



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

March 9, 2026

Cyrus Anderson
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. Anderson and Mr. Blazel,

The Department of Health Services (DHS) is submitting the attached State Annual Performance Report, including the state's 2025 determination status notification as established by the U.S. Department of Education's Office of Special Education Programs (OSEP). The purpose of this report is to meet the requirement outlined in Wis. Stat. § 51.44(5)(c) to annually submit to the chief clerk of each house of the legislature a report highlighting DHS's progress in implementing the Wisconsin Birth to 3 Program.

The enclosed report covers the federal fiscal year 2023 as submitted to OSEP, the response from OSEP including our Part C Results-Driven Accountability Matrix and accompanying determination letter to the Director of the Bureau of Children's Services, Deborah Rathermel.

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

Sincerely,

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

Kirsten L. Johnson
Secretary-designee

Enclosures: SPP/APR Part C – FFY 2023 - 24
2025 OSEP Determinations (FFY 2023)

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2023

Wisconsin



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs meet 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

Highlights

The Wisconsin Birth to 3 Program is committed to a comprehensive, results-driven, accountability system for infants and toddlers and their families in early intervention. We provide high-quality, evidence-based tools and practices in partnership with our local county Birth to 3 Programs and prioritize improving outcomes for infants and toddlers with disabilities. This dedication has led to a continuous increase in child outcomes data across Wisconsin's 72 county Birth to 3 Programs in FFY 2021, FFY 2022, and FFY 2023. DHS attributes the continual increase in outcomes scoring to the initiatives we have taken to further support the early intervention workforce and county programs to improve supports and services for children and families and improve operational program practices.

Wisconsin's Birth to 3 Program continues to build on the successful launch in FFY 2022 of "EI in WI," a professional development system designed to enhance knowledge and support statewide for the state's early intervention workforce. DHS oversees this system through its contract with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) team. In FFY 2023, RESource implemented its "Ambassador Program." Following a rigorous nomination process, RESource selected 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent 18 counties across the state and a variety of roles and expertise. In April 2023, RESource released an "Approved Tool List" along with a video and FAQ document to assist in implementation of the list. Using American Rescue Plan Act (ARPA) funds, RESource completed a comprehensive review of the tools available for evaluation and assessment in the field of early intervention. The resulting list identifies top-rated tools and categorizes them according to assessment purpose. More information on Wisconsin's Birth to 3 Program's professional development system and the website for "EI in WI" can be found here: <https://www.eiinwi.org>.

The Wisconsin Birth to 3 Program actively gathers input from counties as part of its ongoing effort to monitor and improve results for infants and toddlers with disabilities and ensure that its local programs are meeting the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). In FFY 2023, DHS continued to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. Responding to feedback from local programs, DHS provided additional training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process, including demonstrations in the use of an analytic calculator to assess individual county performance and new resources to support counties in identifying appropriate action items for a county's performance improvement plan. DHS tailors its technical assistance and enforcement activities based on each county's determination status category, consistent with the requirements set forth by the Office of Special Education Programs (OSEP) under the IDEA.

In FFY 2023, DHS launched a new project to review and revise its Birth to 3 Program Review Protocol. DHS initially developed the Program Review Protocol in FFY 2020 to systematically measure program practices at the individual child and family level within each county. This new project includes a redesign of the process, sampling methodology, tool, metrics, and results. The revised tool includes measures for required practices, pilot measures, and enhanced practice measures. This project is almost complete and will be moving to an implementation phase in FFY 2024. The Birth to 3 Program Review Protocol is an important part of the state's efforts to continuously improve the quality of the services received by infants and toddlers with disabilities. DHS uses the results to identify counties who require targeted technical assistance and promote innovation by identifying and amplifying emerging best practices.

Wisconsin's Birth to 3 Program has also focused efforts this past fiscal year on making it easier for young children and their families to access appropriate, high-quality services and improve child outcomes. In FFY 2023, DHS completed several projects designed to promote access to services. DHS developed a "Functional Vision Screening Tool" to assist caregivers and early intervention providers in determining whether it might be appropriate to refer an infant or toddler for vision testing. DHS also developed a variety of resources for local programs to promote best practices for use of vision services specialists for children with a vision impairment and the use of alternative options such as telehealth to overcome barriers to access these services. DHS also developed and implemented new policies promoting the use of interpreters. To make it easier for providers to bill for services within the Birth to 3 Program, DHS developed a new policy handbook specific to Birth to 3 Program providers billing the state's Medicaid program for their services.

Background

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

Wisconsin has 11 federal recognized Tribal Nations. DHS allocates a portion of its Part C grant and combines this with state funds to support Child Find activities within each Tribal Nation and connect families with services. The goal of the funding is to increase awareness, access, and use of early intervention services for Native American children with developmental delays and their families across the state.

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

DHS administers a comprehensive dispute resolution system. Any person or organization may file an IDEA compliant with 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. In addition, DHS contracts to implement a statewide mediation system for the Birth to 3 Program. Mediation may be used when disputes arise concerning a determination of eligibility, the evaluation or assessment process, or the provision of appropriate early intervention services. Finally, an individual may also challenge a county Birth to 3 Program administrative agency's proposal or refusal to evaluate or provide services to a child or family by filing a written request for a due process hearing with DHS.

Additional information related to data collection and reporting

Accurate and quality data allow DHS to monitor compliance with IDEA Part C requirements in Wisconsin's Birth to 3 Program. DHS requires all 72 county Birth to 3 Programs to report on referral, enrollment, transition, and child outcome data through the Program Participation System (PPS). DHS provides counties with a PPS User Guide (<https://www.dhs.wisconsin.gov/publications/p02344.pdf>) to drive accurate reporting of Wisconsin's Birth to 3 Program referral, enrollment, transition, and child outcome data across the state. DHS uses a data warehouse referred to as "SAS" to assist in analyzing the data that counties submit through PPS. DHS uses data retrieved from PPS through SAS to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature. DHS posts a link to its most recent APRs on its website: <https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. For example, PPS now limits the reasons counties may choose to elect a delay in scheduling a transition conference to only those allowed by the Part C requirements. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>).

The Birth to 3 Program data manager is the State's lead for monitoring data quality at the state and county level. This includes oversight of two data verification processes, the year-end data certification and October 1 child count certification. The year-end data certification process requires local programs to review the entirety of the past fiscal year's data and confirm its accuracy to the data manager. The October 1 child count certification requires local programs to review their enrollment data for October 1 of the current year and confirm its accuracy to the data manager. The data manager also oversees data collection and analysis for purposes of the state's processes for Findings of Noncompliance, local determinations, and preparation of the APR.

As part of DHS' ensuring proper adherence to IDEA Part C requirements within their county Birth to 3 Programs, DHS publishes and regularly updates its Birth to 3 Program Operations Guide. The Birth to 3 Program Operations Guide captures the essential program requirements needed for local Birth to 3 Programs to operationalize the program. The Birth to 3 Program Operations Guide interprets and incorporates information from federal and state statutes and regulations and administrative rules, including the IDEA, Wis. Admin. Code Ch. DHS 90, and Wis. Stat 51.44. The guide provides a framework for local programs to operate the Birth to 3 Program in line with state and federal requirements. The Birth to 3 Program Operations Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p03138.pdf>.

General Supervision System

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

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

DHS monitors all 72 county-based Birth to 3 Programs through ongoing technical assistance, professional development forums, fiscal reporting standards, responses to inquiries, including following up on complaints, and cyclical established data and reporting structures. In the spring of each year, DHS reviews data from January 1 through March 31 for every local county program. Using data available through its Program Participation System (PPS), DHS reviews data for Indicators 1, 7, and 8. DHS notifies counties of any identified noncompliance based on this review.

DHS has established a pre-finding correction period as part of its annual review process. The pre-finding correction period allows local Birth to 3 Programs an opportunity to demonstrate compliance prior to the issuance of a written finding. Any program that fails to demonstrate compliance during the pre-finding correction period receives a written finding of noncompliance. Following review of information submitted during the pre-finding correction period, DHS issues its written findings of noncompliance to county programs. Every local county program receives either a written notice indicating either 100% compliance or its findings. The state issues findings by EIS program rather than the number of instances.

As part of its local determinations process, DHS also issues a data matrix chart annually to all local county programs to track compliance for indicators 1, 2, 7, 8a, 8b, 8c, 9 and 10. DHS has also incorporated indicator 3, child outcomes data, into its county determinations process to drive county Birth to 3 Programs to improve children's outcomes ([County Results and Compliance Matrix Table p02398.docx](#)). The county receives 1 determination point if the county had no Findings of Noncompliance or they verified all corrections within one year and 0 determination points if the county had a Finding of Noncompliance and did not verify correction of the finding within one year. This is calculated on Table 4 of page 5 of the matrix.

DHS is required to take appropriate action when a local program does not "meet requirements." Any local Birth to 3 Program not in the "meets requirements" status category requires technical assistance from BCS Technical Assistance Center.

As detailed below, depending on a county's determination status category, it may receive additional monitoring from DHS to address concerns reflected in its data matrix chart.

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

DHS reviews child records as part of both its pre-finding correction period and the state's process for Findings of Noncompliance. In the spring of each year, DHS reviews records available through its data system, Program Participation System (PPS), and the data from January 1st through March 31st for every local county Birth to 3 program child enrolled in the program. DHS reviews data for all these children for Indicators 1-8 with the exception of Indicator 4. PPS collects data related to children's enrollment, services, and transition that allows DHS to identify noncompliance and correction of that noncompliance. During the state's pre-finding correction period, DHS notifies counties of child records that are out of compliance and requires that counties either indicate that the data was entered in error and correct the error or fix the issue for the child and provide 60 days of updated data demonstrating 100% compliance for the relevant indicator. Once counties indicate that they have corrected the issue at the child level, DHS uses PPS to confirm that the child has received the services. DHS also reviews the 60 days of updated data to confirm systemic compliance. If a county fails to resolve the noncompliance as part of the state's pre-finding correction period, DHS issues a written finding noncompliance. Counties who receive a finding must submit 60 days of updated data to demonstrate compliance for the relevant indicator. DHS reviews this data in PPS to confirm compliance. In addition, counties must submit the child files identified as being out of compliance to Technical Assistance Center staff for review to confirm that the child has received all required services. After DHS has reviewed the updated data and the child files, we issue a written notice to the county confirming that it has corrected the finding. During this process, DHS tracks counties with findings and provides regular reminders as appropriate about the need to address the noncompliance to ensure that the county does so within a year of the written finding.

DHS also reviews child records as part of its local determinations process for counties with a status of "needs assistance" for three or more years or "needs intervention" or "needs substantial intervention." As discussed below, counties whose category is "needs assistance" for three consecutive

years, must 1) submit a Determinations Analysis Survey that includes an “improvement plan”, 2) conduct a “Review of Program Practices and Impact on Results” using the state’s guidance, 3) attend one of two “Determinations TA Forums” facilitated by the state, 4) attend an individual county determinations meeting with the state within 30 business days, and 5) attend a 90-day follow-up meeting with the state within 90 days of the first meeting. The state reviews the survey for these counties as part of the individual county determinations meeting. The state requires counties to develop an improvement plan addressing the areas where the county’s data indicate the need for improvement, which the county must implement within 12 months. The 90-day follow up meeting focuses on the status of identified action steps and results of implemented changes. Depending on the issues the state has identified for the county, Technical Assistance Center staff review child records to inform development of the improvement plan and the state’s monitoring of the implementation of that plan to address noncompliance for that county. For counties whose category is either “needs intervention” or “needs substantial intervention,” they must 1) submit a Determinations Analysis Survey that includes an “improvement plan,” 2) conduct a “Review of Program Practices and Impact on Results” using the state’s guidance, 3) attend one of two “Determinations TA Forums” facilitated by the state, 4) attend an individual county determinations meeting with the state within 30 business days, and 5) the state will engage in “Focused Monitoring” of the county. The state reviews the survey for these counties as part of the individual county determinations meeting. The state requires these counties to develop an improvement plan addressing the areas where the county’s data indicate the need for improvement, which the county must implement within 12 months. Focused Monitoring requires periodic meetings with the state and submission of status updates and current data. Again, depending on the issues identified for the county, the state reviews child records to inform decisions about what actions the counties must take to address the noncompliance and as part of the state’s focused monitoring to ensure that the county is implementing its improvement plan.

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

Wisconsin uses its data system, the Program Participation System (PPS), to collect monitoring and SSP/APR data. PPS collects data related to enrollment, demographics, services, and transition. It collects data for Indicators 1-8 except for Indicator 4. The state uses the Family Experience Survey to collect data for Indicator 4. Local programs enter data into PPS at the point of referral, throughout the IFSP process, and at the point of transition and disenrollment. Local programs use PPS to make an electronic referral to the LEA. DHS uses a data warehouse referred to as “SAS” to assist in analyzing the data that counties submit through PPS. SAS receives the data entered into PPS on a weekly basis. DHS uses SAS reports to pull indicator data for the SSP/APR as well as to monitor for compliance and correction of noncompliance.

In the spring of each year, DHS reviews data from January 1 through March 31 to monitor Part C compliance. Following the pre-finding correction period discussed below, DHS issues a written finding of noncompliance to a local Birth to 3 Program when the annual compliance data review shows less than 100% compliance for the following indicators:

- Indicator 1: Timely Services
- Indicator 7: Timely Individualized Family Service Plans
- Indicator 8: Timely Transition
 - o Indicator 8A: Timely Transition Planning
 - o Indicator 8B: Timely Referral to the Local Education Agency (LEA)
 - o Indicator 8C: Timely Transition Planning Conference

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

Following DHS’ review of any information counties submit during the pre-finding correction period, DHS issues written notices detailing any findings of noncompliance. DHS reviews any updated data counties submit through PPS. DHS also uses PPS to confirm that counties with instances of noncompliance corrected those issues for each child. All 72 counties receive either a letter indicating 100% compliance or a letter issuing a finding and explaining the reason why DHS has issued them a finding and what they must do and by when to correct the non-compliance. The state issues findings by EIS program rather than the number of instances. DHS alerts local programs during a teleconference in January about the upcoming findings of noncompliance process and reminds them of the resources available to assist them.

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

DHS has established a pre-finding correction period as part of its annual review process. The pre-finding correction period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written finding of noncompliance from DHS. DHS gives counties no more than three months to demonstrate correction following DHS’ notification of the opportunity to correct the noncompliance. The intent of the pre-finding correction period process is to allow DHS to verify that the program is correctly implementing the regulatory requirements based on a review of updated data and has corrected each individual case of child-specific noncompliance prior to the issuance of a finding. DHS maintains documentation of the evidence demonstrating that the county has made both a systemic and child level correction. The process consists of the following:

- Based on its review of data for these indicators for January 1 through March 31 for each program, DHS informs local Birth to 3 Programs of any data indicating noncompliance.
- By the deadline outlined by DHS, local programs must demonstrate that:
 - The program has incorrectly entered data for the dates between January 1–March 31, and this data is now accurate and indicates 100% compliance for this period; or
 - The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and
 - The program has corrected the noncompliance for each individual child, if applicable, and the correction is reflected in PPS data.
- DHS reviews any updated data submitted through PPS to confirm that 1) the county’s data demonstrate 60 consecutive days of 100% compliance for the relevant indicator(s) within the prescribed timeframe and 2) the county’s data indicate that for each child affected the county has either provided the service or the child is no longer within the LEA’s jurisdiction, as appropriate.
- Any county that is unable to provide data that indicates both systemic and child-level correction receives a written finding of noncompliance.

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

The local Birth to 3 Program must demonstrate correction of findings of noncompliance. The local Birth to 3 Program must take the following actions to correct findings of noncompliance:

- By the date determined by DHS, and no later than 12 months after the date of the findings of noncompliance notification letter, the local program must demonstrate child level correction, when applicable, and system level correction for any indicator(s) identified.
- Child level corrections for indicator(s) 1 and 7 must be demonstrated by submitting child file documentation to DHS showing the implementation of required activity for the indicator(s).
- System level correction for indicator(s) 1, 7, 8a, 8b, and 8c must be demonstrated by identifying 60 consecutive days with 100% compliant data in the state’s data system, PPS, for the indicator(s). This data may be subject to file-level review by DHS.

To verify correction of findings of noncompliance, DHS examines 60 consecutive days of data submitted through the state's data system, PPS, to confirm that the local Birth to 3 Program is 100% compliant and correctly implementing regulatory requirements and child file documentation submitted by the local Birth to 3 Program to ensure that the program completed child level correction for the child file(s) for which DHS identified noncompliance. Local Birth to 3 Programs receive a written notification communicating the outcome of the DHS verification review. The written notification includes the following information:

- Date finding(s) of noncompliance was given,
- Identification of Finding(s)/Indicator(s) involved,
- Date of DHS review,
- Two months of data reviewed for verification of correction, and
- The outcome of the verification process.

A local Birth to 3 Program's failure to correct findings of noncompliance results in the issuance of a corrective action plan. The local Birth to 3 Program must then implement the correction process with oversight and assistance from DHS.

