



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

May 26, 2021

Michael Queensland
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 Mr. Queensland and Mr. Blazel:

I am pleased to submit to the Legislature the State Annual Performance Report including the State's 2020 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) highlighting DHS's progress in implementing the Wisconsin Birth to 3 Program.

The report covers the federal fiscal year 2018 as submitted to OSEP, including our 2020 Part C Results-Driven Accountability Matrix, and the response from OSEP in a 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. In federal fiscal year 2018, Wisconsin met all federal compliance requirements of the Individuals with Disabilities Education Act. Wisconsin did not meet certain targets established for early childhood outcomes; however, DHS is working with our local program partners to improve our child outcomes results. Improvement initiatives are detailed in the report and include [grants](#) to local Birth to 3 Programs to pilot innovative efforts to foster children's social and emotional development, additional training in childhood mental health through the UW Madison for local Birth to 3 Program practitioners and additional technical assistance for local programs. DHS expects to improve our results, which are currently in the category of "needs assistance," under Part C of the Individuals with Disabilities Education Act (IDEA), over the next year and regain our status in the OSEP "meets requirements" category.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Karen E. Timberlake".

Karen E. Timberlake
Secretary-designee

Enclosures: Annual Performance Report FFY 2018
U.S. Department of Education June 23, 2020 Determination Letter
Wisconsin 2020 Part C RDA Matrix

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

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

**For reporting on
FFY18**

Wisconsin



PART C DUE February 3, 2020

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

General Supervision System

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

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 provides technical assistance, monitoring, and supervision of counties to ensure the Birth to 3 Program is operating in accordance with IDEA requirements. Training, technical assistance, and supervision are provided to counties through DHS Technical Assistance (TA) Leads and through DHS' contracted vendor the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support team (RESource). RESource provides a staff person for each region in Wisconsin to assist with program implementation of evidence-based practices and strategies to support children's overall development, with a particular focus on social and emotional development. DHS TA Leads are assigned to regions of Wisconsin to support ongoing program implementation and address technical assistance needs; they conduct onsite reviews for each of Wisconsin's 72 county Birth to 3 Programs over a four-year cycle, with the state's largest county subject to an onsite review annually. Beginning in FFY 2018, DHS TA Leads also implemented quarterly contacts with each of Wisconsin's 72 counties. During these quarterly contacts, each county Birth to 3 Program receives a one-on-one contact from their DHS TA Lead to discuss topics impacting their work with children and families. DHS topics during the quarterly contact include key policy, guidance and resources pertaining to the Birth to 3 Program.

County Birth to 3 Programs are required to complete an annual County Performance Plan (CPP) as a part of the DHS Birth to 3 Program monitoring and supervision system. The CPP identifies key outcomes, action steps and measurements for the ongoing provision of high quality early intervention services. The DHS TA Lead reviews the information contained in the CPP and provides feedback to counties. If concerns are identified, a targeted review may be conducted to resolve findings of non-compliance and to develop any required plans of correction. County Birth to 3 Programs are expected to review the CPP annually to monitor progress on identified outcomes and to update outcomes based upon findings of non-compliance, ongoing program changes, or other areas identified for improvement.

Accurate and reliable data supports the ability of DHS to monitor compliance with IDEA Part C requirements in the Birth to 3 Program. Accurate and reliable data also aids DHS in making data-driven decisions for overall improvements to the program. DHS has created statewide practices to support the accuracy of data collection and reporting as part of its general supervision process for the Birth to 3 Program. Analysis conducted by the state Data Manager in FFY 2018 identified opportunities to improve instructional guidance given to counties regarding data reporting. As a result of this input and analysis, DHS updated its Program Participation System (PPS) User Guide. PPS is the system utilized by counties to enter data for the Birth to 3 Program. The purpose of the updates to the PPS User Guide was to improve data reporting for the Birth to 3 Program, especially around child outcomes. Updates to the PPS User Guide included removing out-of-date instructions, clarifying definitions, and incorporating all required data reporting elements. The updated PPS User Guide was distributed to counties in February 2019 during a monthly Birth to 3 Program teleconference.

Data analysis charts are annually distributed to county Birth to 3 Programs after the submission of the APR. These charts are used to assign each county Birth to 3 Program a determination status. The charts have historically tracked compliance percentages for indicators 1, 2, 7, 8a, 8b, 8c, 9 and 10. Beginning in FFY 2018, DHS incorporated child outcomes indicator data (indicator 3) into the data analysis charts in order to align with the 2015 change to the OSEP state-level determination process, which includes consideration of each state's child outcomes data. A memo describing this change can be found at the following link: <https://www.dhs.wisconsin.gov/dlrc/memos/2019-09.pdf>. DHS received comments and feedback from stakeholders in making this change. Data analysis is also completed annually near the close of the federal fiscal year, which may result in issuance of findings of non-compliance for any county not achieving 100% compliance. 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.

Birth to 3 Program participants have access to the IDEA complaint process, mediation, and due process hearings as a means to resolve disputes regarding the Birth to 3 Program.

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. DHS staff complete Part C IDEA complaint investigations. The issues of the complaint will determine the nature and the extent of the complaint investigation. DHS sends a written response to the complainant and the county Birth to 3 program within 60 days of the complaint. If an area of non-compliance with IDEA is identified, a corrective action plan is required of the county Birth to 3 program. Any areas of non-compliance must be corrected within one year from the written notification.

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. If both parties consent to mediation and resolve part or all of the dispute, the mediator will ensure that the agreement is in writing and signed by all the parties. The resolution or agreement is legally binding upon the parties.

Due Process Hearing

A parent 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 hearing with the Department of Health Services. The hearing is conducted by an impartial decision maker and a written decision is issued within 30 days of the request for the hearing. The decision of the impartial decision maker is final unless appealed by either party.

within 30 days to federal district court or the circuit court for the county in which the child resides.

DHS ensures that family rights materials discussing the dispute resolution process in the Birth to 3 Program meet the required literacy level. DHS staff provide technical assistance on the dispute resolution system to contracted county program staff through state/regional meetings, monthly teleconference meetings and phone calls, and email communication with individual county programs. County staff are required to support families and providers with any questions regarding accessing the Birth to 3 Program dispute resolution system.

Technical Assistance System:

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

Wisconsin has a comprehensive, statewide program of support for county Birth to 3 Programs through Bureau of Children's Services (BCS) Technical Assistance (TA) Leads and regional REsource coaches. The DHS Birth to 3 Program contracts with the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support (REsource) Program to provide coaching and facilitation to all county Birth to 3 Programs, specifically targeted to implementation of evidence-based practices and strategies to support the social and emotional development of infants and toddlers and achievement of Wisconsin's SiMR (Wisconsin's SiMR is the percentage of children who enter the Birth to 3 Program below age expectations in positive social-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). Wisconsin's FFY 2019 target for the SiMR is 59.2%.

