is an assessment tool that explores parents' strengths and concerns regarding their ability to meet their child's needs through observations, video replay, and interviews. Providers will help parents in goal setting to develop more emotionally connected relationships with their children, which, in turn, will offer children the sense of security and trust needed for healthy emotional and cognitive functioning. More information on the B-ERA can be found here: <https://bera.psychiatry.wisc.edu/>

Circles of Security Facilitator Training: is a training to identify the fundamentals of attachment theory and features of a safe learning environment for caregivers. The Circles of Security Facilitator Training provides opportunities for facilitators to teach caregivers to use quality of relationship enhancement to build stronger parent-child bonds and promote secure attachments. Every training discusses the impact of culture on parenting styles and how to provide a culturally responsive practice. Circles of Security defines culturally responsive practice as "engaging in ongoing self-critique of one's own beliefs, privileges, and biases while nurturing and adapting to the cultural needs of children and families to promote wellness. On a system-wide level, it involves continued work of modifying programs and policies in pursuit of equity across all cultures and ensuring that people from historically marginalized communities have a leading voice in shaping those systems". More information on Circles of Security can be found here: <https://www.circleofsecurityinternational.com/cosp-facilitator-training/>

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

The Wisconsin Birth to 3 Program believes that supporting and improving the social and emotional development of infants and toddlers through parent engagement within the PCATT approach will result in stronger family participation within the community and lead to improved outcomes for the children and families served in the Birth to 3 Program.

DHS hopes the creation of a statewide professional development system will provide consistency across our 72 counties with the implementation of high-quality, evidence-based practices within Wisconsin's Birth to 3 Program. The improved competency and confidence of evidence-based assessment tools and practices within the early intervention workforce will lead to improved outcomes for children and families enrolled in the Birth to 3 Program. Practitioners will be better equipped to address the social emotional needs of children, especially those impacted by traumatic events and referred through CAPTA.

The Wisconsin Birth to 3 Program believes that methods being used in the IECMH Pilot will positively impact the social and emotional competency of infants and toddlers receiving consultation services and their families. Because the Consultant provides county Birth to 3 Program leadership with reflective space and programmatic consultation, professionals will be more equipped in addressing the social and emotional needs of infants and toddlers. The evidence-based tools used to collect qualitative and quantitative data throughout the pilot will guide DHS in their efforts to build a sustainable model of Infant Mental Health services throughout the state.

The Wisconsin Birth to 3 Program believes that the projects funded through the "Child and Family-Focused Pandemic Recovery Grants" will lead to improved outcomes for the children served in the Wisconsin Birth to 3 Program by prioritizing families disproportionately impacted by the pandemic and aiming to reverse the negative repercussions of the pandemic on infants and toddlers and their families. Existing research that illustrates that Wisconsin ranks poorly on a number of metrics for health care access, equity, and outcomes among people of color. Wisconsin is seeing similar racial/ethnic disparities in the Wisconsin Birth to 3 Program, with white children and families achieving better child outcomes in the Birth to 3 Program than children and families of color. Because of this, all grants were required to utilize a health equity lens to promote the social and emotional development of underrepresented populations within the Birth to 3 Program. Also, the adoption of evidence-based practices in various counties will increase early intervention providers competence and confidence in addressing social and emotional concerns as a result of the pandemic. Trainings, such as Circles of Security, aim to strengthen provider-parent relationships, resulting in a more positive parent-child dyad with parents who are more attuned to their child's needs.

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

Primary Coach Approach to Teaming (PCATT): As part of DHS' efforts to assess fidelity of practice to the PCATT and promote and enhance child outcomes, the Program Review Protocol reviewed quality practices of local Birth to 3 Programs, including the PCATT approach. The Program Review Protocol required counties to report on their use of PCATT and serving children across natural environments. Counties were asked about whether they participate in joint family planning, seek out creative ways to engage families in sessions, and use evidence-based practices and interventions to support social-emotional development, all of which are elements of the PCATT model. From this, MetaStar, an external agency, evaluated records across all 72 counties to issue a final report highlighting the strengths and opportunity areas in local operations.