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

In the summer of each year, DHS issues its local determinations to counties. The state uses a matrix scoring approach to assess the performance of each county that is comprised of both results and compliance data. DHS takes appropriate action when a local program does not "meet requirements." Any local Birth to 3 Program not in the "meets requirements" status category requires technical assistance from BCS Technical Assistance Center. Timely Correction of Findings of Non-compliance points are determined accordingly: The county receives 1 determination point if the county had no Findings of Noncompliance or they verified all corrections within one year and 0 determination points if the county had a Finding of Noncompliance and did not verify correction of the finding within one year. This is calculated on Table 4 of page 5 of the matrix- [County Results and Compliance Matrix Table p02398.docx](#)

DHS reviews data for indicators 1, 7, and 8a-8c from January 1 through March 31 each year to monitor Part C compliance. Local Birth to 3 Programs are provided with a pre-finding period in which to address data for indicators 1, 7, and 8a, 8b and 8c needing clarification. After this pre-finding period; a formal Finding of Non Compliance (FNC) is issued to local programs for all non-compliant files that have not been verified by DHS through the state data system, PPS. For all formally issued FNC; local programs are required to demonstrate child level correction, when applicable, and system level correction for any indicator(s) identified level correction for indicator(s) 1, 7, 8a, 8b, and 8c must be demonstrated by submitting 60 consecutive days of data and evidencing 100% compliant data in the statewide data base for the indicator(s) found to be noncompliant.

What the state requires counties to do following receipt of their annual determinations varies depending on the county's "determination status category," which is based on the county's compliance and results data.

- All counties are required to complete a "Determinations Analysis Survey" within 20 days of receipt of their determinations letter. The state designed the survey to assist counties in reflecting on their county's data, analyzing their practices, and identifying action steps.
- For counties whose category is "needs assistance" for two consecutive years, they are required to 1) submit a Determinations Analysis Survey that includes an "improvement plan," 2) conduct a "Review of Program Practices and Impact on Results" using the state's guidance, and 3) attend "Determinations TA Forums" facilitated by the state.
- For counties whose category is "needs assistance" for three consecutive years, they are required to 1) submit a Determinations Analysis Survey that includes an "improvement plan," 2) conduct a "Review of Program Practices and Impact on Results" using the state's guidance, 3) attend "Determinations TA Forums" facilitated by the state, 4) attend an individual county determinations meeting with the state within 30 business days, and 5) attend a 90-day follow-up meeting with the state within 90 days of the first meeting. The state reviews the survey for these counties as part of the individual county determinations meeting. The state requires counties to develop an improvement plan addressing the areas where the county's data indicate the need for improvement, which the county must implement within 12 months. The 90-day follow up meeting focuses on the status of identified action steps and results of implemented changes.
- For counties whose category is either "needs intervention" or "needs substantial intervention," they are required to 1) submit a Determinations Analysis Survey that includes an "improvement plan," 2) conduct a "Review of Program Practices and Impact on Results" using the state's guidance, 3) attend "Determinations TA Forums" facilitated by the state, 4) attend an individual county determinations meeting with the state within 30 business days, and 5) the state will engage in "Focused Monitoring" of the county. The state reviews the survey for these counties as part of the individual county determinations meeting. The state requires these counties to develop an improvement plan addressing the areas where the county's data indicated the need for improvement, which the county must implement within 12 months. Focused monitoring requires periodic meetings with the state and submission of status updates and current data.

DHS makes these determinations publicly available at the following link: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>.

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

<https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>
<https://www.dhs.wisconsin.gov/birthto3/manual.htm>
https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/90/Title

Technical Assistance System:

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

Wisconsin has a comprehensive, statewide technical assistance system for county Birth to 3 Programs through the Bureau of Children's Services' (BCS) Children and Family Program Specialists (CFPS). These staff are assigned specifically to Wisconsin's county Birth to 3 Programs to support ongoing program implementation and address technical assistance needs. The CFPS team assists county programs during regularly scheduled teleconferences, initiative-based county outreach, and in response to requests for individualized support. Additionally, the CFPS team facilitates any required follow-up meetings with county programs related to annual determinations and findings of noncompliance processes. The follow-up meetings act as an opportunity to discuss local operations and determine improvement strategies for any identified barriers. To standardize technical assistance requests from local programs, in FFY 2022, BCS launched the Technical Assistance Center (TAC) to provide a centralized location for local programs to request support and be assigned to the appropriate personnel. All technical assistance submissions are tracked to inform future technical assistance activities and the creation of additional resources.

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

In FFY 2020, DHS implemented a Birth to 3 Program Review Protocol in the Wisconsin Birth to 3 Program. DHS developed the Birth to 3 Program Review Protocol to systematically measure program practices at the individual child and family level within each county. MetaStar, an external review agency, conducts a child record review for each county annually. Based on local program enrollment for the review period and population size, MetaStar

selects two to nine children per county. Children must be enrolled for the entire 6-month review period to be included in the record sample. Prior to the record review, MetaStar and DHS meet with the local program to discuss the documents that will be included in the record review. MetaStar reviews the selected files remotely and scores according to the Birth to 3 Program Review Protocol developed and approved by DHS. MetaStar reviewers use a standardized review process and follow the guidance laid out in this tool to ensure consistent application of requirements. The team of reviewers is comprised of licensed social workers, licensed counselors, and other degreed professionals with extensive education and experience working with the target groups served by the Birth to 3 Program. Prior to conducting reviews, each reviewer receives standardized training on the record review requirements and review process. An interrater reliability test is conducted annually with each reviewer to ensure consistency and reliability.

In FFY 2023, DHS launched a new project to review and revise its Program Review Protocol. This project includes a redesign of the process, sampling methodology, tool, metrics, and results. The revised tool includes measures for required practices, pilot measures, and enhanced practice measures. It evaluates child files for required practices with a focus on four areas: 1) Eligibility determination and ongoing child assessment, 2) IFSP process, documentation, and outcomes, 3) Family engagement, support, and services, and 4) Transitions. Expanded practice measures include examples of best practices demonstrated by local programs that go above and beyond in meeting families where they are, engaging families in a meaningful way, and using creative service delivery to meet the unique needs of a child. The goal is to identify local programs who are innovating and may be able to share their insights with other programs. This project is almost complete and will be moving to an implementation phase in FFY 2024. The Birth to 3 Program Review Protocol is an important part of the state's efforts to continuously improve the quality of the services received by infants and toddlers with disabilities in our state. DHS uses the results to identify counties who require targeted technical assistance and promote innovation by identifying and amplifying emerging best practices.

Professional Development System:

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

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

In FFY 2021, using American Rescue Plan Act (ARPA) funds, the Wisconsin Birth to 3 Program worked with CESA-5's RESource team to launch a project to reimagine the professional development (PD) system for Wisconsin's Birth to 3 Program. This new system would focus on improving child outcomes through responsive, high-quality training in evidence-based practices and increased accessibility of practices and tools across the state. In FFY 2022, RESource launched Wisconsin's professional development system website, "EI in WI," to provide comprehensive training and implementation of evidence-based practices to strengthen Wisconsin's early intervention workforce. As part of a comprehensive professional development system, RESource produces a variety of evidence-based tools and resources and offers early intervention providers opportunities to participate in "Discipline Specific Communities of Practice" to build upon their skillset and areas of expertise as well as "Leadership Forums" to discuss tools and resources to operationalize at a local level.

In FFY 2023, RESource launched a variety of initiatives designed to grow the skills and expertise of the state's early intervention workforce. RESource implemented its "Ambassador Program," selecting 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent 18 counties across the state and a variety of roles and expertise. It released an "Approved Tool List" along with a video and FAQ document to assist in implementation of the list. Using American Rescue Plan Act (ARPA) funds, RESource completed a comprehensive review of the tools available for evaluation and assessment in the field of early intervention. The resulting tool identifies top rated instruments and categorizes them according to assessment purpose. Planning for the future, RESource created a workgroup of higher education professionals interested in increasing access to early intervention services. The workgroup includes two subgroups focused on student field experiences and family assessments. Finally, RESource developed a framework for its website to host "learning tracks" for Birth to 3 Program professionals. These learning tracks will provide the workforce with an opportunity to build their knowledge using self-directed, web-based training modules. RESource is in the process of building the content for these modules and hopes to launch the first learning track in FFY 2024. For more information on the Wisconsin Birth to 3 Program's professional development system, see the "EI in WI" website here: <https://www.eiinwi.org>.

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

In FFY 2023, DHS completed its Infant Early Childhood Mental Health Consultation Pilot in partnership with the University of Wisconsin's IECMH Capstone Program. Using American Rescue Plan Act (ARPA) funding, the pilot provided Birth to 3 Programs with an opportunity for IECMH Consultation and workforce development of IECMH Consultants for Birth to 3 Programs. IECMH is an assessment and early intervention approach for building Birth to 3 Program professionals' capacity to support young children's social and emotional development to address concerning and challenging behaviors in the context of relationships across multiple settings. The IECMH Pilot focused on improving social-emotional development of children in the Birth to 3 Program and promoting racial health equity in access and outcomes through culturally sensitive and responsive services. In FFY 2024, DHS will be reviewing the University of Wisconsin's recommendations and identifying next steps to increase the capacity of the state's Birth to 3 Program workforce in these areas.

Stakeholder Engagement:

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

County agencies, families, advocates, and the Wisconsin Governor-appointed Interagency Coordinating Council (ICC) are among the broad array of stakeholders in Wisconsin's statewide early intervention system. These groups have historically and continually provided input into all major components of Wisconsin's Birth to 3 Program. These components include the State Systemic Improvement Plan (SSIP), priorities and practices related to outcomes for children and families, targets for all Part C indicators, and the Annual Performance Reports (APR). County agencies, as the local providers of Wisconsin's Birth to 3 Program services, are key partners in the process, through the delivery of effective early intervention services in partnership with families and community providers. DHS ensures county Birth to 3 Programs can provide input on initiatives taken by the state towards the State's Systemic Improvement Plan (SSIP)

Wisconsin uses the Child Outcomes Dashboard to inform stakeholders on the state's targets and progress in the SPP/APR. County-level performance is made publicly available on the Birth to 3 Program website for stakeholders to view and compare an individual county's performance to the state's performance, state targets, and other county performances. County-level performance is based on Indicator 3: Child Outcomes results that assess a

child's positive social-emotional skills (3A), acquisition and use of knowledge skills (3B), and use of appropriate behaviors to meet needs (3C). The interactive dashboard has ignited more conversations with county Birth to 3 Programs on state targets and strategies to reach targets and analyze current program practices. The dashboard can be found here: <https://www.dhs.wisconsin.gov/birthto3/reports/child-outcomes.htm>. The interactive dashboard is also a useful visual tool during ICC meetings when discussing strategies to continue improving the state's child outcomes performance and achieving the State's Systematic Improvement Plan (SSIP).

The Wisconsin ICC has a diverse membership and connects with a variety of workgroups and committees related to early intervention services in Wisconsin. DHS staff provide qualitative and quantitative data to the ICC on the status of the Birth to 3 Program indicators and corresponding outcomes. These outcomes closely align with the indicators developed under Part C of the 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 the State Systemic Improvement Plan, Indicator 11. The ICC members listen, reflect, and make recommendations on the direction of these indicators and overall performance of the Birth to 3 Program at the quarterly ICC meetings. DHS frequently implements ICC recommendations, which demonstrates the state's ongoing practice of securing and acting on stakeholder input for improvement of the Birth to 3 Program.

Lastly, DHS recognizes the need to recruit and solicit broad stakeholder input across various factors, such as demographics, socio-economic status, and geographic location, for accurate representation and consideration of all populations within Wisconsin. In FFY 2023, DHS completed its Council Coordination Project to ensure Wisconsin's compliance with IDEA Part C federal regulations regarding ICC membership and intentional recruitment for diverse participation. As part of this project, DHS developed and implemented a member recruitment plan and developed orientation and briefing materials for new members. DHS also developed a plan to monitor council membership, including diversity of representation, and a protocol to carry out regular follow up with newer members to support their knowledge and council participation.

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

NO

Number of Parent Members:

2

Parent Members Engagement:

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

Parents serve as members of the Interagency Coordinating Council (ICC). Any parent participating in the Wisconsin Birth to 3 Program can attend the open ICC council meetings. DHS informs families in Wisconsin's Birth to 3 Program of upcoming ICC meetings and opportunities for parent involvement and membership in the ICC in its quarterly All in for Kids: Birth to 3 Program newsletter. The dates of the quarterly ICC meetings are posted publicly on the Birth to 3 Program website each January.

Wisconsin's ICC intentionally schedules one of its quarterly meetings at the Circles of Life conference each year as an opportunity to involve families in setting targets, analyzing data, and developing improvement strategies. Circles of Life is Wisconsin's annual statewide conference for families who have children with disabilities and the professionals who support them. Through its All in for Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program invites families attending this conference to participate in the ICC meeting and encourages DHS staff to attend sessions to hear families' feedback on children's programs to find ways to make the Wisconsin Birth to 3 Program stronger.

Throughout FFY 2023, DHS briefed the ICC on state-level initiatives to develop improvement strategies and evaluate Birth to 3 Program performance and progress. DHS used comments and feedback solicited from the ICC to guide and inform the Wisconsin Birth to 3 Program's efforts. As an example, during the October 18, 2023 ICC meeting, DHS briefed the Council on Wisconsin's efforts to enhance its statewide Child Find outreach efforts for historically underrepresented populations to increase identification and referrals in the Birth to 3 Program. The ICC, including parent members, had provided substantial feedback on the Child Find Outreach Resources shared during the May 12, 2023 meeting. At the October 18, 2023 meeting, DHS presented the revised Child Find materials incorporating this feedback. These resources include a Comprehensive Child Find Checklist and Child Find resources targeting infants and toddlers experiencing homelessness, exposed to substances, and residing on and off reservations. DHS published these materials in December of 2023, and they can be found here: <https://www.dhs.wisconsin.gov/birthto3/outreach-campaign.htm>. At the May 17, 2024 meeting, DHS presented Indicator 5 and 6 data to the ICC. DHS consulted the ICC and asked for recommendations for Child Find efforts to improve outreach for children between birth and 1-year-old. Based on ICC recommendations, Wisconsin has developed targeted messaging and presentations for pediatricians and other medical providers as well as therapy providers and therapy agencies.

Activities to Improve Outcomes for Children with Disabilities:

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

In FFY 2023, DHS completed its Council Coordination Project to ensure compliance with IDEA Part C federal regulations regarding ICC membership requirements. Responsibilities of the project included providing and facilitating onboarding for new Council members, including parent members. Through the Council Coordination Project, DHS worked to ease member transitions and create a centralized location for any member to ask for assistance and or education throughout their term.

The Wisconsin Birth to 3 Program aims to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes by sharing opportunities for connection and encouraging parents to submit applications to the ICC through the All in For Kids: Birth to 3 Program newsletter, which is distributed to all families participating in Part C services. In the March 2023 All in For Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program stressed the importance of family engagement and extended an invite to the Circles of Life Conference as an opportunity for families to connect with others and share their personal experiences in Wisconsin's Birth to 3 Program. Additionally, the newsletter provides information on Birth to 3 Program practices in concise, family-friendly language, for example, information on the mediation process for families to better understand their right to mediation in the event of a dispute. DHS also uses the quarterly newsletter to increase diverse parent engagement as well as share valuable information regarding the developmental needs of children and the various services available through the Birth to 3 Program. The newsletter can be found here: <https://www.dhs.wisconsin.gov/library/collection/AKidsB-3-2024>.

In FFY 2023, Wisconsin launched a new statewide resource for children with disabilities and their families: Wisconsin Wayfinder. This new, free, confidential resource uses a toll-free number to connect families with a resource guide. Resource guides are trained specialists familiar with community and home-based services in the family's region, including local Birth to 3 Programs. Wisconsin launched this new resource in November of 2023 and, just in the first two months, its specialists made 11 referrals to local Birth to 3 Programs. DHS has initiated a wide-reaching media campaign to promote awareness of this resource, including targeted outreach to diverse communities. DHS expects to see an increasing number of referrals to Birth to 3 Programs as awareness of this resource grows across the state.

Soliciting Public Input:

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

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

The Wisconsin Birth to 3 Program hosts teleconferences with county Birth to 3 Programs to obtain input and guidance on the development of improvement strategies and recommendations for improving overall Birth to 3 Program performance. DHS presents and reviews the APR and SSIP data with county programs during the January teleconference, and programs can provide input on setting targets and analyzing data. The teleconferences are recorded and made publicly available through Vimeo on the DHS website for individuals to listen, review, and provide any feedback on any of the topics discussed.

Finally, DHS' contracted agency for its professional development system, RESource, conducts several leadership forums and communities of practice with early intervention providers and administrators to inform their professional development materials for statewide implementation of evidence-based practices in the Wisconsin Birth to 3 Program. Examples of professional development materials based on this input include an Approved Tool List, an interactive transition toolkit, guidance for assessing English language learners, and a tip sheet for new early interventionists.

Making Results Available to the Public:

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

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

DHS posts county Birth to 3 Program data as well as each county's performance during the annual county determinations process publicly at the following link: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>. Additionally, in FFY 2021, DHS published a new webpage to review the child outcomes rating process and make each county Birth to 3 Program's average child outcome scores available to the public. The webpage presents the child outcome scores in an interactive format allowing users to compare county performance in Indicator 3 to the state average and the state target. The child outcomes dashboard can be found at: <https://www.dhs.wisconsin.gov/birthto3/reports/child-outcomes.htm>.