REsource provides a dedicated staff person for each of the five DHS regions located in Wisconsin; Northern, Northeastern, Southern, Southeastern and Western. The REsource Project works closely with the Wisconsin DHS Birth to 3 Program state staff, and other identified community partners to improve outcomes identified in the State Performance Plan/State Systemic Improvement Plan (SPP/SSIP).

The primary contacts for REsource Coaches are local Birth to 3 Program leadership and the DHS Birth to 3 Program state staff. The REsource Project is guided by the following primary goals as well as the Wisconsin Birth to 3 Program SPP/SSIP, Wis. Admin. Code ch. DHS 90 and Wisconsin policies and procedures:

- Building strong, ongoing relationships with Birth to 3 Program staff at the state and local level to focus on the unique assets of each program and support implementation of Wisconsin's SSIP; specifically evidence based practices of Primary Coach Approach to Teaming in Natural Environments, social and emotional development, and the OSEP Child Outcomes rating process.
- Supporting continuous quality improvement of county Birth to 3 Programs through facilitation of the Birth to 3 Program Annual Review process, the development of County Performance Plan (CPP) and the facilitation of appropriate support to local county Birth to 3 Programs through program assessment, coaching interactions, teaming, professional development activities.
- Completing strategic planning, data gathering, analyzing and program evaluation.
- Facilitating and participating in community and statewide activities.

The work of REsource is organized around the following goals:

Goal 1: Work in partnership with DHS Birth to 3 staff to support and implement a statewide Wisconsin Birth to 3 Program, promoting the overall efficiency and effectiveness of each individual county Birth to 3 program through ongoing relationship-based support reflected in the State Performance Plan (SPP), State Systemic Improvement Plan (SSIP) and individual county Birth to 3 Program CPPs. Utilize coaching as an interaction style to build the competence and confidence of the local county Birth to 3 Programs.

Goal 2: Create, facilitate, and track professional development opportunities to meet the identified needs of local Birth to 3 Programs and the SSIP. Supportive opportunities may include; access to technology/web-based resources, communities of practice, regional or statewide events. Utilize coaching as an interaction style to follow up and build the competence and confidence of the local county Birth to 3 Programs.

Goal 3: Strategic planning, data gathering, analyzing and program evaluation through dedicated data analyst.

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 has a comprehensive, statewide program of personnel development. DHS currently contracts with Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support Program (REsource), to provide personnel development to providers who serve families and children receiving services from the Birth to 3 Program. Professional development goals include: 1) continue on a statewide and regional basis; 2) respond to the highest priority training needs for Wisconsin's Birth to 3 Program as identified by the DHS Part C Coordinator and supported by the U.S. Department of Education (DOE), Office of Special Education Programs (OSEP) State Performance Plan (SPP), Annual Performance Report (APR), and the SSIP; 3) further the mission of the Birth to 3 Program by focusing on effective, efficient, and evidence-based approaches to provide interdisciplinary and interagency services that are based on culturally competent, relationship-based, family-centered practices in natural environments; and 4) collaborate with other early childhood, health-related, and parent training efforts in the state. Professional development activities strive to be culturally competent and reflect the diversity of the families in Wisconsin.

DHS offers training opportunities to county Birth to 3 program staff at all levels of the program. Biannually, DHS holds a Birth to 3 Program Orientation to share information about the Wisconsin Birth to 3 Program for both new staff and veteran staff. Training goals for participants in the orientation include: learning the essential elements of the Birth to 3 Program process from child find through transition; understanding how to implement federal regulations (Part C) and Wis. Admin. Code ch. DHS 90 policies; and identifying family-centered and relationship-based services through the lens of coaching, teaming and natural learning environment. Additionally in FFY 2018, DHS held full day, in-person trainings on Indicator #3, child outcomes. The goals of this statewide training included fostering an understanding of the integrated nature of the three child outcomes and promoting the use of authentic assessment practices to gather data on children's functional behavior. The training taught attendees how to use the Child Outcomes Decision Tree and Bucket List in order to accurately rate a child's functioning as well as how to accurately rate a child's functioning as a team through the process of age anchoring. The training also covered how county Birth to 3 Programs can use child outcomes data to assess and improve Birth to 3 Program practices.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP/APR, and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

Wisconsin has a long-standing history and commitment to quality services for young children and their families. 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. County agencies provide input and guidance on the policies and procedures of the Wisconsin Birth to 3 Program during their quarterly contacts with DHS Technical Assistance leads, monthly teleconferences with DHS, and statewide and regional meetings. 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 Performance Plan (SPP), priorities and practices related to outcomes for children and families, targets for all Part C indicators, and Annual Performance Reports (APR). Wisconsin's county Birth to 3 Programs are fully informed of the SPP and the resulting outcome data in the APR.

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 provides data to the ICC on the status of the Birth to 3 Program indicators and corresponding outcomes. Subsequently, the ICC makes data-driven recommendations to DHS regarding strategies for improvement related to these outcomes and any other identified initiatives. 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 had 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 meeting on January 23, 2019 during which the Annual Performance Report was reviewed. 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 Birth to 3 Program.

Apply stakeholder involvement from introduction to all Part C results indicators (y/n)

NO

Reporting to the Public:

How and where the State reported to the public on the FFY 2017 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 2017 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 revision if the State has revised the targets that it submitted with its FFY 2017 APR in 2019, 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, trainings, 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 county compliance on any of the federal indicators. Beginning in FFY 2018, the determination status for each county program is also publically 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.

Intro - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

Intro - OSEP Response

States were instructed to submit Phase III, Year Four, of the State Systemic Improvement Plan (SSIP), indicator C-11, by April 1, 2020. The State provided the required information. The State provided a target for FFY 2019 for this indicator, and OSEP accepts the target.

Intro - Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

OSEP notes that one or more of the attachments included in the State's FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

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 the 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 noncompliance as noted in the Office of Special Education Program's (OSEP's) response table 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 2018 SPP/APR, the data for FFY 2017), 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	2005	85.79%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	99.89%	99.79%	99.90%	99.79%	99.83%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
5,384	6,061	99.83%	100%	100.00%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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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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.

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

State database

Describe the method used to select EIS programs for monitoring.

XXX

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

July 1, 2018 - June 30, 2019

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

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.

If needed, provide additional information about this indicator here.

The acceptable delay reasons for Wisconsin are family reason, extreme weather and IFSP team determined that services should begin after the 30-day timeline. The only other reason is system reason and that is a non-compliant reason.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

FFY 2017 Findings of Noncompliance Verified as Corrected

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

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements of the OSEP Memorandum 09-02. In the fall of 2013, the Wisconsin Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. This process verifies correct implementation of the regulatory requirements of this indicator through a two-step verification process and corresponding root cause analysis. The two-step verification process includes a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected were verified based on a review of 60 consecutive days of data which reflect 100% compliance.