Professional Development Initiatives: The Wisconsin Birth to 3 Program will implement evidence based-practices and social-emotional development practices that enhance our statewide, comprehensive professional development system, "EI in WI". Our contracted vendor, RESource, ensures that the Wisconsin Birth to 3 Program workforce receives necessary training material through their "Training Bundles" and, eventually the development of "Learning Tracks", to provide high-quality services with the utmost accuracy and efficacy. The published "Approved Tool List" provides a comprehensive list of all evidence-based tools and practices with the validity and reliability for county Birth to 3 Programs to implement at a local level. Collectively, "EI in WI" will promote consistency among Wisconsin's Birth to 3 Programs, ensure fidelity of practice, and guarantee accuracy of child outcomes scoring. In FFY2022, RESource has already provided hands-on exploration of the DP-4 and DAYC-2 tools to the early intervention workforce during in-person

events.

ARPA Infant Mental Health Consultation Pilot: The assessment tools used by local programs to assess the effectiveness of the pilot include:

- Pre/post social-emotional assessment (Devereux Early Childhood Assessment (DECA))
- Pre/post assessment of the quality of the parent-child relationship (Brief Parent-Child Early Relational Assessment (B-ERA))

"Child and Family-Focused Pandemic Recovery Grants": The "Child and Family-Focused Pandemic Recovery Grants" required that grant recipients report to DHS on their progress and fiscal allocations in December 2023.

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

Multiple data collection efforts were conducted to support the decision to continue the ongoing use of the evidence-based practices stated above. DHS, in collaboration with RESource, produced a primary data analysis on the current practices within Wisconsin's Birth to 3 Program and opportunities for better fidelity to practice in the future. RESource completed a secondary research analysis on best practices at both a state and national level to further inform RESource's professional development initiatives. RESource's report incorporated national recommendations on the implementation of evidence-based practices statewide through an equity lens and research that supports the effectiveness and fidelity of the evidence-based practices stated above. The compilation of this research led to the creation of the "Approved Tools List" now available on Wisconsin's professional development system, "EI in WI".

DHS published the highlights and successes from the "Child and Family Pandemic Recovery Grants", including the positive impact of evidence-based practices on family engagement. Jackson County and Trempealeau County facilitated Circle of Security training to provide families with additional tools for coping with life challenges and strategies for providers working with families in the Birth to 3 Program. The grant recipients were required to provide DHS with a year one project summary and fiscal reporting in December 2022 and a year two project summary and fiscal reporting in December 2023. DHS utilized the reports to support the decision for county programs to offer Circles of Security as a training modality to strengthen parent-child bonds and socio-emotional outcomes.

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

1. Primary Coach Approach to Teaming (PCATT):

-DHS will continue to use the Program Review Protocol to review quality practices within county Birth to 3 Programs that incorporates elements of the PCATT approach

2. Professional Development Initiatives:

-The Wisconsin Birth to 3 Program and our contracted vendor, RESource, will continue to work together to publish educational content and provide opportunities for trainings of evidence based-practices and social-emotional development practices that enhance our statewide, comprehensive professional development system, "EI in WI".

-RESource will develop "learning tracks" to provide a clear path for specific positions in early intervention to ensure providers are receiving the appropriate educational materials and consistent guidance on evidence-based practices across all of Wisconsin's 72 Birth to 3 Programs.

-DHS will continue to offer stipends for county Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Certificate Program.

3. ARPA Infant Mental Health Consultation Pilot:

-DHS will receive a final report from UW that includes a comprehensive analysis of pre- and post-surveys of Birth to 3 Program provider's confidence and competence in serving children with social-emotional needs and results from the B-ERA and DECA assessments.

-DHS will review the final report's qualitative and quantitative data to build a sustainable model of Infant Mental Health services in Wisconsin.