DHS will continue to inform the public of progress of Birth to 3 Program projects through teleconferences and email messages.

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 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 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

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

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

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

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

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

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State did not, as required, attach a signed copy of their 2025 Annual Report Certification of the State Interagency Coordinating Council (SICC) form. The State must submit the SICC form to confirm whether the SICC is supporting the State's submission of the FFY 2023 SPP/APR or submitting its own SICC annual report (and if so, the SICC must submit the annual report in a format that complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508)).

OSEP notes that in its description of how it makes annual determinations of EIS program performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include valid, reliable and timely data or correction of identified noncompliance in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of EIS program performance outside of the SPP/APR process.

OSEP notes that the State did not describe a process that constitutes a reasonably designed general supervision system, consistent with OSEP QA 23-

01. Specifically, the State described a process that limits the scope of its general supervisory activities to the EIS program's performance on SPP/APR indicators. OSEP may follow up with the State regarding its general supervisory activities outside of the SPP/APR process.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.79%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	99.90%	99.98%	100.00%	99.98%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
7,887	8,132	99.98%	100%	99.94%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

240

Provide reasons for delay, if applicable.

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

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

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

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

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

State database

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

January 1, 2024 – March 31, 2024

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

For Indicator 1, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter (January 1, 2024 through March 31, 2024).

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

1. Conducting an 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>).

Provide additional information about this indicator (optional)

For FFY 2023, DHS reported no findings of noncompliance although our Indicator 1 data was less than 100% compliant. During the January 1, 2024 – March 31, 2024 data collection period, DHS identified 3 programs and 5 children's files that needed correction for Indicator 1 compliance during our "pre-finding correction" period. The "pre-finding correction" period for data prescribed by DHS was April 1, 2024 – July 31, 2024.

- St. Croix County had to correct 1 file. The county submitted 60 consecutive days of 100% compliance for Indicator 1 for 4/1/24 thru 6/30/24 by the deadline prescribed by DHS. The state reviewed the county's data for this period in PPS, the state's data system, to confirm full compliance for this indicator. DHS was also able to confirm through PPS that the child who had not received timely services had received them.
- Sauk County had to correct 1 file. The county submitted 60 consecutive days of 100% compliance for Indicator 1 for 5/11/24 thru 7/10/24 by the deadline prescribed by DHS. The state reviewed the county's data for this period in PPS to confirm full compliance for this indicator. DHS was also able to confirm through PPS that the child who had not received timely services had received them.
- Dane County had to correct 3 files. The county submitted 60 consecutive days of 100% compliance for Indicator 1 for 4/1/24 thru 6/1/24 by the deadline prescribed by DHS. The state reviewed the county's data for this period in PPS to confirm full compliance for this indicator. DHS was also able to confirm through PPS that the three children who had not received timely services had received them.

Therefore, DHS issued no findings in FFY 2023 for this indicator because the state was able to verify correction of noncompliance for these programs during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of findings of noncompliance to these programs if they were unable to demonstrate 100% compliance for Indicator 1 and child level correction for each file.

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the noncompliance identified in FFY 2020 and FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2020 and FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In FFY19, there were four instances of child-specific non-compliance across three programs (Calumet, Dodge, Milwaukee). The state verified correction of noncompliance for each of the three EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the four children and determined that each child had received their services, although late, or the child was no longer in the jurisdiction of the program. In addition, the state reviewed three months of updated or subsequent data on children with new services in initial IFSPs, IFSP reviews, or annual IFSPs for each of the EI programs and verified these children had received timely services. The state confirmed each program was performing at 100% compliance and correctly implementing the timely services requirements. Therefore, the state did not issue any findings of noncompliance.

In FFY20, there were two instances of child-specific non-compliance across two programs (Dane, La Crosse). The state verified correction of noncompliance for each of the three EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the two children and determined that each child had received their services, although late, or the child was no longer in the jurisdiction of the program. In addition, the state reviewed three months of updated or subsequent data on children with new services in initial IFSPs, IFSP reviews, or annual IFSPs for each of the EI programs and verified these children had received timely services. The state confirmed each program was performing at 100% compliance and correctly implementing the timely services requirements. Therefore, the state did not issue any findings of noncompliance.

In FFY22, there was one instance of child-specific non-compliance in one program (Kewaunee). The state verified correction of noncompliance for each of the three EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the two children and determined that each child had received their services, although late, or the child was no longer in the jurisdiction of the program. In addition, the state reviewed two months of updated or subsequent data on children with new services in initial IFSPs, IFSP reviews, or annual IFSPs for each of the EI programs and verified these children had received timely services. The state confirmed the program was performing at 100% compliance and correctly implementing the timely services requirements. Therefore, the state did not issue any findings of noncompliance.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR, the State reported two instances of noncompliance, however, in the States FFY 2023 APR explanation for why no findings were issued, the State reported, " During the January 1, 2023 – March 31, 2023 data collection period, DHS identified 1 child's file that needed correction for Indicator 1 compliance." Therefore, it is unclear if the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.10%

FFY	2018	2019	2020	2021	2022
Target >=	96.40%	99.00%	99.00%	99.00%	99.00%
Data	99.40%	99.54%	99.59%	99.35%	99.18%

Targets

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

Targets: Description of Stakeholder Input

At each quarterly meeting, the Birth to 3 Program Data Manager briefs the Interagency Coordinating Council about eligibility, enrollment, and transition data to inform discussion on future target setting and encourage stakeholder input. A decision was made to keep the target at 99% through FFY 2025 after being presented with trend data from previous years. During the January 22, 2025 ICC meeting, council members were presented with the State's FFY 2023 Indicator 2 performance. For FFY 2023, the State met its target of achieving above 99.00%.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	6,465
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	6,512

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,465	6,512	99.18%	99.00%	99.28%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

DHS staff annually present Child Outcome (indicator 3) data results for each FFY to the Wisconsin Interagency Coordinating Council (ICC). The ICC was presented with the State's FFY 2023 Indicator 3 data during the January 22, 2025 meeting. In early 2022, the Birth to 3 Program Data Manager presented ICC members with child outcomes trend data from previous years to help decide on targets for FFY 2021-FFY 2025. The Wisconsin Birth to 3 Program has set our indicator 3 targets for FFY 2021-FFY 2025 to reach slightly above our baseline. The ICC supported the decision for slow, incremental improvements that would be feasible and achievable for county Birth to 3 Programs, accounting for the negative impact of the COVID-19 pandemic on county programs. During the coming years, we will continue with efforts and strategies to improve our indicator 3 performance. In FFY 2023, the Wisconsin Birth to 3 Program showed another year of growth in Indicator 3 performance with no identified slippage.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2018	Target>=	59.06%	62.00%	62.00%	56.13%	57.20%
A1	60.40%	Data	60.40%	56.47%	55.06%	59.83%	63.92%
A2	2018	Target>=	66.16%	48.00%	48.00%	37.77%	39.28%
A2	43.81%	Data	43.81%	39.86%	36.26%	39.07%	38.61%
B1	2018	Target>=	66.16%	66.17%	66.17%	59.83%	61.41%
B1	66.16%	Data	63.84%	59.89%	58.25%	62.95%	66.51%
B2	2018	Target>=	50.76%	36.00%	36.00%	27.43%	28.72%
B2	32.61%	Data	32.61%	28.11%	26.14%	29.71%	29.37%
C1	2018	Target>=	69.56%	69.57%	69.57%	61.51%	62.77%
C1	66.53%	Data	66.53%	61.64%	60.25%	64.52%	66.72%
C2	2018	Target>=	68.56%	51.00%	51.00%	39.23%	41.18%
C2	47.03%	Data	47.03%	41.06%	37.28%	39.84%	39.19%

Targets

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

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,504	31.93%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,361	28.89%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,361	28.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	480	10.19%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	2,722	4,231	63.92%	58.27%	64.33%	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	1,841	4,711	38.61%	40.79%	39.08%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	3	0.06%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,488	31.59%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,774	37.66%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,236	26.24%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	210	4.46%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	3,010	4,501	66.51%	62.99%	66.87%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,446	4,711	29.37%	30.01%	30.69%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	6	0.13%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,420	30.14%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,464	31.08%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,521	32.29%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	300	6.37%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program	2,985	4,411	66.72%	64.03%	67.67%	Met target	No Slippage

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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							
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	1,821	4,711	39.19%	43.13%	38.65%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	6,831
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.	2,120
Number of infants and toddlers with IFSPs assessed	4,711

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

County Birth to 3 Program teams, with family input, use a variety of instruments to gather data for this indicator including: EDIS - COSF Rating Scale Descriptor Statements "bucket list", decision-making tree (described below), age-anchoring tool, and crosswalks. From this, county Birth to 3 Programs enter individual child entrance and exit ratings in PPS, our statewide database. The Wisconsin Birth to 3 Program Data Manager pulls 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).

DHS uses a variety of tools and a process with the IFSP team to define "comparable to same-aged peers." We use a decision tree and age anchoring process including the EDIS - COSF Rating Scale Descriptor Statements "bucket list" as part of a team meeting with professionals with expertise in child development to determine where the child is in comparison to same-aged peers. You can find our decision tree at the following link: https://ectacenter.org/eco/assets/pdfs/decision_tree.pdf and the "bucket list here: https://ectacenter.org/eco/assets/pdfs/COSF_Scale_Descriptors_w-buckets.pdf.

The expectation is for Birth to 3 Program teams to utilize these resources to determine ratings between 1-7 for every child eligible for the Birth to 3 Program. We also have trained and supported counties on the use of the "age anchoring" process of examining a child's functional abilities, skills, and behaviors and determining how close that functioning is to the functioning expected for the child's chronological age or "same aged peer". The categories age-expected (AE), immediate foundational (IF), and foundational (F) are helpful descriptors for summarizing a child's abilities relative to age-expected developmental progressions for each of the three child outcomes as part of the COS process. The team discussion regarding the child's functioning relative to that of a "typically" developing child involves all team members, across settings and situations, especially family members. It is critical that the family has a shared understanding of the child's functioning relative to same-age peers.

The following are the best practices in the rating process that we have identified for teams in implementing this process with the children enrolled in Wisconsin's Birth to 3 Program:

- Team decision making process
- Always include parent/caregiver input
- Look at functional behavior
- Behavior across settings
- Reference an assessment tool to determine AE-IF-F
- Use the Decision Tree and Bucket List in rating process
- Include cultural considerations when rating
- Do not lower rating for use of adaptive equipment
- Do not adjust for prematurity

RESource, the contracted agency for our professional development system, has integrated this information into its initial and ongoing training for the workforce. You can find its resources for this process here: <https://www.eiinwi.org/wp-content/uploads/2024/02/OSEP-Child-Outcomes-101-Bundle-.pdf>

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2011	Target>=	83.03%	85.00%	85.00%	76.21%	77.87%
A	82.83%	Data	76.57%	78.20%	74.55%	76.01%	76.78%
B	2011	Target>=	87.69%	89.00%	89.00%	82.20%	83.60%
B	87.49%	Data	81.71%	87.74%	80.80%	77.42%	81.99%
C	2011	Target>=	85.40%	92.00%	92.00%	80.61%	81.76%
C	85.20%	Data	77.14%	82.83%	79.46%	76.21%	77.88%

Targets

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

Targets: Description of Stakeholder Input

DHS staff annually present Family Outcomes (indicator 4) data results for each FFY to the Wisconsin Interagency Coordinating Council (ICC). The ICC was informed of FFY 2023 Family Outcome data during the January 22, 2025 meeting. The Wisconsin Birth to 3 Program experienced slippage in indicator 4 in previous years. The Wisconsin Birth to 3 Program reset its indicator 4 targets for FFY 2021-FFY 2025 with input from the ICC in FFY 2021 to be slightly above baseline. Additionally, in FFY 2021, the Wisconsin Birth to 3 Program implemented a new strategy to increase family engagement and improve Indicator 4 data by revising its Family Experience Survey. Revisions to the survey in FFY 2021 have shown continuous improvements in the family response rate in FFY 2021, FFY 2022, and FFY 2023. For FFY 2023, the state improved its response rate by 0.64% compared to FFY 2022.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	5,476
Number of respondent families participating in Part C	684
Survey Response Rate	12.49%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	515
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	680
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	548
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	680
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	515
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	680

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	76.78%	79.53%	75.74%	Did not meet target	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)	81.99%	85.00%	80.59%	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)	77.88%	82.91%	75.74%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

In FFY 2021, Wisconsin's Birth to 3 Program reset its indicator 4 targets for FFY 2021-2025 to slightly above baseline due to slippage we experienced in previous years. The state also implemented a strategy to increase family engagement and improve indicator 4 data by revising its Family Experience Survey. Those revisions were correlated with improvement in the family response rate and indicators 4A, 4B, and 4C last fiscal year. This fiscal year, the state experienced slippage in indicator 4. To understand this slippage, the state's Technical Assistance Center staff will be interviewing counties about their concerns related to family engagement. These data indicate a need to look more deeply at how the counties are engaging families in understanding the Birth to 3 Program and the ways in which it can support their children's needs and goals. DHS will be reviewing with RESource, Wisconsin's professional development system, what information and training we currently provide for new early intervention staff regarding families' rights and evidence-based practices to support families in effectively communicating children's needs and helping their children develop and learn to see if there is more that we might offer to support our workforce in this area.

Provide reasons for part B slippage, if applicable

As discussed above, in FFY 2021, Wisconsin's Birth to 3 Program reset its indicator 4 targets for FFY 2021-2025 to slightly above baseline due to slippage we experienced in previous years. The state also implemented a strategy to increase family engagement and improve indicator 4 data by revising its Family Experience Survey. Those revisions were correlated with improvement in the family response rate and indicators 4A, 4B, and 4C last fiscal year. This fiscal year, the state experienced slippage in indicator 4. To understand this slippage, the state's Technical Assistance Center staff will be interviewing counties about their concerns related to family engagement. These data indicate a need to look more deeply at how the counties are engaging families in understanding the Birth to 3 Program and the ways in which it can support their children's needs and goals. DHS will be reviewing

with RESource, Wisconsin's professional development system, what information and training we currently provide for new early intervention staff regarding families' rights and evidence-based practices to support families in effectively communicating children's needs and helping their children develop and learn to see if there is more that we might offer to support our workforce in this area.

Provide reasons for part C slippage, if applicable

As discussed above, in FFY 2021, Wisconsin's Birth to 3 Program reset its indicator 4 targets for FFY 2021-2025 to slightly above baseline due to slippage we experienced in previous years. The state also implemented a strategy to increase family engagement and improve indicator 4 data by revising its Family Experience Survey. Those revisions were correlated with improvement in the family response rate and indicators 4A, 4B, and 4C last fiscal year. This fiscal year, the state experienced slippage in indicator 4. To understand this slippage, the state's Technical Assistance Center staff will be interviewing counties about their concerns related to family engagement. These data indicate a need to look more deeply at how the counties are engaging families in understanding the Birth to 3 Program and the ways in which it can support their children's needs and goals. DHS will be reviewing with RESource, Wisconsin's professional development system, what information and training we currently provide for new early intervention staff regarding families' rights and evidence-based practices to support families in effectively communicating children's needs and helping their children develop and learn to see if there is more that we might offer to support our workforce in this area.

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	11.85%	12.49%

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

The Wisconsin Birth to 3 Program compares the demographic data of the survey respondents to the demographic data reported in the FFY 2023 618 child count to evaluate the survey for representativeness. Representativeness was determined by using a +/-1% threshold. For example, the state compares the percentage of survey respondents' race/ethnicity to the race/ethnicity percentages of the enrollment population reported in the 618 child count data. Given the number of completed surveys, we believe that for the survey to be representative of the enrollment population the percent makeup of each demographic category of the survey respondents should be within +/-1% of the 618 child count data. Our program also compares the demographics of the survey respondents to the state of Wisconsin's census data for children under three.

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

In FFY 2023, Wisconsin analyzed the Family Experience Survey data on race/ethnicity and geographic location to determine whether the data collected is representative of the demographics of infants and toddlers enrolled in Wisconsin's Birth to 3 Program. The state compares the percentage of survey respondents' race/ethnicity to the race/ethnicity percentages of the population reported in the 618 child count data. Given the number of completed surveys, we believe that for the survey to be representative of the population the percent makeup of each demographic category of the survey respondents should be within 1% of the 618 child count data. The state also compares the percentage of survey respondents' race/ethnicity to the race/ethnicity percentages of the population reported in the state's census. Similarly, we believe that for the survey to be representative of the population the percent makeup of each demographic category should be within 1% of the census data.

DHS determined that the demographics of infants and toddlers who identified as White (+0.4%), Asian (+0.3%), or Indigenous (+0.3%) in the survey results were representative of the children enrolled in Wisconsin's Birth to 3 Program. Infants and toddlers who identified as Black (-7.7%) or Hispanic/Latino (-4.7%) were under-represented in the survey results. There were no survey respondents who identified as Native Hawaiian/Pacific Islander and this demographic is a very small part of Wisconsin's Birth to 3 Program population, so it was not possible to assess representativeness for this group. Another complicating factor is that some survey respondents identify as being more than one race. This group was overrepresented in the survey as compared to enrollment by 4.1%. This may be due to differences between the demographic information these families shared at enrollment with their local program compared to how they identified themselves in the survey. These differences might also account for some of the under-representation in the survey results.