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

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02. A two-step verification process exists, including a review of updated system-level data and correction of all individual cases of noncompliance. All findings of individual noncompliance corrected were verified based upon a review of 60 consecutive days of data which reflect 100% compliance and childfile documentation review to ensure the implementation of required activity for the indicator.

The Wisconsin Birth to 3 Program verifies through a review of data within the PPS data system that all children for whom services were not initiated in a timely manner had their services initiated unless the child was no longer within the jurisdiction of the local EI program in accordance with requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

1 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

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	2005	95.10%			
FFY	2013	2014	2015	2016	2017
Target >=	96.30%	96.33%	96.34%	96.35%	96.37%
Data	98.41%	98.88%	99.17%	99.61%	99.59%

Targets

FFY	2018	2019
Target >=	96.40%	99.00%

Targets: Description of Stakeholder Input

XXX

The Wisconsin Interagency Coordinating Council (ICC) met on December 18, 2014. During the meeting, DHS provided a review of existing data and facilitated a discussion on recommendations to set targets for Indicator 2. The ICC members advised DHS to increase the targets each year to meet the target of 96.40 in 2018. These targets for Indicator 2 will help establish goals that are both increasing and attainable. The ICC reviewed the target this year, and the target was increased for FFY 2019 to 99%.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,957
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Total number of infants and toddlers with IFSPs	5,993

FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
5,957	5,993	99.59%	96.40%	99.40%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

2 - OSEP Response

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

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

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 = $\left[\frac{\text{(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d))}}{\text{(# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))}} \right] \times 100$.

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 = $\left[\frac{\text{(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e))}}{\text{(total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))}} \right] \times 100$.

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

XXX

DHS Birth to 3 Program staff presents Child Outcome (Indicator 3) data results for each FFY annually to the Wisconsin Interagency Coordinating Council (ICC). The January 20, 2016, discussion with the ICC included a comparison of Indicator 3 FFY 2014-2015 results data to that of each previous year of the SPP (2008-2012) data. The following issues were discussed related to Wisconsin child outcome data:

Wisconsin professional development opportunities in partnership with Wisconsin Department of Public Instruction (DPI) were developed and delivered in the fall of 2014, the spring of 2015, and the fall of 2015 to increase the child outcomes fidelity process among early interventionists. (Additional trainings were delivered on 1/10/19 and 5/22/19.)

County programs and our regional RESource providers report significant changes in their local child outcomes "process." These practices include teaming efforts, the use of an age anchoring assessment tool and incorporating the child outcomes "Decision Tree".

Wisconsin Birth to 3 Programs are increasing their understanding of Indicator 3 child outcomes as a "process" versus "task" and recognizing how child outcomes are incorporated into their daily interactions with children and families.

Wisconsin's overall Indicator 3 data trend mirrors that of the national trend.

The ICC reviewed the targets this fiscal year, and the targets will be changing as well as Wisconsin's baseline data. The Wisconsin Birth to 3 Program team and the ICC believe that the 2018 data is a better representation of a baseline data for Indicator 3. The 2011 data is unreliable as the individuals and teams assessing and rating children's outcomes for this year were not properly trained in the child outcome ratings process. There was also little to no inter-rater reliability in 2011. Wisconsin believes the 2018 data is a better baseline as we are now seeing indicator 3, child outcomes ratings that are more consistent and accurate. The Wisconsin Birth to 3 Program has held many well-attended child outcome trainings from 2014-2018 in order to increase the accuracy of Indicator 3, child outcomes ratings process in our county programs. Wisconsin would like to make the 2018 data the baseline and create new targets off of this new baseline year to make goals that are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant, and Time-Based). The targets set based upon the 2011 data are not attainable or relevant as the 2011 data is unreliable. The change in the baseline year to 2018 will result in a change of targets for FFY 2019.

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	2018	Target>=	59.01%	59.02%	59.03%	59.04%	59.05%
A1	60.40%	Data	54.92%	50.78%	54.38%	56.01%	60.23%
A2	2018	Target>=	66.11%	66.12%	66.13%	66.14%	66.15%
A2	43.81%	Data	59.80%	55.42%	52.18%	47.96%	47.27%
B1	2018	Target>=	66.11%	66.12%	66.13%	66.14%	66.15%
B1	66.16%	Data	62.39%	60.39%	61.21%	62.02%	64.30%
B2	2018	Target>=	50.71%	50.72%	50.73%	50.74%	50.75%
B2	32.61%	Data	43.88%	41.69%	38.57%	34.17%	34.89%
C1	2018	Target>=	69.51%	69.52%	69.53%	69.54%	69.55%
C1	66.53%	Data	65.67%	62.49%	64.16%	64.88%	67.43%
C2	2018	Target>=	68.51%	68.52%	68.53%	68.54%	68.55%
C2	47.03%	Data	62.55%	58.75%	53.75%	49.57%	50.91%

Targets

FFY	2018	2019
Target A1>=	59.06%	62.00%
Target A2>=	66.16%	48.00%
Target B1>=	66.16%	66.17%
Target B2>=	50.76%	36.00%
Target C1>=	69.56%	69.57%
Target C2>=	68.56%	51.00%

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

4,214

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

	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	13	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,387	32.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	968	22.97%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,167	27.69%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	679	16.11%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	2,135	3,535	60.23%	59.06%	60.40%	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	1,846	4,214	47.27%	66.16%	43.81%	Did Not Meet Target	Slippage

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

The Wisconsin Birth to 3 Program believes that the slippage experienced during FFY 2018 in indicator 3, summary statements 3A2, 3B2, and 3C2, may be partially attributed to a gap in the availability of indicator 3, child outcome trainings for county Birth to 3 Program staff. In 2015, DHS provided six trainings on indicator 3, child outcomes in order to increase the reliability, validity, and accuracy of the child outcome rating process. The goals of the statewide trainings included fostering an understanding of the integrated nature of the three child outcomes and promoting the use of authentic assessment practices to gather data on children's functional behavior. Additional trainings were not held until January of 2019, which may have resulted in more accurate and authentic child outcome exit scores for certain children exiting the program in the 2018 FFY. During 2019, DHS developed and delivered 4 full day, in-person trainings on Indicator 3, child outcomes. DHS is holding additional trainings in 2020 and plan to hold annual trainings going forward.