4. Child and Family-Focused Pandemic Recovery Grants:

-The Wisconsin Birth to 3 Program will review the highlights and success stories from the "Child and Family-Focused Pandemic Recovery Grants" to determine the trainings that informed and engaged families most effectively as a basis for future recommendations across the state. An example of an evidence-based practice that shown to improve family engagement was the Circles of Security training conducted in Jackson County and Trempealeau County.

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

YES

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

The Wisconsin Birth to 3 Program will continue implementing the activities and strategies detailed in the Phase III, Year 8 SSIP. The Wisconsin Birth to 3 Program will also implement new initiatives to continue to improve our SiMR data in coming years. The new activities that will be initiated are detailed in the following section of the Phase III, Year 8 SSIP: "Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved." The improvement in our SiMR from FFY2021 to FFY2022 further supports Wisconsin's decision to implement our SSIP without any modifications.

**Section C: Stakeholder Engagement**

**Description of Stakeholder Input**

The State Interagency Coordinating Council (ICC), county Birth to 3 Programs, and families participating in Wisconsin's Birth to 3 Program, continued to serve as the primary stakeholders for SSIP work in Phase III, Year 8. The ICC provided input and guidance on Phase III, Year 8 SSIP implementation during quarterly meetings. County Birth to 3 Programs provided input and guidance on Phase III, Year 8 SSIP implementation during bi-monthly teleconferences, Operational Impact Discussions (OIDs), and individual contact with the Children and Family Program Specialists (CFPS). Families participating in the Wisconsin Birth to 3 Program provided feedback on Phase III, Year 8 SSIP implementation during the ICC quarterly meetings and Circles of Life conference. DHS sought input from all stakeholders regarding these key SSIP focus areas: social and emotional development, workforce competency, and family engagement.



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

**1. Interagency Coordinating Council**

The ICC provided input and guidance on Phase III, Year 8 SSIP implementation and evaluation during quarterly meetings. During the January 25, 2023 ICC meeting, DHS staff reviewed the FFY2021 Annual Performance Report (APR) to the ICC, allowing for council members to discuss and motion to approve the report. DHS staff shared multiyear trending data related to all federal indicators and data. Discussions were had regarding the new scoring system for local determinations to place more emphasis on Indicator 3: child outcomes and the fidelity of child outcome scoring in Wisconsin as a result of the ARPA-funded professional development initiatives. During the March 8, 2023 ICC meeting, DHS staff provided an overview of the Program Review Protocol results that assessed county Birth to 3 Programs in the following areas: family engagement, transition, socio-emotional practices, and IFSP outcomes. The Council members expressed the need for expectations for county programs to be clearer and stressed the importance of proper documentation to meet quality measures. DHS is actively taking the Council's advice by providing more detailed instructions on how county programs should document and evidence their practices in the following year's assessment. During the May 12, 2023 ICC meeting held during the Circles of Life Conference, DHS utilized the expertise of two ICC members to present on their personal experiences with the homelessness and tribal populations in Wisconsin, one of which being a parent member. DHS used their presentations to help create Child Find Outreach Resources, which were later shared with the ICC at the following quarterly meeting. The Child Find Outreach Resources were vetted through the ICC and subject matter experts for accuracy and cultural appropriateness prior to their publication. The ICC's input was imperative to the development of the Child Find Outreach Resources to improve upon Wisconsin Birth to 3 Program's family engagement and comprehensive child find system at a local level.

**2. County Birth to 3 Programs**

County Birth to 3 Programs also served as stakeholders for Phase III, Year 8 SSIP implementation and evaluation. As part of DHS' professional development efforts, their contracted vendor, RESource, organized Professional Development Leadership Forums to receive feedback from leaders related to the professional development system and facilitate leader-to-leader discussions related to professional development materials. Leaders from 41 out of 72 Wisconsin counties attended all 3 Professional Development Leadership Forums. RESource also hosted in-person evaluation exploration events in October 2023. There were 143 program participants in total that attended the in-person event and representation from 65 out of 72 counties at one of the events, equating to 90% of counties statewide. The in-person events are meant to facilitate discussions around early intervention evaluation practices and provide hands-on exploration of the DP-4 and DAYC-2 tools.