DHS also compared the demographics of the survey respondents to Wisconsin's census data for children under three. DHS determined that infants and toddlers who identified as White (+13.6%) were overrepresented as compared to the state's population. The percentage of respondents who identified as Indigenous was representative (+1.0%) of the state's population. Infants and toddlers who identified as Black (-5.2%), Hispanic/Latino (-4.3%), and Asian (-1.6%) were under-represented in the survey results as compared to the state's population. Again, there were no survey respondents who identified as Native Hawaiian/Pacific Islander and this demographic is a very small part of Wisconsin's Birth to 3 Program population, so it was not possible to assess representativeness for this group. Survey respondents who identified as more than one race were, again, overrepresented by 3.6% as compared to the state's population.

DHS analyzed the Family Experience Survey response data based on geographic location to determine if the Birth to 3 Program Family Experience data

is representative of the state's different geographic regions. DHS compared the number of survey responses received from each county Birth to 3 Program to the number of children exiting each county Birth to 3 Program in FFY 2023. The goal was to determine whether some counties are experiencing more difficulties than others in getting a response from families so that DHS can target those counties for technical assistance. There were eight counties for which the state did not receive survey responses, but there were fewer than 10 disenrollments for those counties so the state could not conclude this was due to a lack of engagement. The state identified two counties with low response rates despite higher disenrollment numbers. Polk County and Juneau County both had disenrollments exceeding 10 but their response rates were 3% and 4%, respectively. Technical Assistance Center staff will be doing outreach to these two counties to strategize ways to increase the response rate and promote family engagement. The state will also be bringing these results to a quality teleconference for counties to review the importance of the survey.

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

NO

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

DHS is undertaking a variety of actions to ensure that, in the future, response data for the Family Experience Survey is more representative of the demographics of infants, toddlers, and families enrolled in the program.

DHS is committed to doing more analysis at a local level to understand variability amongst counties and populations within each county and to identify potential interventions and promote best practices across the state. As part of this effort, DHS' Technical Assistance Center (TAC) will be conducting outreach to Birth to 3 Programs that are underrepresented in indicator 4 data. DHS hopes to identify specific barriers to completing the Family Experience Survey for these counties and develop strategies to ensure response data is more representative in the future.

DHS contracts with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) Team, to provide professional development to providers who serve families and children receiving services from the Birth to 3 Program. In FFY 2022, RESource launched Wisconsin's professional development system website, "El in WI," to provide comprehensive training and implementation of evidence-based practices to strengthen Wisconsin's early intervention workforce. Within this comprehensive system, RESource is developing learning tracks for the early intervention workforce with an emphasis on family engagement and culturally responsive practices to improve experiences for families participating in the Birth to 3 Program. The increased knowledge of culturally responsive practices will help county Birth to 3 Programs appropriately engage with diverse families and build trusting relationships for families to safely communicate their needs. DHS will also be reviewing with RESource whether we can incorporate more in-depth information in orientation materials for new staff regarding families' rights and culturally responsive, evidence-based practices to support families in effectively communicating children's needs and helping their children develop and learn.

DHS will continue to provide the cover letter of the survey in English and Spanish to all program participants and provide the survey in Spanish to all program participants recorded as Hispanic in our Program Participation System (PPS). Families completing the survey electronically can also self-select their language preference to request a copy of the survey in their preferred language. DHS will also continue to distribute its family communications newsletter, "All in for Kids: Birth to 3 Program," quarterly to families of children enrolled in the Birth to 3 Program or who have been referred to the Birth to 3 Program within the last three months. DHS uses this publication to better support and inform families about our programs. Each year, DHS notifies families in the newsletter of the importance of the Family Experience Survey to encourage more responses. The newsletter is translated in English, Spanish, and Hmong. Copies of the quarterly newsletter in all three languages can be found here: <https://www.dhs.wisconsin.gov/library/collection/akidsb-3-2022>.

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

DHS has identified specific strategies to increase the survey's response rate, particularly for those groups that have been or continue to be underrepresented in the survey data. DHS understands that underrepresentation in response can skew the data and limit program improvement. Strategies to increase response rates over time, particularly for underrepresented groups, include:

1. Building Trust Through Culturally Responsive Community Partners

Partner with local organizations: Engage with Head Start programs, WIC offices, family support centers, and cultural community centers trusted by diverse families.

Utilize family support staff: Leverage service coordinators and family resource specialists who already have established relationships with families to personally encourage families to participate in completing the survey.

2. Personalize and Simplify Outreach

Family-friendly messaging: Use simple, warm, and supportive language that emphasizes the impact of their voice on services, not just compliance.

Customize reminders: Tailor follow-up messages based on the family's preferred communication method (text, phone call, mail, email), delivered by someone they recognize from the program.

Visual aids: Use short explainer videos or infographics to describe what the survey is, why it matters, and how it helps improve services.

3. Increase Data Collection Touchpoints

At key transition points: Ask families to complete the survey when they exit the program and when their experiences are still fresh.

Leverage natural contacts: Distribute and collect surveys during routine visits, IFSP reviews, or family engagement events.

4. Track and Close Response Gaps

Monitor demographics in real time: Track survey responses by race, ethnicity, and geography to identify underrepresented groups.

Targeted follow-up campaigns: Re-engage specific populations with focused outreach efforts led by staff who reflect those communities.

5. Train Staff as Family Engagement Ambassadors

Staff training: Provide training on how to talk about the family outcomes survey in a way that motivates participation and addresses concerns.

Consistent messaging: Ensure all staff consistently communicate that the family's voice is crucial to shaping the services they receive.

DHS has identified specific strategies to be implemented, in order to increase its response rate, particularly for those groups that have been unrepresented in past years. DHS will continue to ensure that all forms of communication are translated in Spanish as well as accessibility to translators to convey the importance of the survey and families' responses. DHS will identify county Birth to 3 Programs with large populations of Black or African American infants and toddlers with disabilities enrolled in the Birth to 3 Program to provide individualized technical assistance and emphasize the importance of increased family engagement. Within Wisconsin's professional development system, "EI in WI," the RESource Team is developing learning tracks for improved cultural competence for the early intervention workforce with an emphasis on family engagement and culturally responsive practices which will potentially improve outcomes for increased survey response return rate by increasing the county workforce knowledge of culturally responsive practices that can help county Birth to 3 Programs appropriately engage with diverse families and build trusting relationships with families so that families feel that they can safely communicate their needs and improve experiences for families participating in the Birth to 3 Program. DHS' expectation is that this effort will both increase the representativeness of the response data but also the overall response rate by promoting family engagement across all groups.

Another strategy is to provide individualized technical assistance from designated Child and Family Program Specialists (CFPS) to those county Birth to 3 Programs that are underrepresented in indicator 4 data. Individualized technical assistance trainings provided to the identified counties, will include discussions regarding strategies that the counties can utilize for targeted outreach to underrepresented groups. The Child and Family Program Specialists will also ensure that counties are aware of the professional development resources available pertaining to family engagement and culturally responsive practices.

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

In FFY 2023, the Wisconsin Birth to 3 Program distributed Family Experience Surveys the second week of each month to every family who had exited the program in the month prior, unless the family left the program because the child passed away. During the current reporting period (July 1, 2023 – June 30, 2024), Wisconsin sent surveys to 5,476 families. The overall response rate was 12.49%, calculated by dividing the number of valid surveys returned (684) by the number of surveys distributed.

To assess the representativeness of responses and identify any potential nonresponse bias, DHS compared respondent demographics to those in the Wisconsin Birth to 3 Program. This analysis focused specifically on race/ethnicity and geographic location by county using data from the state's 618 Child Count and exit data from the state's database, respectively.

The data revealed that families identifying as Black or African American and Hispanic/Latino, as well as families residing in specific counties, were underrepresented in the survey responses compared to their presence in the overall Part C population.

DHS consulted with our Interagency Coordination Council and our local programs to explore ideas ways to increase under representativeness and mitigate nonresponse bias. Based on input and analysis to address these gaps and promote participation from a broader cross section of families, the state in preparing and has implemented several targeted strategies:

Culturally and Linguistically Inclusive Outreach: surveys and outreach materials were translated into multiple languages based on the most commonly spoken language in the state; bilingual staff and interpreters were made available to support families with limited English proficiency in understanding and completing the survey; outreach messaging was culturally tailored to reflect the values and experience of racially and ethnically diverse families.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Please see above for Wisconsin's analysis of the representativeness of the state's response data as compared to the demographics of infants, toddlers, and families enrolled in the Part C program as well as actions the state is taking to increase the representativeness of this data. We have also included an analysis of whether the demographics of families responding are representative of the state's population.

4 - OSEP Response

In its description of strategies that will be implemented which are expected to increase the response rate year over year, the State did not specifically address strategies to increase the response rate for those groups that are underrepresented, as required by the Measurement Table.

The State did not analyze the response rate to (1) identify potential nonresponse bias and (2) the steps taken to reduce any identified bias to promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2008	0.86%

FFY	2018	2019	2020	2021	2022
Target >=	0.95%	1.05%	1.05%	1.06%	1.07%
Data	1.04%	1.00%	0.82%	0.92%	1.01%

Targets

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

Targets: Description of Stakeholder Input

The ICC reviews data performance and targets on an annual basis to advise the Part C program on any changes or revisions. The Wisconsin Birth to 3 Program has met its Indicator 5 target of 0.95% from FFY 2013 - FFY 2018. In FFY2021, the ICC approved DHS's decision to gradually increase the Indicator 5 target to reach 1.10% by FFY 2025. The FFY 2023 data results were presented to the ICC at the January 22, 2025 meeting.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	603
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	59,547

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
603	59,547	1.01%	1.08%	1.01%	Did not meet target	No Slippage

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

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	2.79%

FFY	2018	2019	2020	2021	2022
Target >=	2.83%	3.00%	3.00%	3.01%	3.02%
Data	3.03%	3.04%	2.65%	3.04%	3.46%

Targets

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

Targets: Description of Stakeholder Input

The ICC reviews data performance and targets on an annual basis in order to advise the Part C program on any changes or revisions. The Wisconsin Birth to 3 Program has met its target for Indicator 6 from FFY 2017-FFY 2018. In FFY 2021, the ICC approved DHS's decision to gradually increase the Indicator 6 target to reach 3.05% by FFY 2025. The FFY 2023 data results were presented to the ICC at the January 22, 2025 meeting.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	6,512
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	181,168

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,512	181,168	3.46%	3.03%	3.59%	Met target	No Slippage

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

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	74.40%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.11%	99.36%	99.59%	99.84%	99.89%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,037	1,652	99.89%	100%	98.67%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Child and Family Program Specialists (CFPSs) with DHS' Technical Assistance Center (TAC) interviewed the counties with noncompliance for this indicator. Staff turnover, staff medical leaves, and a higher than usual number of referrals were the primary source of the noncompliance for one county. Remaining staff during this period had to take on many more cases than usual. These challenges resulted in delays in initial evaluations and assessments and initial IFSP meetings for some children. The county has since advocated internally for additional funding for its program to increase its capacity. Another county shared that its delays were due to the closure of a major provider in the area as well as difficulty retaining staff due to the availability of higher paid positions with the local school district. The county has since identified alternative providers. The third county shared that its staff have been experiencing challenges in getting proper paperwork in place to obtain evaluations. For this county, our TAC staff reviewed strategies for securing paperwork on a timely basis and program requirements to ensure that the program was not requiring more paperwork than is necessary to initiate services.

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

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

Examples of family reason include family was not available to start service within 45-day timeline, a child or family member became ill, or family was on vacation. Extreme weather delays include unsafe conditions, such as school or road closures, or travel advisories, that would result in delayed service start. The only other reason is system reason, where action was late due to staff or agency, and that is a non-compliant reason.

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

State database

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

January 1, 2024 – March 31, 2024

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

For Indicator 7, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter, (January 1, 2024 through March 31, 2024).

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

1. Conducting 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>). DHS uses data retrieved from the Birth to 3 Program PPS module through SAS to prepare the Annual Performance Report (APR).

Provide additional information about this indicator (optional).

For FFY 2023, DHS issued 4 findings of noncompliance but identified an additional 3 programs and a total of 18 child files that were corrected for Indicator 7 noncompliance during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2024 – July 31, 2024.

- Dodge County had to correct 3 files. Dodge County submitted 60 days of consecutive data for 4/1/24 thru 6/1/24 demonstrating 100% compliance for this indicator. The state reviewed this data using PPS to confirm full compliance with this indicator. DHS was also able to confirm through PPS that the three children who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.
- Ozaukee County had to correct 1 file. Ozaukee County submitted 60 days of consecutive data for 4/1/24 thru 7/23/24 demonstrating 100% compliance for this indicator. The state reviewed this data using PPS to confirm full compliance with this indicator. DHS was able to confirm through PPS that the child who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.
- St. Croix County had to correct 14 files. St. Croix County submitted 60 days of consecutive data for 4/1/24 thru 6/30/24 demonstrating 100% compliance for this indicator. The state reviewed this data using PPS to confirm full compliance with this indicator. DHS was also able to confirm through PPS that the fourteen children who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services. In addition, as discussed above in our explanation of slippage for this Indicator, our Technical Assistance Center staff met with this county to review the reasons for this noncompliance and identify strategies to ensure that the county is in compliance in the future. Therefore, DHS did not issue findings in FFY 2023 for these three counties because the state was able to verify correction of noncompliance for these programs during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of findings of noncompliance to these local programs if any of these local programs was unable to demonstrate 100% compliance for indicator 7 and child level correction for these files.

DHS will report on the status of the 4 findings of noncompliance it issued for FFY 2023 for this indicator in next year's APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

For FFY 2021 and FFY 2022 the state will not be able to explain the specific circumstances for why the instances were noncompliant because the state did not request for each local county program to report the individual case circumstances for each noncompliant instance. The state only verified that the activities occurred using activity dates entered into our participant data system. However, moving forward, the states process will be to discuss and learn the individual circumstances for instances of noncompliance in accordance with OSEP QA 23-01 as required. The state requests to close out OSEP responses for FFY 2019, FFY 2021, FFY 2022 activities.

For FFY 2021, DHS reported no findings of noncompliance although our indicator 7 data was less than 100% compliant. During the January 1, 2022 – March 31, 2022 data collection period, DHS identified 4 programs and a total of 4 files requiring correction for indicator 7 compliance during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2022 – July 31, 2022.

- Dodge County had to correct 1 file. On June 22, 2022, Dodge County submitted 60 consecutive days of 100% compliant data for indicator 7 for 4/1/22 thru 5/31/22. The Birth to 3 Program Data Manager reviewed Dodge County's updated entries in the state data system PPS and verified that the county achieved 100% compliance for the 60-day data submission period from 4/1/2022-5/31/2022, and that the child's noncompliant case was corrected. There are no pending resolutions for Dodge County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance.

DHS was also able to confirm through PPS that the child who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.

- Sauk County had to correct 1 file. On June 27, 2022, Sauk County submitted 60 consecutive days of 100% compliant data for indicator 7 for 4/1/22 thru 5/31/22. The Birth to 3 Program Data Manager reviewed Sauk County's updated entries in the state data system PPS and verified that the county achieved 100% compliance for the 60-day data submission period from 4/1/2022-5/31/2022, and that the child's noncompliant case was corrected. There are no pending resolutions for Sauk County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance. DHS was able to confirm through PPS that the child who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.

- La Crosse County had to correct 1 file. On July 13, 2022, La Crosse County confirmed it had entered inaccurate data for the data collection period, corrected its entry, and submitted 60 consecutive days of 100% compliant data for indicator 7 for 1/1/22 thru 3/31/22. The Birth to 3 Program Data Manager reviewed Sauk County's updated entries in the state data system PPS and verified that the county achieved 100% compliance for the 60-day data submission period from 1/1/2022-3/31/2022, and that the child's noncompliant case was corrected. There are no pending resolutions for La Crosse County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance.

- Ozaukee County had to correct 1 file. On July 29, 2022, Ozaukee County submitted 60 consecutive days of 100% compliant data for indicator 7 for 4/1/22 thru 5/31/22. The Birth to 3 Program Data Manager reviewed Ozaukee County's updated entries in the state data system PPS and verified that the county achieved 100% compliance for the 60-day data submission period from 4/1/2022-5/31/2022, and that the child's noncompliant case was corrected. There are no pending resolutions for Ozaukee County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance. DHS was also able to confirm through PPS that the child who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.

Therefore, DHS issued no findings in FFY 2021 for this indicator because the state was able to verify correction of noncompliance for these programs during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. Each of the 4 cases that were identified in FFY 2021 have been verified as being in 100% compliance, and all individual case files have been corrected. There are no pending

resolutions for FFY 2021. DHS would have issued a written notification of findings of noncompliance to these local programs if any of these local programs was unable to demonstrate 100% compliance for indicator 7 and child level correction for these files.