The Wisconsin Birth to 3 Program is currently undertaking additional initiatives to foster improvements in indicator 3, child outcomes. In FFY 2018, DHS modified its local determinations process and incorporated indicator 3, child outcomes data into its determinations for county Birth to 3 Programs. DHS has historically issued annual determinations to county Birth to 3 Programs considering each program's ability to meet targets and requirements for indicators 1, 2, 7, 8a, 8b, 8c, 9 and 10. Going forward, DHS is examining both data quality and completeness for indicator 3, as well as performance on indicator 3 targets when making county Birth to 3 Program determinations. DHS believes this modification will improve the state's data and drive county programs to improve children's outcomes in the Birth to 3 Program.

Additionally, during FFY 2018, DHS completed work on a Program Review Protocol for the Birth to 3 Program. The Birth to 3 Program Review Protocol provides a review of Birth to 3 Program operations focusing on quality and results as evidenced by information in individual child files. The Program Review Protocol examines Birth to 3 Program practice within focus areas including:

- o Impact of intervention: (progress with IFSP outcomes and child outcome measures),
- o Social-emotional practices, and
- o Evidence-based practices: coaching, teaming and natural environments

The Birth to 3 Program Review Protocol is a tool to help understand both the quality and impact of Birth to 3 Program service for the children and families served across Wisconsin. The tool will provide guidance and insights for advancing the Wisconsin Birth to 3 Program's practices and will lead to improved outcomes for children and families.

DHS believes that another factor possibly contributing to the slippage experienced in indicator 3, summary statements 3A2, 3B2, and 3C2, in FFY 2018 may be an increase in the number of children and families served by the Wisconsin Birth to 3 Program that are involved with the child welfare system. During onsite monitoring visits and quarterly contacts with county Birth to 3 Programs, DHS Technical Assistance Leads have become aware that some county Birth to 3 Programs in the state are serving more children and families involved with the child welfare system. Reasons for this increase include, but are not limited to, a substance abuse epidemic in Wisconsin (especially in regard to opioids and methamphetamines), and an increase in the number of children placed into foster care. Children in the child welfare system are exposed to numerous risk factors for delays in child outcomes including: abuse and neglect, poverty, in utero drug exposure, and parental substance abuse. DHS intends to have a discussion with county Birth to 3 Programs regarding the families they are serving and how this may relate to indicator 3, child outcomes scores. DHS is also undertaking initiatives to improve child outcomes for children involved with child welfare, in particular children who have experienced abuse and/or neglect. Recently, county Birth to 3

Programs were given the opportunity to apply for grants from the DHS to fund projects that support the implementation of evidence-based practices and system changes to improve social-emotional outcomes for enrolled children. The application for this initiative required all proposals to specifically address children enrolled in the county Birth to 3 Program through substantiated allegations of abuse or neglect and to explain how the proposed project would aim to reduce the likelihood of subsequent substantiations of child abuse or neglect.

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

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	12	0.28%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,416	33.60%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,412	33.51%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,109	26.32%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	265	6.29%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	2,521	3,949	64.30%	66.16%	63.84%	Did Not Meet 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	1,374	4,214	34.89%	50.76%	32.61%	Did Not Meet Target	Slippage

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

The Wisconsin Birth to 3 Program believes that the slippage experienced during FFY 2018 in indicator 3, summary statements 3A2, 3B2, and 3C2, may be partially attributed to a gap in the availability of indicator 3, child outcomes trainings for county Birth to 3 Program staff. In 2015, DHS provided six trainings on indicator 3, child outcomes in order to increase the reliability, validity, and accuracy of the child outcome rating process. The goals of the statewide trainings included fostering an understanding of the integrated nature of the three child outcomes and promoting the use of authentic assessment practices to gather data on children's functional behavior. Additional trainings were not held until January of 2019, which may have resulted in more accurate and authentic child outcomes exit scores for certain children exiting the program in the 2018 FFY. During 2019, DHS developed and delivered 4 full day, in-person trainings on Indicator 3, child outcomes. DHS is holding additional trainings in 2020 and plans to hold annual trainings going forward.

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abuse and neglect, poverty, in utero drug exposure, and parental substance abuse. DHS intends to have a discussion with county Birth to 3 Programs regarding the families they are serving and how this may relate to indicator 3, child outcomes scores. DHS is also undertaking initiatives to improve child outcomes for children involved with child welfare, in particular children who have experienced abuse and/or neglect. Recently, county Birth to 3 Programs were given the opportunity to apply for grants from the DHS to fund projects that support the implementation of evidence-based practices and system changes to improve social-emotional outcomes for enrolled children. The application for this initiative required all proposals to specifically address children enrolled in the county Birth to 3 Program through substantiated allegations of abuse or neglect and to explain how the proposed project would aim to reduce the likelihood of subsequent substantiations of child abuse or neglect.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	9	0.21%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,230	29.19%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	993	23.56%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,470	34.88%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	512	12.15%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	2,463	3,702	67.43%	69.56%	66.53%	Did Not Meet 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	1,982	4,214	50.91%	68.56%	47.03%	Did Not Meet Target	Slippage

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

The Wisconsin Birth to 3 Program believes that the slippage experienced during FFY 2018 in indicator 3, summary statements 3A2, 3B2, and 3C2, may be partially attributed to a gap in the availability of indicator 3, child outcomes trainings for county Birth to 3 Program staff. In 2015, DHS provided six trainings on indicator 3, child outcomes in order to increase the reliability, validity, and accuracy of the child outcome rating process. The goals of the statewide trainings included fostering an understanding of the integrated nature of the three child outcomes and promoting the use of authentic assessment practices to gather data on children's functional behavior. Additional trainings were not held until January of 2019, which may have resulted in more accurate and authentic child outcomes exit scores for certain children exiting the program in the 2018 FFY. During 2019, DHS developed and delivered 4 full day, in-person trainings on Indicator 3, child outcomes. DHS is holding additional trainings in 2020 and plans to hold annual trainings going forward.

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Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?

XXX

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A1	XXX	Data	XXX	XXX	XXX	XXX	XXX
A1 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
A2	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A2	XXX	Data	XXX	XXX	XXX	XXX	XXX
A2 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
B1	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
B1	XXX	Data	XXX	XXX	XXX	XXX	XXX
B1 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
B1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
B2	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
B2	XXX	Data	XXX	XXX	XXX	XXX	XXX
B2 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
B2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
C1	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
C1	XXX	Data	XXX	XXX	XXX	XXX	XXX
C1 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
C1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
C2	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
C2	XXX	Data	XXX	XXX	XXX	XXX	XXX
C2 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
C2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX

Targets

FFY	2018	2019
Target A1 >=	XXX	XXX
A1 AR	XXX	
Target A2 >=	XXX	XXX
A2 AR	XXX	XXX
Target B1 >=	XXX	XXX
B1 AR	XXX	XXX
Target B2 >=	XXX	XXX
B2 AR	XXX	XXX
Target C1 >=	XXX	XXX
C1 AR	XXX	XXX
Target C2 >=	XXX	XXX
C2 AR	XXX	XXX

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

XXX

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

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
A2. The percent of infants and toddlers who were functioning	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
within age expectations in Outcome A by the time they turned 3 years of age or exited the program							

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for A1 AR/ALL slippage, if applicable

XXX

Provide reasons for A2 AR/ALL slippage, if applicable

XXX

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
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							
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for B1 AR/ALL slippage, if applicable

XXX

Provide reasons for B2 AR/ALL slippage, if applicable

XXX

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for C1 AR/ALL slippage, if applicable

XXX

Provide reasons for C2 AR/ALL slippage, if applicable

XXX

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

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	6,735
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.	2,521

	Yes/No
Was sampling used?	NO
Has your previously-approved sampling plan changed?	
If the plan has changed, please provide sampling plan.	