DHS requested county feedback on the creation of new annual determinations follow-up activities and enhanced technical assistance through two Operational Impact Discussions (OID) to continue improving child outcomes. The OIDs were held on January 10, 2023, and March 14, 2023, where county Birth to 3 Programs provided the following recommendations:

- Clarifying language on timelines and state expectations
- Providing standardized analytic calculator training
- Increasing opportunities for collaboration amongst county programs to learn and emulate practices shown to have positive impact
- Grouping counties with same determination statuses to plan improvement strategies with shared challenges

Additionally, DHS sought input and guidance from county Birth to 3 Programs during bi-monthly teleconferences. Examples of monthly teleconference agenda items related to the SSIP during Phase III, Year 8 included:

- Annual Determinations revised follow-up activities with technical assistance forums specific to Indicator 3: child outcomes
- Professional development updates with opportunities for their participation in Leadership Forums, Communities of Practice, and In-Person events
- ARPA-funded Infant Early Childhood Mental Health Consultation Pilot referrals for child-specific case consultations

**3. Family Input**

DHS engages parents in discussions on ways to improve their experiences participating in Wisconsin's Birth to 3 Program. DHS understands the pivotal role that families play in a child's life and the direct impact the parent-child relationship has on child outcomes. Therefore, DHS has placed a greater emphasis on increasing accessibility of resources designed to improve outcomes for infants and toddlers enrolled in the Wisconsin Birth to 3 Program to underrepresented populations. In FFY2022, DHS enlisted a parent member of the ICC to share her tribal experience with the group and obstacles that tribal infants and toddlers and their families face in accessing early intervention services. The presentation sparked impactful discussions on opportunities to identify tribal infants and toddlers eligible for early intervention services earlier and increase accessibility and delivery of services. In response to the presentation, DHS created Child Find Outreach Resources, including one specific to families residing on and off reservations.

As part of the American Rescue Plan Act (ARPA) funded Infant Early Childhood Mental Health (IECMH) Consultation Pilot, the participating families who received services were asked to complete a survey to assess efficacy and impact of IECMH consultation. The survey inquired about a family's understanding of consultation, knowledge they gained from working with a consultant, aptitude to recommend services to other families, and an opportunity to provide feedback. Family feedback will be instrumental in evaluating pilot progress and advocating for funding to create a sustainable model for IECMH consultation statewide. DHS anticipates the survey results showing a positive impact of IECMH on a child's social and emotional development and parent's overall confidence in addressing their child's needs.

Lastly, in FFY2022, DHS was a member of the listening panel for parents at the Circles of Life Conference held on May 11, 2023, wherein over 700 parents and families of children with disabilities shared their insights and ideas with state and local policymakers. In the forum, parents shared experiences with local Birth to 3 Programs and their interest in advancing inclusion in early intervention and developing improvement strategies. Family Voices, a national parent-led advocacy organization, sponsored this event, and also offered a virtual option on June 6, 2023, where DHS also participated as an invited representative to listen to the inputs of parents. DHS plans to utilize the feedback from parent attendees to drive program improvement opportunities in FFY2023.

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

NO

**Additional Implementation Activities**

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

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

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

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

Wisconsin's FFY 2022 SPP/APR attachment(s) are available at: <https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>.

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## **Certification**

### **Instructions**

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

### **Certify**

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

### **Select the certifier's role**

Lead Agency Director

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

#### **Name:**

Deborah L. Rathermel

#### **Title:**

Part C Coordinator / Bureau Director

#### **Email:**

deborah.rathermel@dhs.wisconsin.gov

#### **Phone:**

608-852-0599

#### **Submitted on:**

01/30/24 9:11:13 AM

## Determination Enclosures

### RDA Matrix

# 2024 Part C Results-Driven Accountability Matrix

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

Percentage (%)	Determination

#### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results			
Compliance			

#### 2024 Part C Results Matrix

##### I. Data Quality

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

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

###### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score</b> (please see Appendix B for a detailed description of this calculation)	
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##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