In FFY22, there were 3 instances of child-specific noncompliance across two programs (Brown, Walworth). The state verified correction of noncompliance for each of the two EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the 3 children and determined each child had an initial evaluation and assessment and initial IFSP meeting, although late, or the child was no longer in the jurisdiction of the program. In addition, the state reviewed two months of updated or subsequent data on children with an initial evaluation and assessment and initial IFSP meeting for each of the two programs and verified these children had received them within the Part C 45-day timeline. The state confirmed each program was performing at 100% compliance and correctly implementing the 45-day timeline requirement. Therefore, the state did not issue any findings of noncompliance.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

In the State's description of the reasons for delay, the State referenced the incorrect requirements for this indicator. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR, the State reported two instances of noncompliance, however, in the State's FFY 2023 APR explanation for why no findings were issued, the State reported, "DHS identified 2 programs and a total of 3 files requiring correction for indicator 7 compliance during our pre-finding correction period." Therefore, it is unclear if the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.45%	99.66%	99.83%	99.53%	99.85%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
977	1,111	99.85%	100%	99.82%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

Non-compliant reasons for delay in providing transitions steps, measured by Indicator 8A, are related to system delay on the part of the Birth to 3 Program. System delays include lack of timeliness by the staff in the program. Non-compliance in Wisconsin's data this year reflects staffing shortages in our local Birth to 3 Programs.

Exceptional family reason is the only compliant reason for 8A for Wisconsin. Examples of family reason include that a child or family member became ill or family was on vacation.

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

State database

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

January 1, 2024 – March 31, 2024

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

For Indicator 8A, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter, (January 1, 2024 through March 31, 2024).

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

1. Conducting an 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. For example, PPS now limits the reasons counties may choose to elect a delay in scheduling a transition conference to only those allowed by the Part C requirements. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>). DHS uses data retrieved from the Birth to 3 Program PPS module through SAS to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

Provide additional information about this indicator (optional).

For FFY 2023, DHS issued 1 finding of noncompliance for Indicator 8A but identified an additional program with a total of 1 child file that the county corrected during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2024 – July 31, 2024. • Brown County needed to correct 1 file. Brown County confirmed that it had entered inaccurate data for 1/1/24-3/31/24 for this child and corrected its entries in PPS, the state's data system. DHS reviewed the updated data in PPS and confirmed that the updated data reflected 100% compliance for this indicator.

Therefore, DHS did not issue a finding for this program because the state was able to verify correction of noncompliance for this program during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of a finding of noncompliance to this program if it was unable to demonstrate 100% compliance for Indicator 8A and child level correction, as appropriate.

DHS will provide an update on the status of the finding of noncompliance issued to a separate county in next year's APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the noncompliance identified in FFY 2021 and FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021 and FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

For each fiscal years cited below; FFY 2019, FFY 2021, FFY 2022, the state did not verify the corrections of the preliminary findings because the state did not request for each local county program to report the individual case circumstances for each prefindings noncompliant instance. The state only verified that the activities occurred using activity dates entered into our participant data system. The state understands that this protocol was in correct and that it should have verified local program individual child level remediation in each instance, regardless of whether subsequent data reporting periods illustrated a systems correction. Beginning with FFY 2023 moving forward, the state does verify child and system level correction instances of noncompliance in accordance with OSEP QA 23-01 as required. None of the children from these historical reporting periods are currently within the jurisdiction of the program. The state requests to close out OSEP responses for FFY 2019, FFY 2021, FFY 2022 activities.

FFY 2019, DHS reported no findings of noncompliance although our indicator 8A data was less than 100% compliant. During the January 1, 2020 – March 31, 2020 data collection period, DHS identified 3 programs and a total of 4 files requiring correction for indicator 8A compliance. The pre-finding correction period for data prescribed by DHS was April 1, 2020 – July 31, 2020.

- Sheboygan County needed to correct 1 file. Sheboygan County submitted 60 consecutive days of 100% compliant data for indicator 8A for 4/1/20 thru 5/31/20. The Data Manager reviewed Sheboygan County's updated entries in PPS, for this case and verified the county achieved 100% compliance for the 60-day submission period from 4/1/20-5/31/20 and that the child's noncompliant case was corrected. There are no pending resolutions for Sheboygan County for FFY 2019 and no further action was necessary. DHS was also able to confirm in PPS that the child had received transition steps.
- Milwaukee County needed to correct 2 files. Milwaukee County confirmed it had entered inaccurate data for 1/1/20-3/31/20 for these two children and corrected its entries. Data Manager reviewed Milwaukee County's updated entries in PPS, for these 2 files and verified that the county achieved 100% compliance for the 60-day submission period from 1/1/20-3/31/20 and that both of the child's noncompliant case were corrected. There are no pending resolutions for Milwaukee County for FFY2019 and no further action was necessary
- La Crosse County needed to correct 1 file. La Crosse County submitted 60 consecutive days of 100% compliant data for indicator 8A for 4/1/20 thru 5/31/20. DHS reviewed this data in PPS to confirm 100% compliance. The Data Manager reviewed La Crosse County's updated entries in PPS, for the file and verified that the county achieved 100% compliance for the 60-day submission period from 4/1/20-5/31/20 and that the child's noncompliant case was corrected. There are no pending resolutions for La Crosse County for FFY 2019 and no further action was necessary. DHS was also able to confirm in PPS that the child had received transition steps. Therefore, DHS issued no findings in FFY 2019 because the state was able to verify correction of noncompliance for these three programs

For FFY 2021, DHS reported no findings of noncompliance although our indicator 8A data was less than 100% compliant. During the January 1, 2022 – March 31, 2022 data collection period, DHS identified 3 programs and a total of 4 children's files requiring correction for Indicator 8A. The pre-finding correction period for data prescribed by DHS was April 1, 2022 – July 31, 2022.

- Green County had to correct 1 file. Green County confirmed that it had entered inaccurate data for 1/1/22-3/31/22 for this file and corrected its entries in PPS, the state's data system. The Data Manager reviewed Green County's updated entries in the state data system PPS, for the file and verified that the county achieved 100% compliance for the 60-day submission period from 1/1/22-3/31/22 and that the child's noncompliant case was corrected. There are no pending resolutions for Green County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance.
- Sauk County had to correct 2 files. Sauk County submitted 60 consecutive days of 100% compliant data for indicator 8A for 4/1/22 thru 5/31/22. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. The Data Manager reviewed Sauk County's updated entries in the state data system PPS, for these 2 files and verified that the county achieved 100% compliance for the 60-day submission period from 4/1/22-5/31/22 and that both of the child's noncompliant case were corrected. There are no pending resolutions for Sauk County for FFY2021 and no further action was necessary because the corrected data indicated 100% compliance. DHS was also able to confirm in PPS that Sauk County had provided transition steps to one of the children and was unable to correct the second child's file due to the child no longer being within the jurisdiction of the program.

- Waukesha County had to correct 1 file. Waukesha County submitted 60 consecutive days of 100% compliant data for indicator 8A for 5/28/22 – 7/26/22. The Data Manager reviewed Waukesha County's updated entries in the state data system PPS, for the file and verified that the county achieved 100% compliance for the 60-day submission period from 5/28/22-7/26/22 and that the child's noncompliant case was corrected. There are no pending resolutions for Waukesha County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance. DHS was also able to confirm in PPS that Waukesha County was unable to correct the individual child's file due to the child no longer being within the jurisdiction of the program.

Therefore, DHS issued no findings in FFY 2021 because the state was able to verify correction of noncompliance for these three programs

For FFY 2022, DHS reported no findings of noncompliance although our indicator 8A data was less than 100% compliant. During the January 1, 2023 – March 31, 2023 data collection period, DHS identified 1 program and a total of 1 file requiring correction for indicator 8A compliance. The pre-finding correction period for data prescribed by DHS was April 1, 2023 – July 31, 2023.

- Columbia County had to correct 1 file. Columbia County submitted 60 consecutive days of 100% compliant data for Indicator 8A for 5/18/23-7/17/23. The Data Manager reviewed Columbia County's updated entries in the state data system PPS, for the file and verified that the county achieved 100% compliance for the 60-day submission period from 5/18/23-7/17/23 and that the child's noncompliant case was corrected. There are no pending resolutions for Columbia County for FFY 2022 and no further action was necessary because the corrected data indicated 100% compliance. DHS reviewed this data in PPS to confirm and was able to verify 100% compliance for this indicator and correction of the individual case. DHS was also able to confirm in PPS that Columbia County had provided transition steps to this child.

Therefore, DHS issued no findings in FFY 2022 because the state was able to verify that Columbia County demonstrated 100% compliance through State review of updated data over a 60 day consecutive period and that the individual child case was corrected consistent with OSEP QA 23- 01 during the "pre-finding correction" period before the state issued formal written notifications of findings of noncompliance. This case has been corrected and, and there are currently no pending resolutions for this indicator for FFY 2022. DHS would have issued a written notification of findings of noncompliance to this program if it was unable to demonstrate 100% compliance for indicator 8A and child level correction for this file.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR, the State reported two instances of noncompliance, however, in the State's FFY 2023 APR explanation for why no findings were issued, the State reported, "During the January 1, 2023 – March 31, 2023 data collection period, DHS identified 1 program and a total of 1 file requiring correction for indicator 8A compliance." Therefore, it is unclear if the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (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; (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.45%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.65%	98.27%	98.93%	98.61%	98.56%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
790	823	98.56%	100%	98.50%	Did not meet target	No Slippage

Number of parents who opted out

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

21

Provide reasons for delay, if applicable.

Non-compliant reasons for delay in making a referral to the LEA, measured by indicator 8B, are related to system delay on the part of the Birth to 3 Program. System delays include lack of timeliness by the staff in the program. In Wisconsin, if the family hasn't opted out, the local program is required to send a referral to the LEA for any child determined potentially eligible for LEA services. Due to Wisconsin's opt out policy, there are situations when the family reverses that opt out decision after the 2 years 9 months deadline for sending the referral to the LEA, causing a compliant reason for the referral to the LEA to be late.

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 reporting period. DHS continues to focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conducting 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties. (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>).

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

YES

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

YES

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

State database

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

January 1, 2024 – March 31, 2024

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

For indicator 8B, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This dataset has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter, (January 1, 2024 through March 31, 2024).

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

1. Conducting an 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. For example, PPS now limits the reasons counties may choose to elect a delay in scheduling a transition conference to only those allowed by the Part C requirements. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>). DHS uses data retrieved from the Birth to 3 Program PPS module through SAS to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

Provide additional information about this indicator (optional).

For FFY 2023, DHS issued 2 findings of noncompliance for a total of 3 child files for indicator 8B but identified an additional 9 programs with a total of 10 child files that the counties corrected during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2024 – July 31, 2024.

- Ashland County had to correct 1 file. Ashland County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 7/30/24. DHS reviewed this data in PPS, the state's data system, to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Ashland County had provided notification to the LEA for the child.
- Jefferson County had to correct 1 file. Jefferson County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/21/24 thru 6/19/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Jefferson County had provided notification to the LEA for the child.
- Marinette County had to correct 1 file. Marinette County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 6/30/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Marinette County had provided notification to the LEA for the child.
- Milwaukee County had to correct 1 file. Milwaukee County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 5/31/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Milwaukee County had provided notification to the LEA for the child.
- Ozaukee County had to correct 1 file. Ozaukee County submitted 60 consecutive days of 100% compliant data for Indicator 8B for 4/1/24 thru 7/23/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Ozaukee County had provided notification to the LEA for the child.
- Rock County had to correct 1 file. Rock County submitted 60 consecutive days of 100% compliant data for Indicator 8B for 4/1/24 thru 5/31/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Rock County was unable to provide notification to the LEA for the child because they were no longer within jurisdiction.
- Sheboygan County had to correct 1 file. Sheboygan County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 5/31/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Sheboygan County had provided notification to the LEA for the child.
- Trempealeau County had to correct 2 files. Trempealeau County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 7/19/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Trempealeau County had provided notification to the LEA for the two children.
- Vilas County had to correct 1 file. Vilas County submitted 60 consecutive days of 100% compliant data for indicator 8B for 5/1/24 thru 7/1/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Vilas County had provided notification to the LEA for the child.

Therefore, DHS issued no findings to these local programs in FFY 2023 because the state was able to verify correction of noncompliance for these programs during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of findings of noncompliance to these local programs if any program was unable to demonstrate 100% compliance for indicator 8B and child level correction for these files.

DHS will provide an update on the status of the two findings of noncompliance it issued to two separate counties in next year's APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022 Findings of Noncompliance Verified as Corrected

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

In FFY 2022, 10 instances of child-specific noncompliance were identified for the SEA/LEA transition notification requirement. These 10 instances were across 8 of the 72 county-led programs in the state (Grant, La Crosse, Outagamie, Price, Sheboygan, St. Croix, Sauk, and Waukesha). Since the state uses pre-finding correction, the state reviewed two months of updated data from the state database after identification of noncompliance for each of the 8 programs. The state also reviewed the database to verify the correction of the 10 instances of child-specific noncompliance. Six of the 8 programs were at 100% compliance. All 7 children with delayed notification to the SEA and LEA within those programs were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program. These 6 programs were not issued findings since the state verified individual child-specific noncompliance correction and regulatory implementation at 100% before issuing findings (pre-finding correction) within 90 days of identifying noncompliance. Two programs with 3 instances of child-specific noncompliance (Sheboygan had 2 cases, and Price had 1) failed to demonstrate 100% compliance and child-level correction during pre-finding activities. As a result, findings were issued for these two programs. On September 7, 2023, DHS issued written notifications to both programs, including correction due dates. After programs had implemented corrective actions, the state verified correction by reviewing 60 consecutive days of data from the data system on all children exiting Part C who were potentially eligible for Part B for each noncompliant program to determine if timely notification to the SEA and LEA was provided. Based on the review of the updated data, the state determined both programs demonstrated 100% compliance and are correctly implementing the transition notification requirements.

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

In FFY 2022, 10 instances of child-specific noncompliance across 8 programs occurred. The state verified the correction of child-specific noncompliance for each program before issuing findings (pre-finding correction period). The state reviewed records for each of the 10 children to verify correction. It determined that 7 of 10 transition notifications had been sent to the SEA and LEA, although late, or the children were no longer in the program's jurisdiction. Three instances of child-specific noncompliance across 2 programs (Sheboygan had 2 cases, and Price had 1) failed to demonstrate child-level correction during pre-finding activities and were issued findings of noncompliance. Subsequent to issuing the findings (findings are issued per program, not child), data from the data system was used to review all 7 children's files with delayed notification to the SEA and LEA. All 7 notifications were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Please see above for the state's response to FFY 2022 Findings of Noncompliance Verified as Corrected

8B - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported, "There are four situations when 'family exception reason' may be used for a late referral to the LEA." However, this indicator does not permit States 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 C.F.R. §303.310(b). Additionally, the State reported these family exception reasons as, "Referral to Birth to 3 Program is within 90 days of child turning three; Initial IFSP is timely and falls within 90 days of child turning three; Initial IFSP is late due to family reason and falls within 90 days of child turning three; and Parent reversal of opt out decision (had originally signed to opt out form) within 90 days of child turning three." However, only 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, should be included in the numerator of this calculation. Therefore, OSEP could not determine whether the State met its target.

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in: (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; (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

The State reported, "For FFY 2022, there were additional programs for whom DHS did not issue findings of noncompliance although they were less than 100% compliant for this indicator." However, OSEP could not determine if the State ensured correction of those findings, consistent with OSEP QA 23-01. Specifically, the State reported 14 instances of noncompliance in FFY 2022; however, in the FFY 2023 SPP/APR, the State reported, "DHS identified an additional 6 programs and a total of 7 children's files requiring correction for indicator 8B compliance during our pre-finding correction period." The State also reported, "In FFY 2022, DHS issued two findings of noncompliance for indicator 8B to 2 programs for a total of 3 files. Therefore, OSEP could not determine whether the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	66.20%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.31%	97.88%	99.27%	99.69%	99.63%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
524	823	99.63%	100%	98.82%	Did not meet target	No Slippage

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

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

230

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.

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Provide reasons for delay, if applicable.

Non-compliant reasons for delay in providing a Transition Planning Conference, measured by indicator 8C, are related to system delay on either the part of the Birth to 3 Program or LEA. Indicator 8C compliant reasons for delay include that the family did not consent to a TPC, the family did not provide timely consent, or the family was not available for the transition planning conference.

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

State database

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

January 1, 2024 – March 1, 2024

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

For indicator 8C, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter, (January 1, 2024 through March 31, 2024).

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

1. Conducting 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. For example, PPS now limits the reasons counties may choose to elect a delay in scheduling a transition conference to only those allowed by the Part C requirements. The state released a video summarizing these changes and updated the PPS User Guide. In FY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>). DHS uses data retrieved from the Birth to 3 Program PPS module through SAS to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

Provide additional information about this indicator (optional).

For FFY 2023, DHS issued 1 finding of noncompliance for a total of 3 child files for indicator 8C but identified an additional 5 programs with a total of 5 child files that the counties corrected during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2024 – July 31, 2024.

- Chippewa County had to correct 1 file. Chippewa County explained that it had submitted inaccurate data for the child and corrected its entries in PPS, the state’s data system. DHS reviewed the updated data in PPS for 1/1/24-3/31/24 and confirmed that the county was now 100% compliant for this indicator.
- Jackson County had to correct 1 file. Jackson County explained that it had submitted inaccurate data for the child and corrected its entries in PPS. DHS reviewed the updated data in PPS for 1/1/24-3/31/24 and confirmed that the county was now 100% compliant for this indicator.
- Kenosha County had to correct 1 file. Kenosha County explained that it had submitted inaccurate data for the child and corrected its entries in PPS. DHS reviewed the updated data in PPS for 1/1/24-3/31/24 and confirmed that the county was now 100% compliant for this indicator.
- Manitowoc County had to correct 1 file. Manitowoc County explained that it had submitted inaccurate data for the child and corrected its entries in PPS. DHS reviewed the updated data in PPS for 1/1/24-3/31/24 and confirmed that the county was now 100% compliant for this indicator.
- Rock County had to correct 1 file. Rock County submitted 60 consecutive days of 100% compliant data for indicator 8C for 4/1/24-5/31/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Rock County had provided the child with a transition conference.