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

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

YES

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

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

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

Response to actions required in FFY 2017 SPP/APR

3 - OSEP Response

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

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.

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

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled 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.

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

4 - Indicator Data

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A	2011	Target >=	82.83%	82.85%	82.88%	82.93%	82.98%
A	82.83%	Data	80.12%	83.25%	89.37%	92.92%	75.06%
B	2011	Target >=	87.49%	87.51%	87.54%	87.59%	87.64%
B	87.49%	Data	85.71%	87.93%	93.49%	91.37%	82.75%
C	2011	Target >=	85.20%	85.22%	85.25%	85.30%	85.35%
C	85.20%	Data	84.12%	85.30%	91.57%	93.25%	81.35%

Targets

FFY	2018	2019
Target A >=	83.03%	85.00%
Target B >=	87.69%	89.00%
Target C >=	85.40%	92.00%

Targets: Description of Stakeholder Input

XXX

The Wisconsin Birth to 3 Program Interagency Coordinating Council (ICC) provided input into the baseline data and targets identified above. ICC members discussed historical Indicator 4 data and trends, recommendations for survey distribution and analysis, and practice changes to use language in everyday conversations with families that helps parents or caregivers understand the goals and purposes of early intervention. ICC members set the above baselines and targets to allow time for practice changes and data analysis to demonstrate results in indicator performance. The ICC reviewed the targets this year, and the targets were increased. The FFY 2019 targets are: 85% for 4A, 89% for 4B, and 92% for 4C.

FFY 2018 SPP/APR Data

The number of families to whom surveys were distributed	3,095
Number of respondent families participating in Part C	356
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	268
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	350
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	286
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	350
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	270
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	350

	FFY 2017 Data	FFY 2018 Target	FFY 2018 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)	75.06%	83.03%	76.57%	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)	82.75%	87.69%	81.71%	Did Not Meet Target	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)	81.35%	85.40%	77.14%	Did Not Meet Target	Slippage

Provide reasons for part A slippage, if applicable

XXX

Provide reasons for part B slippage, if applicable

The Wisconsin Birth to 3 Program surveys families annually about their experience with early intervention services using the Office of Special Education Programs approved Early Childhood Outcomes (ECO) Family Survey. This survey measures outcomes for federal indicator #4. In 2017, the Department of Health Services (DHS) changed the survey distribution method. DHS believes the change in the survey distribution method may have affected results for indicator #4 in FFY 2018. Prior to 2017, each county Birth to 3 Program distributed the survey directly to local participating families. Beginning in 2017, DHS mailed the survey to participating families in the Birth to 3 Program. DHS made this change in the survey distribution method to: (1) reduce county workload, (2) reduce potential biases in survey responses, and (3) ensure a consistent survey distribution method for participants in the program. When county Birth to 3 Programs distributed the survey directly to local families, DHS was not able to oversee and monitor each of the 72 counties method of survey distribution. Additionally, DHS was not able to ensure that families received appropriate anonymity when completing the survey.

In FFY 2018, the Wisconsin Birth to 3 Program experienced slippage in Indicator 4B and Indicator 4C. The Wisconsin Birth to 3 Program predicted that there could be slippage in Indicator 4 outcomes resulting from the change in the survey distribution method. DHS believes that the change in survey distribution method may have resulted in DHS receiving more forthright answers from families regarding their experiences with the Wisconsin Birth to 3 Program, as the family sends their survey response directly to DHS rather than a local program whose staff they have worked with and are familiar with. DHS believes that our data is settling from this shift, but we are beginning to analyze trends in this data and are identifying outlier questions to determine areas where improvement is most needed within the Wisconsin Birth to 3 Program.

Provide reasons for part C slippage, if applicable

The Wisconsin Birth to 3 Program surveys families annually about their experience with early intervention services using the Office of Special Education Programs approved Early Childhood Outcomes (ECO) Family Survey. This survey measures outcomes for federal indicator #4. In 2017, the Department of Health Services (DHS) changed the survey distribution method. DHS believes the change in the survey distribution method may have affected results for indicator #4 in FFY 2018. Prior to 2017, each county Birth to 3 Program distributed the survey directly to local participating families. Beginning in 2017, DHS mailed the survey to participating families in the Birth to 3 Program. DHS made this change in the survey distribution method to: (1) reduce county workload, (2) reduce potential biases in survey responses, and (3) ensure a consistent survey distribution method for participants in the program. When county Birth to 3 Programs distributed the survey directly to local families, DHS was not able to oversee and monitor each of the 72 counties method of survey distribution. Additionally, DHS was not able to ensure that families received appropriate anonymity when completing the survey.

In FFY 2018, the Wisconsin Birth to 3 Program experienced slippage in Indicator 4B and Indicator 4C. The Wisconsin Birth to 3 Program predicted that there could be slippage in Indicator 4 outcomes resulting from the change in the survey distribution method. DHS believes that the change in survey distribution method may have resulted in DHS receiving more forthright answers from families regarding their experiences with the Wisconsin Birth to 3 Program, as the family sends their survey response directly to DHS rather than a local program whose staff they have worked with and are familiar with. DHS believes that our data is settling from this shift, but we are beginning to analyze trends in this data and are identifying outlier questions to determine areas where improvement is most needed within the Wisconsin Birth to 3 Program.

	Yes / No
Was sampling used?	NO
If yes, has your previously-approved sampling plan changed?	NO
If the plan has changed, please provide the sampling plan.	XXX

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
If your collection tool has changed, upload it here	XXX
The demographics of the families responding are representative of the demographics of infants, toddlers, and families 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 Early Childhood Outcomes (ECO) Family Survey are representative of the demographics of infants, toddlers, and families enrolled in the program. DHS has personalized the envelope used for mailing the ECO Family Survey to program participants and has also marked the envelope as containing a survey. DHS is also providing 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). In FFY 2018, the Bureau of Children's Services (BCS) within DHS developed a family communications newsletter. This newsletter will be distributed periodically to families of children enrolled in BCS children's services program. BCS plans to use this publication to better support and inform families about our programs, and BCS plans to use the newsletter to notify families of the ECO Family Survey and encourage responses from families. Additionally, DHS is exploring opportunities for sending our survey electronically to participating families, including through email or text message.