<b>Data Comparison Score</b> (please see Appendix C for a detailed description of this calculation)	
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###### (b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

<b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation)	
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022						
FFY 2021						

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

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision			
Indicator 7: 45-day timeline			
Indicator 8A: Timely transition plan			
Indicator 8B: Transition notification			
Indicator 8C: Timely transition conference			
Timely and Accurate State-Reported Data			
Timely State Complaint Decisions			
Timely Due Process Hearing Decisions			
Longstanding Noncompliance			
Specific Conditions			
Uncorrected identified noncompliance			

(2) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)

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

**Appendix A**

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

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

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

<b>Data Completeness Score</b>	<b>Percent of Part C Children included in Outcomes Data (C3) and 618 Data</b>
<b>0</b>	<b>Lower than 34%</b>
<b>1</b>	<b>34% through 64%</b>
<b>2</b>	<b>65% and above</b>

## Appendix B

### I. (b) Data Quality:

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

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

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

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

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

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
Outcome A\Category a				
Outcome B\Category a				
Outcome C\Category a				

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b				
Outcome A\ Category c				
Outcome A\ Category d				
Outcome A\ Category e				
Outcome B\ Category b				
Outcome B\ Category c				
Outcome B\ Category d				
Outcome B\ Category e				
Outcome C\ Category b				
Outcome C\ Category c				
Outcome C\ Category d				
Outcome C\ Category e				

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points



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

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

	<b>Total Score</b>
<b>Outcome A</b>	
<b>Outcome B</b>	
<b>Outcome C</b>	
<b>Outcomes A-C</b>	

<b>Data Anomalies Score</b>	
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**Appendix C**

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

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

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

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

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

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

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10						
90						

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

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

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)						
Points						

<b>Total Points Across SS1 and SS2(*)</b>	
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<b>Your State’s Data Comparison Score</b>	
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**Appendix D**

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

**Comparing your State's FFY 2021 data to your State's FFY 2021 data**

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

**Test of Proportional Difference Calculation Overview**

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

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

$$\text{e.g., } C3A \text{ FFY}2022\% - C3A \text{ FFY}2021\% = \text{Difference in proportions}$$

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

$$\text{Sqrt}[(\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N) + ((\text{FFY}2023\% * (1-\text{FFY}2023\%)) / \text{FFY}2023N)] = \text{Standard Error of Difference in Proportions}$$

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

$$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$$

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

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

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

- 0 = statistically significant decrease from FFY 2021 to FFY 2022
- 1 = No statistically significant change
- 2= statistically significant increase from FFY 2021 to FFY 2022

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

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

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships										
SS1/Outcome B: Knowledge and Skills										
SS1/Outcome C: Actions to meet needs										
SS2/Outcome A: Positive Social Relationships										
SS2/Outcome B: Knowledge and Skills										
SS2/Outcome C: Actions to meet needs										

Total Points Across SS1 and SS2	
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Your State's Performance Change Score	
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**Data Rubric**

FFY 2022 APR (1)

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

APR Indicator	Valid and Reliable	Total
1		
2		
3		
4		
5		
6		
7		
8A		
8B		
8C		
9		
10		
11		

**APR Score Calculation**

<b>Subtotal</b>	
<b>Timely Submission Points</b> - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	

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

**618 Data (2)**

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

**618 Score Calculation**

Subtotal	
Grand Total (Subtotal X 2) =	

**Indicator Calculation**

A. APR Grand Total	
B. 618 Grand Total	
C. APR Grand Total (A) + 618 Grand Total (B) =	
Total N/A Points in APR Data Table Subtracted from Denominator	
Total N/A Points in 618 Data Table Subtracted from Denominator	
<b>Denominator</b>	
D. Subtotal (C divided by Denominator) (3) =	
E. Indicator Score (Subtotal D x 100) =	

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

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

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

DATE: February 2024 Submission

### SPP/APR Data

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

### Part C 618 Data

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

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

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

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





## How the Department Made Determinations

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

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