Therefore, DHS issued no findings to these local programs in FFY 2023 because the state was able to verify correction of noncompliance for these programs during the “pre-finding correction” period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of findings of noncompliance to these local programs if any program was unable to demonstrate 100% compliance for indicator 8C and child level correction for these files.

DHS will provide an update on the finding of noncompliance it issued to a separate county in next year's APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022 Findings of Noncompliance Verified as Corrected

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

In FFY 2022, 10 instances of child-specific noncompliance were identified for the timely transition conference requirement. These 10 instances were across 7 of the 72 county-led programs in the state (Columbia, Dane, Iron, Milwaukee, Rock, Sheboygan, and Waukesha). Since the state uses pre-finding correction, the state reviewed two months of updated data from the state database after identification of noncompliance for each of the 7 programs. The state also reviewed the database to verify the correction of the 10 instances of child-specific noncompliance. Five of the 7 programs were at 100% compliance. All 8 children with delayed transition conferences within those programs were eventually held, although late, or the child was no longer in the jurisdiction of the EI program. These 5 programs were not issued findings since the state verified individual child-specific noncompliance correction and regulatory implementation at 100% before issuing findings (pre-finding correction) within 90 days of identifying noncompliance. Two programs with 1 instance each of child-specific noncompliance (Iron and Sheboygan) failed to demonstrate 100% compliance and child-level correction during pre-finding activities. As a result, findings were issued for these two programs. On September 7, 2023, DHS issued written notifications to both programs, including correction due dates. After programs had implemented corrective actions, the state verified correction by reviewing 60 consecutive days of data from the data system on all children exiting Part C who were potentially eligible for Part B for each noncompliant program to determine if timely transition conferences were provided. Based on the review of the updated data, the state determined both programs demonstrated 100% compliance and are correctly implementing the transition notification requirements.

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

In FFY 2022, 10 instances of child-specific noncompliance across 7 programs occurred. The state verified the correction of child-specific noncompliance for each program before issuing findings (pre-finding correction period). The state reviewed records for each of the 10 children to verify correction. It determined that 8 of 10 transition conferences within those programs were eventually held, although late, or the child was no longer in the jurisdiction of the EI program. Two instances of child-specific noncompliance across 2 programs (Sheboygan and Iron had 1 case each) failed to demonstrate child-level correction during pre-finding activities and were issued findings of noncompliance. Subsequent to issuing the findings (findings are issued per program, not child), data from the data system was used to review all 8 children’s files with delayed transition conferences. All 8 transition conferences were held, although late, or the child was no longer in the jurisdiction of the EI program.

In addition, DHS staff reviewed documentation submitted by each county to verify correction of each individual case of noncompliance:

- On June 6, 2024, staff reviewed documentation submitted by Iron County to demonstrate that the child had received a transition planning conference.
- On January 24, 2024, staff reviewed documentation submitted by Sheboygan County to demonstrate that the child had received a transition planning conference.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Please see above for the state's response to FFY 2022 Findings of Noncompliance Verified as Corrected.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR, the State reported three instances of noncompliance, however, in this FFY 2023 APR, the State reported, "In FFY 2022, DHS issued two findings of noncompliance for indicator 8C to 2 programs for a total of 2 files." Additionally, in the State's FFY 2023 APR description of prefinding corrections, the State reported, "During the January 1, 2023 – March 31, 2023 data collection period, DHS identified an additional 5 programs and a total of 8 children's files requiring correction for indicator 8C compliance during our pre-finding correction period." Therefore it is unclear if the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

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

Additionally, in FFY 2022, DHS updated the ICC on the new procurement and mediation contract for the Wisconsin Birth to 3 Program as well as updates to the Birth to 3 Program Operations Guide, including more detailed information regarding dispute resolution. In FFY 2023, the Wisconsin Birth to 3 Program published an updated mediation brochure that was made accessible publicly on the Birth to 3 Program website.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=	100.00%	100.00%	100.00%	100.00%	100.00%
Data					

Targets

FFY	2023	2024	2025
Target>=	100.00%	100.00%	100.00%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0		100.00%		N/A	N/A

Provide additional information about this indicator (optional)

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2023. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

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

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

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

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2018	60.40%

Targets

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

FFY 2023 SPP/APR Data

Number of infants and toddlers who either improved functioning to a level nearer to same-aged peers but did not reach it, or improved functioning to reach a level comparable to same-aged peers by the time they turned 3 years of age or exited the program	Number of infants and toddlers who entered the program functioning below a level comparable to same-aged peers, or who did not improve functioning by the time they turned 3 years of age or exited the program	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,722	4,231	63.92%	58.27%	64.33%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

Statewide database, the Program Participation System (PPS)

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

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

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

YES

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

The Birth to 3 Program Data Manager has reviewed our Indicator 3, child outcome data, by race/ethnicity and geographic location as compared to our analysis last year to assess our continued progress towards achieving our SiMR. Tracking our growth in these areas has given DHS the opportunity to better assess the impact of recent initiatives and inform decisions about future efforts to work towards achieving our SiMR.

Our analysis demonstrates ongoing differences in outcomes achieved for children of various racial and ethnic minority groups in Wisconsin's Birth to 3 Program, with improvement for some groups and opportunities for further growth for other groups. Our data continues to indicate that White children are achieving better outcomes in the Birth to 3 Program than children who identify as being from a racial or ethnic minority group. The results for American Indian/Alaskan Native/Native Hawaiian or Pacific Islander children are 12.3% less for Indicator 3A1 than results overall for the state. Although results for this group still fall below the state's overall percentage, scores have improved for this population by 6.3%. The results for children who identify as Asian, Black/African American, or Hispanic/Latino, were 8.7%, 6.3%, and 1.8% less, respectively, than the overall results for the state, although the difference was less for Asian children as compared to the previous fiscal year. The results for children who identify as more than one race improved by 13.3% from the prior fiscal year and exceeded the state average by 6.4%.

Our analysis indicates that we are seeing some gains for racial or ethnic minority groups but there is more work to be done particularly for Black/African American and Hispanic/Latino families. As discussed above for Indicator 3, we hope to identify strategies to reduce these disparities by conducting outreach with local county programs with high populations of children who identify as Black/African American and/or Hispanic/Latino to identify barriers to family engagement and/or access to services. RESource, Wisconsin's Professional Development system, is also developing learning tracks for the early intervention workforce with an emphasis on family engagement and culturally responsive practices to improve experiences for diverse families participating in the Birth to 3 Program. DHS also hopes to build on the success of its Child Find Outreach Resources for children and families residing on reservations by exploring additional targeted resources for various underserved populations.

DHS also updated its analysis of child outcomes data based on geographic location. We identified counties showing improvement since the previous fiscal year as well as counties that showed significant growth or significant reductions in their outcomes scores. More than half of the state's counties improved their outcomes for children measured by substantial progress at exit in their social-emotional skills. Nearly 75% of counties met the state target for children measured by making substantial progress at exit in their social-emotional skills. DHS' Technical Assistance Center will be using this data to provide targeted technical assistance to counties whose outcomes scores continue to fall below the target and/or for whom there was a significant reduction compared to the previous fiscal year.

To ensure program fidelity practices in our child outcomes data, the Birth to 3 Program Data Manager participates in monthly Birth to 3 Program teleconferences and uses time during these teleconferences to explain data reports and the use of SAS, the state's data warehouse, to local Birth to 3 Programs. Throughout the year, the state's Children and Family Program Specialists (CFPSs) provide technical assistance and continuous support to county Birth to 3 Programs in data collection efforts. These efforts of continuous data trainings, support, and technical assistance help to ensure that the Wisconsin Birth to 3 Program is collecting data that is reliable and valid.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

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

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

NO

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

DHS has summarized below the continuing strategies and initiatives implemented during the Phase III, Year 9 of the SSIP. These strategies and initiatives are grouped by the state system components identified by the Wisconsin Birth to 3 Program in our Phase I SSIP infrastructure analysis:

1. Professional Development

DHS oversees its Professional Development system through its contract with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) Team. During Phase III, Year 9 of the SSIP, RESource continued to build on its successful launch in FFY 2022 of "EI in WI," a website for the professional development system designed to enhance knowledge and support statewide for the state's early intervention workforce. In FFY 2023, RESource implemented its Ambassador Program, selecting 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent eighteen counties across the state and a variety of roles and expertise. RESource also released an Approved Tool List along with a video and FAQ document to assist in implementation of the list. The tool identifies top rated tools and categorizes them according to assessment purpose. Planning for the future, RESource created a workgroup of higher

education professionals interested in increasing access to early intervention services. The workgroup includes two subgroups focused on student field experiences and family assessments. Finally, RESource developed a framework for its website to host learning tracks for Birth to 3 Program professionals. These learning tracks will provide the workforce with an opportunity to build their knowledge using self-directed, web-based training modules. RESource is in the process of building the content for these modules and hopes to launch the first learning track in FFY 2024.

In FFY 2023, DHS completed its Infant Early Childhood Mental Health Consultation Pilot in partnership with the University of Wisconsin's IECMH Capstone Program. The pilot provided Birth to 3 Programs with an opportunity for IECMH Consultation and workforce development of IECMH Consultants for Birth to 3 Programs. IECMH is an assessment and early intervention approach for building Birth to 3 Program professionals' capacity to support young children's social and emotional development to address concerning and challenging behaviors in the context of relationships across multiple settings. In FFY 2024, DHS will be reviewing the University of Wisconsin's recommendations and identifying next steps to increase the capacity of the state's Birth to 3 Program workforce in these areas.

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

2. Data

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project that made several changes to improve data quality. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS, the Birth to 3 Program's data warehouse, to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>).

3. Quality Improvement and Accountability

In FFY 2023, DHS continued to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. Responding to feedback from local programs, DHS provided additional training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process, including demonstrations in the use of an Analytic Calculator to assess individual county performance and new resources to support counties in identifying "action items" based on each county's performance indicators for the county's performance improvement plan. DHS tailors its technical assistance and enforcement activities based on each county's determination category. After county conducted or state assisted analysis of determinations results and program practices, programs attend technical assistance forums. All counties are then given the opportunity to or required to receive individualized technical assistance during one-on-one meetings with state staff.

4. Quality Standards

DHS continues its focus on ensuring access to appropriate, high-quality services to improve outcomes for infants and toddlers with disabilities. The state has developed a Birth to 3 Program Review Protocol with the goal of reviewing participant files to gather data about local program operations. The tool includes measures for required practices, pilot measures, and enhanced practice measures. The tool evaluates child files for required practices with a focus on four areas: 1) Eligibility determination and ongoing child assessment, 2) IFSP process, documentation, and outcomes, 3) Family engagement, support, and services, and 4) Transitions. The state has contracted with MetaStar to be the External Quality Review Organization for Wisconsin's Birth to 3 Program, and MetaStar uses this tool to review a sampling of files from each local program annually. The goal is to identify local programs who are innovating and may be able to share their insights with other programs as well as programs that would benefit from targeted technical assistance.

5. Governance

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

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

6. Technical Assistance

During Phase III, Year 9 of the SSIP, the Wisconsin Birth to 3 Program held monthly teleconferences with our local Birth to 3 Programs to provide guidance and assistance on items related to our SSIP. To standardize technical assistance requests from local programs, in FFY 2022, BCS launched the Technical Assistance Center (TAC) to provide a centralized location for local programs to request support and be assigned to the appropriate personnel. All technical assistance submissions are tracked to inform future technical assistance activities and the creation of additional resources.

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

1. Professional Development Initiatives

In FFY 2023, RESource implemented its Ambassador Program. Following a rigorous nomination process, RESource selected 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent eighteen counties across the state and a variety of roles and expertise. In April of 2023, RESource released an Approved Tool List along with a video and FAQ document to assist in implementation of the list. RESource conducted individual reviews of tools and practices for the Approved Tool List to be included on Wisconsin's professional development system website, "EI in WI." The Approved Tool List provides a comprehensive list of high-quality, evidence-based tools and practices that are categorized into green, yellow, and red based on validity and reliability for county Birth to 3 Programs to implement at a local level.

RESource organized quarterly Professional Development Leadership Forums to communicate updates, receive feedback from leaders related to the professional development system, and facilitate leader-to-leader discussions related to professional development materials. RESource also conducted

intentional outreach with early childhood educators and higher education institutions to increase awareness of early intervention opportunities. RESource's efforts towards improving professional development opportunities for Wisconsin's early intervention workforce will lead to increased competence and confidence in addressing social and emotional needs of infants and toddlers, further supporting the SiMR.

2. Infant Early Childhood Mental Health Consultation Pilot

In FFY 2023, DHS completed its Infant Early Childhood Mental Health Consultation Pilot in partnership with the University of Wisconsin's IECMH Capstone Program. In FFY2024, DHS will be reviewing the University of Wisconsin's recommendations and identifying next steps to increase the capacity of the state's Birth to 3 Program workforce in these areas. It will be important to demonstrate outcomes related to IECMH Consultation in Birth to 3 Programs to provide a rationale for continued funding for this resource. The University of Wisconsin and DHS have determined the outcome measures that will be most useful to assess impact. These outcome measures include:

-Pre/post social-emotional assessment (e.g. Devereux Early Childhood Assessment (DECA))

-Pre/post assessment of the quality of the parent-child relationship (e.g. Brief Parent-Child Early Relational Assessment)

-Survey assessing Birth to 3 Program provider's confidence and competence in serving children with Social-Emotional and/or Mental Health Needs

-Survey to families participating in IECMHC assessing program impact on child's social and emotional development

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

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

The new annual determinations scoring system was implemented in 2023 to align with Wisconsin's fiscal year reporting. The revised determinations scoring system added an additional two points for child outcomes performance, increasing its total possible point contribution to 4 in the determinations results section. In FFY 2023, DHS continued to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. Responding to feedback from local programs, DHS provided additional training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process, including demonstrations in the use of an Analytic Calculator to assess individual county performance and new resources to support counties in identifying appropriate "action items" for a county's performance improvement plan. DHS tailors its technical assistance and enforcement activities based on each county's determination category, consistent with the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA). The intent of the updated determinations process is to focus attention on early intervention results and outcomes achieved by children enrolled in the Wisconsin Birth to 3 Program to support progress towards the SiMR.

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

DHS released the highlights from the Child and Family-Focused Pandemic Recovery Grants, where DHS distributed \$1.6 million of American Rescue Plan Act (ARPA) funding to 23 local Birth to 3 Programs to: 1) enhance equity and assist children and families disproportionately affected by the pandemic and 2) aim to build protective factors and strengthen supports for families. DHS required that counties provide a qualitative analysis halfway through the implementation period detailing all activities and a final report describing cumulative project activities. Highlights from the Child and Family-Focused Pandemic Recovery Grants include Trempealeau County Birth to 3 Program, which served 10 families and trained 30 service providers in Circles of Security, providing focused discussion on pandemic impacts and strategies for addressing issues. The highlights were publicly posted on the Birth to 3 Program website. More information on grant recipient highlights and success stories can be found here:

<https://www.dhs.wisconsin.gov/birthto3/reports/pandemic-recovery-grants.htm>

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

YES

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

The state has described below the new infrastructure improvement strategies implemented during the Phase III, Year 9 of the SSIP. These strategies and initiatives are grouped by the state system components identified by the Wisconsin Birth to 3 Program in our Phase I SSIP infrastructure analysis:

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

1. Professional Development

During Phase III, Year 9 of the SSIP, In FY2023, RESource implemented its Ambassador Program. Following a rigorous nomination process, RESource selected 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent eighteen counties across the state and a variety of roles and expertise. In April of 2023, RESource released an Approved Tool List along with a video and FAQ document to assist in implementation of the list. Using American Rescue Plan Act (ARPA) funds, RESource completed a comprehensive review of the tools available for evaluation and assessment in the field of early intervention. The resulting tool identifies top-rated tools and categorizes them according to assessment purpose. Planning for the future, RESource created a workgroup of higher education professionals interested in increasing access to early intervention services. The workgroup includes two subgroups focused on student field experiences and family assessments. RESource also developed a framework for its website to host learning tracks for Birth to 3 Program professionals. These learning tracks will provide the workforce with an opportunity to build their knowledge using self-directed, web-based training modules. RESource is in the process of building the content for these modules and hopes to launch the first learning track in FFY 2024.

2. Quality Improvement and Accountability

In FFY 2023, DHS continued to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. Responding to feedback from local programs, DHS provided additional training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process, including demonstrations in the use of an Analytic Calculator to assess individual county performance and new resources to support counties in identifying action items based on each county's performance indicators for a county's performance improvement plan. DHS tailors its technical assistance and enforcement activities based on each county's determination category, consistent with the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA). After county conducted or state assisted analysis of determinations results and program practices, programs attend technical assistance forums. All counties are then given the opportunity to or required to receive individualized technical assistance during one-on-one meetings with state staff. During one-on-one technical assistance meetings, programs are assisted by state TA providers with reviews of data, data analysis, analysis of programs practices, the use of tools like the analytic calculator, use of reports, and provided with policy information and operational guidance to support practices. Lastly, programs are provided with resources and professional development recommendations to further assist early intervention and program practices and professional development of staff.