DHS is also planning to partner with family advocacy agencies and tribal health agencies to educate families in the Birth to 3 Program on the importance of the ECO Family Survey and the importance of contributing their voice to the Birth to 3 Program. DHS anticipates that the work with these advocacy agencies will increase the response rate of minorities and lower socioeconomic participants in the Birth to 3 Program. DHS also plans to investigate other States' strategies for improving the representativeness of their surveys and will access national technical assistance available to States to improve the representativeness of the ECO Family Survey.

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

In FFY 2018 the Wisconsin Birth to 3 Program distributed 3,095 Early Childhood Outcomes (ECO) Family Surveys and received 356 completed surveys, a return rate of 11.50%. The ECO Family Survey distribution list was developed from a one-day count of data in the Program Participation System (PPS). In FFY 2018 the Wisconsin Birth to 3 Program continued the practice of distributing the ECO Family Survey to all families enrolled in the program, a practice started in FFY 2010. Survey recipients included families enrolled in a Birth to 3 Program in Wisconsin for a minimum of six months, also a continuation of the survey process implemented in FFY 2010. In FFY 2018, DHS continued to emphasize the expectation for county Birth to 3 Programs to update PPS data on a monthly basis to ensure the accuracy of the survey distribution list and demographic information. 18.6% of the surveys were completed by non-white families, a lower percent than the 23% of non-white Wisconsin families as reported in the Wisconsin FFY 2017 618 child count data. 6% of surveys were completed by Hispanic families, a lower percent than the 16% of Wisconsin families reported as Hispanic in the FFY 2016 618 child count report. 62% of the respondents had male children in the Birth to 3 Program and 38% had female children. 56% of families completed the survey when their child was over two years old. 21% of families completed the survey before their child was two years old. 23% of families completed the survey after their child already turned three years old and left the Birth to 3 Program.

Provide additional information about this indicator (optional)

4 - Prior FFY Required Actions

In the FFY 2018 SPP/APR, the State must report whether its FFY 2018 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 2017 SPP/APR

4 - OSEP Response

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

4 - Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (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 ED Facts 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 and compare the results to the target and to national data. 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	2008	0.86%			
FFY	2013	2014	2015	2016	2017
Target >=	0.95%	0.95%	0.95%	0.95%	0.95%
Data	1.03%	1.02%	1.03%	0.97%	1.03%

Targets

FFY	2018	2019
Target >=	0.95%	1.05%

Targets: Description of Stakeholder Input

XXX

In the 2012 SPP, the Wisconsin Birth to 3 Program adjusted the child find target for children under age one to 0.95 percent to more accurately reflect the Wisconsin Birth to 3 Program's previous four years of child find results data. On October 12, 2011, the Wisconsin ICC reviewed the work of the Child Find Work Group and moved to amend the 2012 SPP and adjust the birth to age one target (Indicator 5) from 1.16% to .95%. 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. The ICC reviewed the target this year, and the target was increased for FFY 2019 to 1.05%.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 1 with IFSPs	673
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 1	64,588

FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
673	64,588	1.03%	0.95%	1.04%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Compare your results to the national data

Wisconsin used the 2019 Part C FFY 2018 SPP/APR Indicator Analysis Booklet to compare Wisconsin's 1.04% to the national average of 1.25%. In conclusion Wisconsin's data is less than one standard deviation point away from the mean giving Wisconsin confidence that our data is right where it should be compared nationally.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

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 compared to national data. (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 and compare the results to the target and to national data. 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	2005	2.79%			
FFY	2013	2014	2015	2016	2017
Target >=	2.81%	2.82%	2.83%	2.83%	2.83%
Data	2.81%	2.84%	2.85%	2.79%	2.90%

Targets

FFY	2018	2019
Target >=	2.83%	3.00%

Targets: Description of Stakeholder Input

XXX

DHS Birth to 3 Program staff presented Indicator 6 (Child Find-Birth to Three) data results for FFY 2013-14 to the Wisconsin Interagency Coordinating Council (ICC) on December 18, 2014. The Indicator 6 targets for 2013 to 2018 have been changed to be consistent with the 2005 baseline and reflect the current data as reported in the past three-year APR. 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 FFY 2017-FFY 2018. The ICC reviewed the target this year, and the target was increased for FFY 2019 to 3%.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 3 with IFSPs	5,993
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 3	198,099

FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
5,993	198,099	2.90%	2.83%	3.03%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Compare your results to the national data

Wisconsin used the 2019 Part C FFY 2018 SPP/APR Indicator Analysis Booklet to compare Wisconsin's data of 3.03% to the national average of 3.48%. Wisconsin's data is less than one standard deviation point away from the mean, which gives Wisconsin confidence that our data is right where it should be compared nationally.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

6 - OSEP Response

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

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 noncompliance as noted in OSEP's response table 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 2018 SPP/APR, the data for FFY 2017), 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	2005	74.40%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	99.59%	99.76%	99.42%	99.44%	99.19%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
5,224	6,892	99.19%	100%	99.11%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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.

1,607

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

State database

Describe the method used to select EIS programs for monitoring.

XXX

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

July 1, 2018 - June 30, 2019

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

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 datamart 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.

Provide additional information about this indicator (optional)

The acceptable delay reasons for Wisconsin are family reason and extreme weather. The only other reason is system reason and that is a non-compliant reason.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	10	0	0

FFY 2017 Findings of Noncompliance Verified as Corrected

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

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements of the OSEP Memorandum 09-02. In the fall of 2013, the Wisconsin Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. This process verifies correct implementation of the regulatory requirements of this indicator through a two-step verification process and corresponding root cause analysis. The two-step verification process includes a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected were verified based on a review of 60 consecutive days of data which reflect 100% compliance.

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

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02. A two-step verification process exists, including a review of updated system-level data and correction of all individual cases of noncompliance. All findings of individual noncompliance corrected were verified based upon a review of 60 consecutive days of data which reflect 100% compliance and childfile documentation review to ensure the implementation of required activity for the indicator.

The Wisconsin Birth to 3 Program verifies through a review of data within the PPS data system that all children for whom services were not initiated in a timely manner had their services initiated unless the child was no longer within the jurisdiction of the local EI program in accordance with requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

7 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

7 - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

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

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 noncompliance as noted in OSEP's response table 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 2018 SPP/APR, the data for FFY 2017), 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	2005	100.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	99.76%	99.72%	99.78%	99.83%	99.87%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 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

If no, please explain.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
4,295	4,880	99.87%	100%	99.45%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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.

558

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

State database

Describe the method used to select EIS programs for monitoring.

XXX

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

July 1, 2018 - June 30, 2019

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

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 the 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.

Provide additional information about this indicator (optional)

Family reason is the only compliant reason for 8A for Wisconsin. The only other reason is system reason and that is a non-compliant reason.

Correction of Findings of Noncompliance Identified in FFY 2017

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

FFY 2017 Findings of Noncompliance Verified as Corrected

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

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements of the OSEP Memorandum 09-02. In the fall of 2013, the Wisconsin Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. This process verifies correct implementation of the regulatory requirements of this indicator through a two-step verification process and corresponding root cause analysis. The two-step verification process includes a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected were verified based on a review of 60 consecutive days of data which reflect 100% compliance.

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

These specific children left the program at the time of verification and were no longer in the program's jurisdiction.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8A - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8A - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

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

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 noncompliance as noted in OSEP's response table 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 2018 SPP/APR, the data for FFY 2017), 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	2005	83.45%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	98.18%	97.98%	98.71%	98.46%	97.78%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Data include notification to both the SEA and LEA

YES

If no, please explain.

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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
3,490	3,670	97.78%	100%	97.65%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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.

96

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

Describe the method used to select EIS programs for monitoring.

XXX

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

July 1, 2018, through June 30, 2019.

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

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.

Provide additional information about this indicator (optional)

Family reason is the only compliant reason for 8B for Wisconsin. The only other reason is system reason and that is a non-compliant reason.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	11	0	0

FFY 2017 Findings of Noncompliance Verified as Corrected

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

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements of the OSEP Memorandum 09-02. In the fall of 2013, the Wisconsin Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. This process

verifies correct implementation of the regulatory requirements of this indicator through a two-step verification process and corresponding root cause analysis. The two-step verification process includes a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected were verified based on a review of 60 consecutive days of data which reflect 100% compliance.

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

These specific children left the program at the time of verification and were no longer in the program's jurisdiction.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8B - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8B - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

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

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 noncompliance as noted in OSEP's response table 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 2018 SPP/APR, the data for FFY 2017), 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	2005	66.20%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	98.17%	98.61%	99.02%	99.57%	97.74%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 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

If no, please explain.

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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
2,419	3,692	97.74%	100%	97.31%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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.

683

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.

509

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

State database

Describe the method used to select EIS programs for monitoring.

XXX

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

July 1, 2018, through June 30, 2019

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

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 datamart 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.

Provide additional information about this indicator (optional)

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.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	14	0	0

FFY 2017 Findings of Noncompliance Verified as Corrected

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

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements of the OSEP Memorandum 09-02. In the fall of 2013, the Wisconsin Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. This process verifies correct implementation of the regulatory requirements of this indicator through a two-step verification process and corresponding root cause analysis. The two-step verification process includes a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected were verified based on a review of 60 consecutive days of data which reflect 100% compliance.

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

These specific children left the program at the time of verification and were no longer in the program's jurisdiction.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8C - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8C - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

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 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.

NA

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.

Select yes to use target ranges.

NA

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.

NA

Provide an explanation below.

NA

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1 Number of resolution sessions	NA
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1(a) Number resolution sessions resolved through settlement agreements	NA

Targets: Description of Stakeholder Input

XXX

NA

Historical Data

Baseline	NA	NA			
FFY	2013	2014	2015	2016	2017
Target >=	NA	NA	NA	NA	NA
Data	NA	NA	NA	NA	NA

Targets

FFY	2018	2019
Target >=	NA	NA

FFY 2018 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
NA	NA	NA	NA	NA	NA	NA

Targets

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	NA	NA	NA	NA

FFY 2018 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
NA	NA	NA	NA	NA	NA	NA	NA

Provide reasons for slippage, if applicable

NA

Provide additional information about this indicator (optional)

NA

9 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

9 - OSEP Response

This Indicator is not applicable to the State.

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 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.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Provide an explanation below

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1 Mediations held	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.a.i Mediations agreements related to due process complaints	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

XXX

The governor-appointed Interagency Coordinating Council (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.

Historical Data

Baseline	2005				
FFY	2013	2014	2015	2016	2017
Target >=	100.00%	100.00%	100.00%	100.00%	100.00%
Data					

Targets

FFY	2018	2019
Target >=	100.00%	100.00%

FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
0	0	0		100.00%		N/A	N/A

Targets

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	XXX	XXX	XXX	XXX

FFY 2018 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 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for slippage, if applicable

XXX

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

Response to actions required in FFY 2017 SPP/APR**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2018. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - 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 Rathermel

Title:

Part C Coordinator

Email:

deborah.rathermel@wi.gov

Phone:

608-266-9366

Submitted on:



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

June 23, 2020

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

Dear Director Rathermel:

I am writing to advise you of the U.S. Department of Education's (Department) 2020 determination under sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Wisconsin needs assistance in meeting the requirements of Part C of the IDEA. This determination is based on the totality of the State's data and information, including the Federal fiscal year (FFY) 2018 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Your State's 2020 determination is based on the data reflected in the State's "2020 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) Results 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) the State'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 2020: Part C" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2020, as it did for the Part C determinations in 2015, 2016, 2017, 2018, and 2019. (The specifics of the determination procedures and criteria are set forth in the HTDMD and reflected in the RDA Matrix for your State.) For 2020, the Department's IDEA Part C determinations continue to include consideration

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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 2018 data.

You may access the results of OSEP’s review of your State’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 your State’s SPP/APR on the site, you will find, in Indicators 1 through 10, the OSEP Response to the indicator and any actions that the State is required to take. The actions that the State is required to take are in two places:

- (1) actions related to the correction of findings of noncompliance are in the “OSEP Response” section of the indicator; and
- (2) any other actions that the State is required to take are in the “Required Actions” section of the indicator.

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

You will also find all of the following important documents saved as attachments:

- (1) the State’s RDA Matrix;
- (2) the HTDMD document;
- (3) a spreadsheet entitled “2020 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) a document entitled “Dispute Resolution 2018-2019,” 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, the State’s 2020 determination is Needs Assistance. A State’s 2020 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has imposed Special or Specific Conditions on the State’s last three IDEA Part C grant awards (for FFYs 2017, 2018, and 2019), and those Specific Conditions are in effect at the time of the 2020 determination.

States were required to submit Phase III Year Four of the SSIP by April 1, 2020. OSEP appreciates the State’s ongoing work on its SSIP and its efforts to improve results for infants and toddlers with disabilities and their families. We have carefully reviewed and responded to your submission and will provide additional feedback in the upcoming weeks. Additionally, OSEP will continue to work with your State as it implements the fifth year of Phase III of the SSIP, which is due on April 1, 2021.