3. Quality Standards

DHS revises its Birth to 3 Program Operations Guide bi-annually with any programmatic changes and continues to provide updated guidance for federal compliance. The next revisions will be published in June 2025. The Birth to 3 Program Operations Guide captures the essential program requirements needed for local Birth to 3 Programs to operationalize the program. DHS makes necessary revisions with feedback from the Interagency Coordinating Council (ICC), DHS Children and Family Program Specialists (CFPS), and teleconferences with local Birth to 3 Programs. The Wisconsin Birth to 3 Program Operations Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p03138.pdf>.

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

1. Professional Development

- RESource, the Birth to 3 Program's Professional Development system, will continue to grow its Ambassador Program, engaging workforce representatives in efforts to inform and review professional content and provide shadowing opportunities.
- RESource will continue its quarterly collaboration meetings with a special focus on researching family assessment tools and practices as well as creating opportunities for meaningful student experiences in Birth to 3 Program placements.
- RESource will continue building content for its learning tracks with a goal of release its first learning track in 2024.
- DHS will review the results of its Infant Early Childhood Mental Health Consultation Pilot in partnership with the University of Wisconsin's IECMH Capstone Program and identify next steps to increase the capacity of the state's Birth to 3 Program workforce in these areas.
- DHS will continue to offer stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicaid and Public Health Infant, Early Childhood, and Family Mental Health Capstone Certificate Program.

2. Data

- In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project that made several changes to improve data quality. DHS also gave counties access to SAS, the Birth to 3 Program's data warehouse, to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. DHS will continue to gather feedback from counties to improve the usability of its data system and data quality.
- The Birth to 3 Program Data Manager will continue to analyze indicator 3 data and identify trends in our data and areas in need of improvement in order to make gains in our SiMR.
- The Birth to 3 Data Manager will continue to analyze indicator 4 data and provide a demographic breakdown to identify underrepresented populations to strategize specific outreach efforts.

3. Quality Improvement and Accountability

- DHS will continue to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. DHS will provide training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process.
- DHS will continue to tailor its technical assistance and enforcement activities based on each county's determination category, consistent with the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA).

4. Quality Standards

- The Birth to 3 Program Review Protocol is an important part of the state's efforts to continuously improve the quality of the services received by infants and toddlers with disabilities. In FFY 2023, DHS launched a new project to review and revise its Review Protocol. This project includes a redesign of the process, sampling methodology, tool, metrics, and results. This project is almost complete and will be moving to an implementation phase in FFY 2024. DHS will continue to use the results to identify counties who require targeted technical assistance and promote innovation by identifying and amplifying emerging best practices.

5. Governance

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

6. Technical Assistance

- The Wisconsin Birth to 3 Program will continue to hold monthly teleconferences with our local Birth to 3 Programs to provide guidance and assistance on items related to our SSIP.
- The Technical Assistance Center (TAC) will continue to provide a centralized location for local programs to request support and be assigned to the appropriate personnel for assistance. All technical assistance submissions will be tracked to inform future technical assistance activities and the creation of additional resources.

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

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

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

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

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

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

- Pre/post social-emotional assessment (Devereux Early Childhood Assessment (DECA))

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

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

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

Provide a summary of each evidence-based practice.

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

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

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

Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T): is an evidence-based tool for assessing protective factors and screening for potential risks in the social and emotional development of infants and toddlers. The DECA-I/T helps families and early intervention professionals recognize and support the social and emotional well-being of infants and toddlers through an interactive, hands-on training approach that consists of a 5-step system. The 5-step system includes: 1) collecting information on individual children, the home, and the group care environment, 2) administering the assessment, 3) scoring the assessment and summarizing results, 4) developing and implementing plans for the environment (home and group care), the child, and the adult caregiver, and 5) evaluating progress. More information on the DECA-I/T can be found here: <https://www.kaplanco.com/>

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

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

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

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

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

The Wisconsin Birth to 3 Program believes that continuing to support and improve the social and emotional development of infants and toddlers through parent engagement within the Primary Service Provider Approach (PSP) is resulting in stronger family participation within the community and lead to improved outcomes for the children and families served in the Birth to 3 Program.

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

The Wisconsin Birth to 3 Program believes that methods being used from the IECMH Pilot are positively impacting the social and emotional competency

of infants and toddlers receiving consultation services and their families. Consultants provide county Birth to 3 Program leadership with reflective space and programmatic consultation, and professionals are more equipped in addressing the social and emotional needs of infants and toddlers. The evidence-based tools used to collect qualitative and quantitative data throughout the pilot are guiding DHS in its efforts to build a sustainable model of Infant Mental Health services throughout the state.

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

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

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

Professional Development Initiatives: The Wisconsin Birth to 3 Program will implement evidence-based practices and social-emotional development practices that enhance our statewide, comprehensive professional development system, "EI in WI." Our contracted vendor, RESource, ensures that the Wisconsin Birth to 3 Program workforce receives necessary training material through their Training Bundles, PSP Evidence Based Practices tip sheet, and eventually the development of Learning Tracks, to provide high-quality services with the utmost accuracy and efficacy. The published Approved Tool List provides a comprehensive list of all evidence-based tools and practices with the validity and reliability for county Birth to 3 Programs to implement at a local level. Collectively, "EI in WI" promotes consistency among Wisconsin's Birth to 3 Programs, ensures fidelity of practice, and guarantees accuracy of child outcomes scoring.

Local programs continue to use assessment tools to assess social development including: Pre/post social-emotional assessment (Devereux Early Childhood Assessment (DECA)), ASQ-SE, and Pre/post assessment of the quality of the parent-child relationship (Brief Parent-Child Early Relational Assessment (B-ERA)).

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

RESource continues to research best practices at both a state and national level to further inform RESource's professional development initiatives. RESource's PD efforts incorporate national recommendations on the implementation of evidence-based practices statewide through an equity lens and research that supports the effectiveness and fidelity of the evidence-based practices stated above. The compilation of this research led to the creation of the Resource Library now available on Wisconsin's professional development system website, "EI in WI," available at the following link: <https://www.eiinwi.org/resources/>.

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

1. Primary Service Provider Approach (PSP):

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

2. Professional Development Initiatives:

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

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

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

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

YES

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

The Wisconsin Birth to 3 Program will continue implementing the activities and strategies detailed in the Phase III, Year 9 SSIP. The Wisconsin Birth to 3 Program will also implement new initiatives to continue to improve our SiMR data in coming years. The new activities that will be initiated are detailed in the following section of the Phase III, Year 9 SSIP. The improvement in our SiMR from FFY 2022 to FFY 2023 further supports Wisconsin's decision to implement our SSIP without any modifications.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Interagency Coordinating Council (ICC), county Birth to 3 Programs, and families participating in Wisconsin's Birth to 3 Program, continued to serve as the primary stakeholders for SSIP work in Phase III, Year 9. The ICC provided input and guidance on Phase III, Year 9 SSIP implementation

during quarterly meetings. County Birth to 3 Programs provided input and guidance on Phase III, Year 9 SSIP implementation during monthly teleconferences, Operational Impact Discussions (OIDs), and individual contact with the Children and Family Program Specialists (CFPS). Families participating in the Wisconsin Birth to 3 Program provided feedback on Phase III, Year 9 SSIP implementation during the ICC quarterly meetings and Circles of Life conference. DHS sought input from all stakeholders regarding these key SSIP focus areas: social and emotional development, workforce competency, and family engagement.

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

1. Interagency Coordinating Council

The ICC provided input and guidance on Phase III, Year 8 SSIP implementation and evaluation during quarterly meetings. During the January 25, 2023 ICC meeting, DHS staff reviewed the FFY 2021 Annual Performance Report (APR) to the ICC, allowing for council members to discuss and motion to approve the report. DHS staff shared multiyear trending data related to all federal indicators and data. Council members reviewed the initiatives the Wisconsin Birth to 3 Program has undertaken to foster improvements in child outcomes data as well efforts to increase the survey response rate to improve family outcomes data. During the March 8, 2023 ICC meeting, DHS staff provided an overview of efforts by the Technical Assistance Center to improve the local determinations process. Council members discussed the current determination status for Wisconsin counties and how the process differs from determinations for school districts. During the May 12, 2023 ICC meeting held during the Circles of Life Conference, DHS and the Department of Public Instruction (DPI) jointly presented on Child Find strategies and intentional outreach for children experiencing homelessness. ICC members discussed the importance of identification, sharing of information, and connecting families to resources. DHS subsequently published a Child Find Outreach Resource targeted to children and families experiencing homelessness, which can be found here:

<https://www.dhs.wisconsin.gov/publications/p03548a.pdf>. The ICC's input is imperative to the development of Child Find outreach resources to improve upon Wisconsin Birth to 3 Program's family engagement and comprehensive child find system at a local level.

2. County Birth to 3 Programs

County Birth to 3 Programs also served as stakeholders for Phase III, Year 9 SSIP implementation and evaluation. RESource, DHS' contracted vendor for its new Professional Development system, began hosting Leadership Forums in October of 2022. RESource hosted three Leadership Forums, in October 2022, January 2023, and April 2023. There were 231 participants at these forums. In October 2022, there were 80 leaders who participated representing a total of 62 counties. In January of 2023, there were 79 leaders who participated representing 35 counties. In April of 2023, there were 72 leaders who participated representing 54 counties. RESource also hosted three Community of Practice (CoP) events for a total of 585 participants. In November of 2022, RESource hosted a CoP entitled "Orientation to PD System" with 132 participants. In February of 2023, it hosted a second CoP, "Universal Curriculum, 7 Key Principles" with 241 participants. Finally, in May of 2023, RESource presented a third CoP, "Authentic Assessment" for 212 participants. RESource uses these events to share best practices and collect feedback from local programs about what counties need to foster continuous improvement in their programs.

Responding to county feedback on the annual determinations process, DHS hosted a total of four forums in July and August of 2023 to provide technical assistance to county Birth 3 Programs in understanding local county determinations results and support analysis of program practices. DHS held two forums on data quality and completeness and timely activities and two forums on child outcomes. There were 76 registrants for these forums and more participants joined the same day without registering in advance. Counties shared lessons learned and challenges in these areas, and DHS staff reviewed the tools available to counties to analyze their data. Counties indicated that they found the forums helpful in gaining a better understanding of their determinations results and how to use the data to inform future efforts. DHS used the information gathered from the counties during these discussions to inform future professional development activities.

Additionally, DHS sought input and guidance from county Birth to 3 Programs during monthly teleconferences. Examples of teleconferences agenda items related to the SSIP during Phase III, Year 9 included:

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

3. Family Input

DHS engages parents in discussions on ways to improve their experiences participating in Wisconsin's Birth to 3 Program. DHS understands the pivotal role that families play in a child's life and the direct impact the parent-child relationship has on child outcomes. For this reason, Wisconsin's ICC intentionally schedules one of its quarterly meetings at the Circles of Life Conference each year as an opportunity to involve families in setting targets, analyzing data, and developing improvement strategies. Circles of Life is Wisconsin's annual statewide conference for families who have children with disabilities and the professionals who support them. Through its All in for Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program invites families attending this conference to participate in the ICC meeting and encourages DHS staff to attend sessions to hear families' feedback on children's programs to find ways to make the Wisconsin Birth to 3 Program stronger. In FFY 2023, DHS presented at the Circles of Life Conference on all the Bureau of Children's Services programs, including Wisconsin's Birth to 3 Program. During the session, staff responded to questions from parents and highlighted resources available for families interested in Birth to 3 Program services.

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

Lastly, the Wisconsin Birth to 3 Program aims to gather input from families through the All in For Kids: Birth to 3 Program newsletter, which is distributed to all families participating in Part C services. In the March 2023 All in For Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program stressed the importance of family engagement and extended an invite to the Circles of Life Conference as an opportunity for families to connect with other families and share their personal experiences in Wisconsin's Birth to 3 Program. Additionally, the newsletter provides information on Birth to 3 Program practices in concise, family-friendly language, such as information on the mediation process for families to better understand their right to mediation in the event of a dispute.

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

NO

Additional Implementation Activities

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

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

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

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

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

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

In FFY 2022, 10 instances of child-specific noncompliance were identified for the SEA/LEA transition notification requirement. These 10 instances were across 8 of the 72 county-led programs in the state (Grant, La Crosse, Outagamie, Price, Sheboygan, St. Croix, Sauk, and Waukesha). Since the state uses pre-finding correction, the state reviewed two months of updated data from the state database after identification of noncompliance for each of the 8 programs. The state also reviewed the database to verify the correction of the 10 instances of child-specific noncompliance. Six of the 8 programs were at 100% compliance. All 7 children with delayed notification to the SEA and LEA within those programs were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program. These 6 programs were not issued findings since the state verified individual child-specific noncompliance correction and regulatory implementation at 100% before issuing findings (pre-finding correction) within 90 days of identifying noncompliance. Two programs with 3 instances of child-specific noncompliance (Sheboygan had 2 cases, and Price had 1) failed to demonstrate 100% compliance and child-level correction during pre-finding activities. As a result, findings were issued for these two programs. On September 7, 2023, DHS issued written notifications to both programs, including correction due dates. After programs had implemented corrective actions, the state verified correction by reviewing 60 consecutive days of data from the data system on all children exiting Part C who were potentially eligible for Part B for each noncompliant program to determine if timely notification to the SEA and LEA was provided. Based on the review of the updated data, the state determined both programs demonstrated 100% compliance and are correctly implementing the transition notification requirements.

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

In FFY 2022, 10 instances of child-specific noncompliance across 8 programs occurred. The state verified the correction of child-specific noncompliance for each program before issuing findings (pre-finding correction period). The state reviewed records for each of the 10 children to verify correction. It determined that 7 of 10 transition notifications had been sent to the SEA and LEA, although late, or the children were no longer in the program's jurisdiction. Three instances of child-specific noncompliance across 2 programs (Sheboygan had 2 cases, and Price had 1) failed to demonstrate child-level correction during pre-finding activities and were issued findings of noncompliance. Subsequent to issuing the findings (findings are issued per program, not child), data from the data system was used to review all 7 children's files with delayed notification to the SEA and LEA. All 7 notifications were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program.

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

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

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

Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

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

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

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

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

In FFY 2022, 10 instances of child-specific noncompliance were identified for the SEA/LEA transition notification requirement. These 10 instances were across 8 of the 72 county-led programs in the state (Grant, La Crosse, Outagamie, Price, Sheboygan, St. Croix, Sauk, and Waukesha). Since the state uses pre-finding correction, the state reviewed two months of updated data from the state database after identification of noncompliance for each of the 8 programs. The state also reviewed the database to verify the correction of the 10 instances of child-specific noncompliance. Six of the 8 programs were at 100% compliance. All 7 children with delayed notification to the SEA and LEA within those programs were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program. These 6 programs were not issued findings since the state verified individual child-specific noncompliance correction and regulatory implementation at 100% before issuing findings (pre-finding correction) within 90 days of identifying noncompliance. Two programs with 3 instances of child-specific noncompliance (Sheboygan had 2 cases, and Price had 1) failed to demonstrate 100% compliance and child-level correction during pre-finding activities. As a result, findings were issued for these two programs. On September 7, 2023, DHS issued written notifications to both programs, including correction due dates. After programs had implemented corrective actions, the state verified correction by reviewing 60 consecutive days of data from the data system on all children exiting Part C who were potentially eligible for Part B for each noncompliant program to determine if timely notification to the SEA and LEA was provided. Based on the review of the updated data, the state determined both programs demonstrated 100% compliance and are correctly implementing the transition notification requirements.

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

In FFY 2022, 10 instances of child-specific noncompliance across 8 programs occurred. The state verified the correction of child-specific noncompliance for each program before issuing findings (pre-finding correction period). The state reviewed records for each of the 10 children to verify correction. It determined that 7 of 10 transition notifications had been sent to the SEA and LEA, although late, or the children were no longer in the program's jurisdiction. Three instances of child-specific noncompliance across 2 programs (Sheboygan had 2 cases, and Price had 1) failed to demonstrate child-level correction during pre-finding activities and were issued findings of noncompliance. Subsequent to issuing the findings (findings are issued per program, not child), data from the data system was used to review all 7 children's files with delayed notification to the SEA and LEA. All 7 notifications were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program.

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

C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

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

In FFY 2022, DHS issued two findings of noncompliance for indicator 8C to 2 programs for a total of 2 files.

- On September 7, 2023, DHS issued a written notification of a formal finding of noncompliance for indicator 8C to Iron County. The letter explained that the county had failed to demonstrate 100% compliance and child level correction during the “pre-finding correction period” and, therefore, the county had received a formal finding of noncompliance for this indicator. The letter explained that by September 1, 2024, the county must 1) submit child file documentation demonstrating a transition planning conference and 2) submit 60 consecutive days of data demonstrating 100% compliance for this indicator through the state’s data system, PPS, from the time period between October 1, 2023 and September 1, 2024.