As a reminder, your State 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 the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days after the State's submission of its FFY 2018 SPP/APR. In addition, your State must:

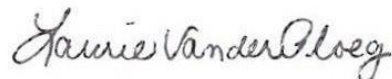
- (1) review EIS program performance against targets in the State's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement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

Further, your State 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 the State'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 the State's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with your State 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,



Laurie VanderPloeg
Director
Office of Special Education Programs

cc: State Part C Coordinator

Wisconsin 2020 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination¹

Percentage (%)	Determination
75	Needs Assistance

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	8	4	50
Compliance	14	14	100

I. Results Component — Data Quality

Data Quality Total Score (completeness + anomalies)	3
--	----------

(a) Data Completeness: The percent of children included in your State's 2018 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e. outcome data)	4214
Number of Children Reported Exiting in 618 Data (i.e. 618 exiting data)	6735
Percentage of Children Exiting who are Included in Outcome Data (%)	62.57
Data Completeness Score²	1

(b) Data Anomalies: Anomalies in your State's FFY 2018 Outcomes Data

Data Anomalies Score³	2
---	----------

II. Results Component — Child Performance

Child Performance Total Score (state comparison + year to year comparison)	1
---	----------

(a) Comparing your State's 2018 Outcomes Data to other State's 2018 Outcomes Data

Data Comparison Score⁴	1
--	----------

(b) Comparing your State's FFY 2018 data to your State's FFY 2017 data

Performance Change Score⁵	0
---	----------

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 2020: Part C."

² Please see Appendix A for a detailed description of this calculation.

³ Please see Appendix B for a detailed description of this calculation.

⁴ Please see Appendix C for a detailed description of this calculation.

⁵ Please see Appendix D for a detailed description of this calculation.

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 2018	60.4	43.81	63.84	32.61	66.53	47.03
FFY 2017	60.23	47.27	64.3	34.89	67.43	50.91

2020 Part C Compliance Matrix

Part C Compliance Indicator ¹	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2017	Score
Indicator 1: Timely service provision	100	Yes	2
Indicator 7: 45-day timeline	99.11	Yes	2
Indicator 8A: Timely transition plan	99.45	Yes	2
Indicator 8B: Transition notification	97.65	Yes	2
Indicator 8C: Timely transition conference	97.31	Yes	2
Timely and Accurate State-Reported Data	100		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Special Conditions	None		
Uncorrected identified noncompliance	None		

¹ The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://osep.grads360.org/#communities/pdc/documents/18306>

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2018 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2018 Outcomes Data (C3) and the total number of children your State reported in its FFY 2018 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 2018 in the State's FFY 2018 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality: Anomalies in Your State's FFY 2017 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2018 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 2014 – FFY 2017 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 e¹². 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 2018 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 anomalies score of 0, 1, or 2 is based on the total points awarded.

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

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

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	2.24	4.9	-2.66	7.13
Outcome B\ Category a	1.85	4.73	-2.89	6.58
Outcome C\ Category a	1.91	5.2	-3.29	7.11

¹ Numbers shown as rounded for display purposes.

² Values based on data for States with summary statement denominator greater than 199 exiters.

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	21.28	8.29	4.7	37.87
Outcome A\ Category c	18.94	11.52	-4.1	41.98
Outcome A\ Category d	28.16	8.87	10.42	45.9
Outcome A\ Category e	29.38	15.02	-0.65	59.41
Outcome B\ Category b	22.74	9.21	4.31	41.16
Outcome B\ Category c	27.04	11.17	4.7	49.38
Outcome B\ Category d	33.69	8.08	17.54	49.84
Outcome B\ Category e	14.69	9.63	-4.58	33.95
Outcome C\ Category b	18.75	7.69	3.37	34.14
Outcome C\ Category c	21.58	11.78	-1.99	45.15
Outcome C\ Category d	35.37	8.62	18.13	52.61
Outcome C\ Category e	22.39	14.36	-6.32	51.1

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

Data Quality: Anomalies in Your State's FFY 2018 Outcomes Data

Number of Infants and Toddlers with IFSP's Assessed in your State	4214
--	-------------

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	13	1387	968	1167	679
Performance (%)	0.31	32.91	22.97	27.69	16.11
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	12	1416	1412	1109	265
Performance (%)	0.28	33.6	33.51	26.32	6.29
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	9	1230	993	1470	512
Performance (%)	0.21	29.19	23.56	34.88	12.15
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
-----------------------------	----------

Appendix C

II. (a) Comparing Your State's 2018 Outcomes Data to Other States' 2018 Outcome Data

This score represents how your State's FFY 2018 Outcomes data compares to other States' FFY 2018 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 Statement¹. 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 2018

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	46.61%	39%	55.87%	32.49%	57.81%	39.04%
90	84.65%	70.31%	85.24%	57.59%	87.33%	79.89%

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 2018

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	60.4	43.81	63.84	32.61	66.53	47.03
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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¹ Values based on data for States with summary statement denominator greater than 199 exiters.

Appendix D

II. (b) Comparing your State’s FFY 2018 data to your State’s FFY 2017 data

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2017) is compared to the current year (FFY 2018) 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.

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.

Step 1: Compute the difference between the FFY 2018 and FFY 2017 summary statements.

e.g. $C3A\ FFY2018\% - C3A\ FFY2017\% = \text{Difference in proportions}$

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 on¹

$$\sqrt{\left(\frac{FFY2017\% * (1 - FFY2017\%)}{FFY2017_N} + \frac{FFY2018\% * (1 - FFY2018\%)}{FFY2018_N}\right)} = \text{Standard Error of Difference in Proportions}$$

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 2017 to FFY 2018

1 = No statistically significant change

2 = statistically significant increase from FFY 2017 to FFY 2018

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 2 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

¹Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2017 N	FFY 2017 Summary Statement (%)	FFY 2018 N	FFY 2018 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	3374	60.23	3535	60.4	0.17	0.0118	0.145	0.8847	No	1
SS1/Outcome B: Knowledge and Skills	3824	64.3	3949	63.84	-0.47	0.0109	-0.4276	0.6689	No	1
SS1/Outcome C: Actions to meet needs	3565	67.43	3702	66.53	-0.9	0.011	-0.8173	0.4138	No	1
SS2/Outcome A: Positive Social Relationships	4127	47.27	4214	43.81	-3.47	0.0109	-3.1813	0.0015	Yes	0
SS2/Outcome B: Knowledge and Skills	4127	34.89	4214	32.61	-2.29	0.0104	-2.2085	0.0272	Yes	0
SS2/Outcome C: Actions to meet needs	4127	50.91	4214	47.03	-3.87	0.0109	-3.5421	0.0004	Yes	0

Total Points Across SS1 and SS2	3
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Your State's Performance Change Score	0
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