- On September 7, 2023, DHS issued a written notification of a formal finding of noncompliance for indicator 8C to Sheboygan County. The letter explained that the county had failed to demonstrate 100% compliance and child level correction during the “pre-finding correction period” and, therefore, the county had received a formal finding of noncompliance for this indicator. The letter explained that by September 1, 2024, the county must 1) submit child file documentation demonstrating a transition planning conference and 2) submit 60 consecutive days of data demonstrating 100% compliance for this indicator through the state’s data system, PPS, from the time period between October 1, 2023 and September 1, 2024.

DHS staff reviewed updated data to verify that each county is implementing the regulatory requirements:

- For Iron County, the Birth to 3 Program Data Manager reviewed data submitted through the state data system PPS by the county for the period of 10/1/23 – 11/30/23 and verified 100% compliance for this Indicator. The individual case was verified as corrected.
- For Sheboygan County, the Birth to 3 Program Data Manager reviewed data submitted through the state data system by the county for the period of 10/1/23 – 11/30/23 and verified 100% compliance for this Indicator. The individual case was verified as corrected.

Both cases have been corrected for the 2 county programs, and there are currently no pending resolutions for FFY 2022.

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

DHS staff reviewed documentation submitted by each county to verify correction of each individual case of noncompliance:

- On June 6, 2024, staff reviewed documentation submitted by Iron County to demonstrate that the child had received a transition planning conference. The Birth to 3 Program Data Manager verified that the case of noncompliance for Iron County was corrected through the state data system PPS.
- On January 24, 2024, staff reviewed documentation submitted by Sheboygan County to demonstrate that the child had received a transition planning conference. The Birth to 3 Program Data Manager verified that the case of noncompliance for Iron County was corrected through the state data system PPS.

Optional for FFY 2023, 2024, and 2025:

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

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	0	4	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4	4		100%	100.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	4
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	4
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

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

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

12 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported 100% of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that the LEA/EIS program or provider corrected the findings of noncompliance identified in FFY 2022 related to: transition notification; and transition conferences because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

The State has established baseline for this indicator using data from FFY 2023, but OSEP cannot accept that baseline data because it cannot determine whether the State's FFY 2023 data are valid and reliable, as noted above.

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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

Name:

Deborah L Rathermel

Title:

Part C Coordinator Bureau Director

Email:

deborah.rathermel@dhs.wisconsin.gov

Phone:

608-852-0599

Submitted on:

Determination Enclosures

Data Rubric

Wisconsin

FFY 2023 APR (1)

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

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	0	0
8A	1	1
8B	0	0
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	0	0

APR Score Calculation

Subtotal	10
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	15

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 2/19/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	15
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	34.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	37.00
D. Subtotal (C divided by Denominator) (3) =	0.9189
E. Indicator Score (Subtotal D x 100) =	91.89

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	ED <i>Facts</i> Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	2/19/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

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

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

Wisconsin

Year 2023-24

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

Section A: Written, Signed Complaints

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

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

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

State Comments:

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

These data were extracted on the close date:
11/13/2024

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2023

Wisconsin



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs meet 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

Highlights

The Wisconsin Birth to 3 Program is committed to a comprehensive, results-driven, accountability system for infants and toddlers and their families in early intervention. We provide high-quality, evidence-based tools and practices in partnership with our local county Birth to 3 Programs and prioritize improving outcomes for infants and toddlers with disabilities. This dedication has led to a continuous increase in child outcomes data across Wisconsin's 72 county Birth to 3 Programs in FFY 2021, FFY 2022, and FFY 2023. DHS attributes the continual increase in outcomes scoring to the initiatives we have taken to further support the early intervention workforce and county programs to improve supports and services for children and families and improve operational program practices.

Wisconsin's Birth to 3 Program continues to build on the successful launch in FFY 2022 of "EI in WI," a professional development system designed to enhance knowledge and support statewide for the state's early intervention workforce. DHS oversees this system through its contract with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) team. In FFY 2023, RESource implemented its "Ambassador Program." Following a rigorous nomination process, RESource selected 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent 18 counties across the state and a variety of roles and expertise. In April 2023, RESource released an "Approved Tool List" along with a video and FAQ document to assist in implementation of the list. Using American Rescue Plan Act (ARPA) funds, RESource completed a comprehensive review of the tools available for evaluation and assessment in the field of early intervention. The resulting list identifies top-rated tools and categorizes them according to assessment purpose. More information on Wisconsin's Birth to 3 Program's professional development system and the website for "EI in WI" can be found here: <https://www.eiinwi.org>.

The Wisconsin Birth to 3 Program actively gathers input from counties as part of its ongoing effort to monitor and improve results for infants and toddlers with disabilities and ensure that its local programs are meeting the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). In FFY 2023, DHS continued to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. Responding to feedback from local programs, DHS provided additional training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process, including demonstrations in the use of an analytic calculator to assess individual county performance and new resources to support counties in identifying appropriate action items for a county's performance improvement plan. DHS tailors its technical assistance and enforcement activities based on each county's determination status category, consistent with the requirements set forth by the Office of Special Education Programs (OSEP) under the IDEA.

In FFY 2023, DHS launched a new project to review and revise its Birth to 3 Program Review Protocol. DHS initially developed the Program Review Protocol in FFY 2020 to systematically measure program practices at the individual child and family level within each county. This new project includes a redesign of the process, sampling methodology, tool, metrics, and results. The revised tool includes measures for required practices, pilot measures, and enhanced practice measures. This project is almost complete and will be moving to an implementation phase in FFY 2024. The Birth to 3 Program Review Protocol is an important part of the state's efforts to continuously improve the quality of the services received by infants and toddlers with disabilities. DHS uses the results to identify counties who require targeted technical assistance and promote innovation by identifying and amplifying emerging best practices.

Wisconsin's Birth to 3 Program has also focused efforts this past fiscal year on making it easier for young children and their families to access appropriate, high-quality services and improve child outcomes. In FFY 2023, DHS completed several projects designed to promote access to services. DHS developed a "Functional Vision Screening Tool" to assist caregivers and early intervention providers in determining whether it might be appropriate to refer an infant or toddler for vision testing. DHS also developed a variety of resources for local programs to promote best practices for use of vision services specialists for children with a vision impairment and the use of alternative options such as telehealth to overcome barriers to access these services. DHS also developed and implemented new policies promoting the use of interpreters. To make it easier for providers to bill for services within the Birth to 3 Program, DHS developed a new policy handbook specific to Birth to 3 Program providers billing the state's Medicaid program for their services.

Background

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

Wisconsin has 11 federal recognized Tribal Nations. DHS allocates a portion of its Part C grant and combines this with state funds to support Child Find activities within each Tribal Nation and connect families with services. The goal of the funding is to increase awareness, access, and use of early intervention services for Native American children with developmental delays and their families across the state.

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

DHS administers a comprehensive dispute resolution system. Any person or organization may file an IDEA compliant with 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. In addition, DHS contracts to implement a statewide mediation system for the Birth to 3 Program. Mediation may be used when disputes arise concerning a determination of eligibility, the evaluation or assessment process, or the provision of appropriate early intervention services. Finally, an individual may also challenge a county Birth to 3 Program administrative agency's proposal or refusal to evaluate or provide services to a child or family by filing a written request for a due process hearing with DHS.

Additional information related to data collection and reporting

Accurate and quality data allow DHS to monitor compliance with IDEA Part C requirements in Wisconsin's Birth to 3 Program. DHS requires all 72 county Birth to 3 Programs to report on referral, enrollment, transition, and child outcome data through the Program Participation System (PPS). DHS provides counties with a PPS User Guide (<https://www.dhs.wisconsin.gov/publications/p02344.pdf>) to drive accurate reporting of Wisconsin's Birth to 3 Program referral, enrollment, transition, and child outcome data across the state. DHS uses a data warehouse referred to as "SAS" to assist in analyzing the data that counties submit through PPS. DHS uses data retrieved from PPS through SAS to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature. DHS posts a link to its most recent APRs on its website: <https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. For example, PPS now limits the reasons counties may choose to elect a delay in scheduling a transition conference to only those allowed by the Part C requirements. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>).

The Birth to 3 Program data manager is the State's lead for monitoring data quality at the state and county level. This includes oversight of two data verification processes, the year-end data certification and October 1 child count certification. The year-end data certification process requires local programs to review the entirety of the past fiscal year's data and confirm its accuracy to the data manager. The October 1 child count certification requires local programs to review their enrollment data for October 1 of the current year and confirm its accuracy to the data manager. The data manager also oversees data collection and analysis for purposes of the state's processes for Findings of Noncompliance, local determinations, and preparation of the APR.

As part of DHS' ensuring proper adherence to IDEA Part C requirements within their county Birth to 3 Programs, DHS publishes and regularly updates its Birth to 3 Program Operations Guide. The Birth to 3 Program Operations Guide captures the essential program requirements needed for local Birth to 3 Programs to operationalize the program. The Birth to 3 Program Operations Guide interprets and incorporates information from federal and state statutes and regulations and administrative rules, including the IDEA, Wis. Admin. Code Ch. DHS 90, and Wis. Stat 51.44. The guide provides a framework for local programs to operate the Birth to 3 Program in line with state and federal requirements. The Birth to 3 Program Operations Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p03138.pdf>.

General Supervision System

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

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

DHS monitors all 72 county-based Birth to 3 Programs through ongoing technical assistance, professional development forums, fiscal reporting standards, responses to inquiries, including following up on complaints, and cyclical established data and reporting structures. In the spring of each year, DHS reviews data from January 1 through March 31 for every local county program. Using data available through its Program Participation System (PPS), DHS reviews data for Indicators 1, 7, and 8. DHS notifies counties of any identified noncompliance based on this review.

DHS has established a pre-finding correction period as part of its annual review process. The pre-finding correction period allows local Birth to 3 Programs an opportunity to demonstrate compliance prior to the issuance of a written finding. Any program that fails to demonstrate compliance during the pre-finding correction period receives a written finding of noncompliance. Following review of information submitted during the pre-finding correction period, DHS issues its written findings of noncompliance to county programs. Every local county program receives either a written notice indicating either 100% compliance or its findings. The state issues findings by EIS program rather than the number of instances.

As part of its local determinations process, DHS also issues a data matrix chart annually to all local county programs to track compliance for indicators 1, 2, 7, 8a, 8b, 8c, 9 and 10. DHS has also incorporated indicator 3, child outcomes data, into its county determinations process to drive county Birth to 3 Programs to improve children's outcomes ([County Results and Compliance Matrix Table p02398.docx](#)). The county receives 1 determination point if the county had no Findings of Noncompliance or they verified all corrections within one year and 0 determination points if the county had a Finding of Noncompliance and did not verify correction of the finding within one year. This is calculated on Table 4 of page 5 of the matrix.

DHS is required to take appropriate action when a local program does not "meet requirements." Any local Birth to 3 Program not in the "meets requirements" status category requires technical assistance from BCS Technical Assistance Center.

As detailed below, depending on a county's determination status category, it may receive additional monitoring from DHS to address concerns reflected in its data matrix chart.

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

DHS reviews child records as part of both its pre-finding correction period and the state's process for Findings of Noncompliance. In the spring of each year, DHS reviews records available through its data system, Program Participation System (PPS), and the data from January 1st through March 31st for every local county Birth to 3 program child enrolled in the program. DHS reviews data for all these children for Indicators 1-8 with the exception of Indicator 4. PPS collects data related to children's enrollment, services, and transition that allows DHS to identify noncompliance and correction of that noncompliance. During the state's pre-finding correction period, DHS notifies counties of child records that are out of compliance and requires that counties either indicate that the data was entered in error and correct the error or fix the issue for the child and provide 60 days of updated data demonstrating 100% compliance for the relevant indicator. Once counties indicate that they have corrected the issue at the child level, DHS uses PPS to confirm that the child has received the services. DHS also reviews the 60 days of updated data to confirm systemic compliance. If a county fails to resolve the noncompliance as part of the state's pre-finding correction period, DHS issues a written finding noncompliance. Counties who receive a finding must submit 60 days of updated data to demonstrate compliance for the relevant indicator. DHS reviews this data in PPS to confirm compliance. In addition, counties must submit the child files identified as being out of compliance to Technical Assistance Center staff for review to confirm that the child has received all required services. After DHS has reviewed the updated data and the child files, we issue a written notice to the county confirming that it has corrected the finding. During this process, DHS tracks counties with findings and provides regular reminders as appropriate about the need to address the noncompliance to ensure that the county does so within a year of the written finding.

DHS also reviews child records as part of its local determinations process for counties with a status of "needs assistance" for three or more years or "needs intervention" or "needs substantial intervention." As discussed below, counties whose category is "needs assistance" for three consecutive

years, must 1) submit a Determinations Analysis Survey that includes an “improvement plan”, 2) conduct a “Review of Program Practices and Impact on Results” using the state’s guidance, 3) attend one of two “Determinations TA Forums” facilitated by the state, 4) attend an individual county determinations meeting with the state within 30 business days, and 5) attend a 90-day follow-up meeting with the state within 90 days of the first meeting. The state reviews the survey for these counties as part of the individual county determinations meeting. The state requires counties to develop an improvement plan addressing the areas where the county’s data indicate the need for improvement, which the county must implement within 12 months. The 90-day follow up meeting focuses on the status of identified action steps and results of implemented changes. Depending on the issues the state has identified for the county, Technical Assistance Center staff review child records to inform development of the improvement plan and the state’s monitoring of the implementation of that plan to address noncompliance for that county. For counties whose category is either “needs intervention” or “needs substantial intervention,” they must 1) submit a Determinations Analysis Survey that includes an “improvement plan,” 2) conduct a “Review of Program Practices and Impact on Results” using the state’s guidance, 3) attend one of two “Determinations TA Forums” facilitated by the state, 4) attend an individual county determinations meeting with the state within 30 business days, and 5) the state will engage in “Focused Monitoring” of the county. The state reviews the survey for these counties as part of the individual county determinations meeting. The state requires these counties to develop an improvement plan addressing the areas where the county’s data indicate the need for improvement, which the county must implement within 12 months. Focused Monitoring requires periodic meetings with the state and submission of status updates and current data. Again, depending on the issues identified for the county, the state reviews child records to inform decisions about what actions the counties must take to address the noncompliance and as part of the state’s focused monitoring to ensure that the county is implementing its improvement plan.

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

Wisconsin uses its data system, the Program Participation System (PPS), to collect monitoring and SSP/APR data. PPS collects data related to enrollment, demographics, services, and transition. It collects data for Indicators 1-8 except for Indicator 4. The state uses the Family Experience Survey to collect data for Indicator 4. Local programs enter data into PPS at the point of referral, throughout the IFSP process, and at the point of transition and disenrollment. Local programs use PPS to make an electronic referral to the LEA. DHS uses a data warehouse referred to as “SAS” to assist in analyzing the data that counties submit through PPS. SAS receives the data entered into PPS on a weekly basis. DHS uses SAS reports to pull indicator data for the SSP/APR as well as to monitor for compliance and correction of noncompliance.

In the spring of each year, DHS reviews data from January 1 through March 31 to monitor Part C compliance. Following the pre-finding correction period discussed below, DHS issues a written finding of noncompliance to a local Birth to 3 Program when the annual compliance data review shows less than 100% compliance for the following indicators:

- Indicator 1: Timely Services
- Indicator 7: Timely Individualized Family Service Plans
- Indicator 8: Timely Transition
 - o Indicator 8A: Timely Transition Planning
 - o Indicator 8B: Timely Referral to the Local Education Agency (LEA)
 - o Indicator 8C: Timely Transition Planning Conference

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

Following DHS’ review of any information counties submit during the pre-finding correction period, DHS issues written notices detailing any findings of noncompliance. DHS reviews any updated data counties submit through PPS. DHS also uses PPS to confirm that counties with instances of noncompliance corrected those issues for each child. All 72 counties receive either a letter indicating 100% compliance or a letter issuing a finding and explaining the reason why DHS has issued them a finding and what they must do and by when to correct the non-compliance. The state issues findings by EIS program rather than the number of instances. DHS alerts local programs during a teleconference in January about the upcoming findings of noncompliance process and reminds them of the resources available to assist them.

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

DHS has established a pre-finding correction period as part of its annual review process. The pre-finding correction period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written finding of noncompliance from DHS. DHS gives counties no more than three months to demonstrate correction following DHS’ notification of the opportunity to correct the noncompliance. The intent of the pre-finding correction period process is to allow DHS to verify that the program is correctly implementing the regulatory requirements based on a review of updated data and has corrected each individual case of child-specific noncompliance prior to the issuance of a finding. DHS maintains documentation of the evidence demonstrating that the county has made both a systemic and child level correction. The process consists of the following:

- Based on its review of data for these indicators for January 1 through March 31 for each program, DHS informs local Birth to 3 Programs of any data indicating noncompliance.
- By the deadline outlined by DHS, local programs must demonstrate that:
 - The program has incorrectly entered data for the dates between January 1–March 31, and this data is now accurate and indicates 100% compliance for this period; or
 - The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and
 - The program has corrected the noncompliance for each individual child, if applicable, and the correction is reflected in PPS data.
- DHS reviews any updated data submitted through PPS to confirm that 1) the county’s data demonstrate 60 consecutive days of 100% compliance for the relevant indicator(s) within the prescribed timeframe and 2) the county’s data indicate that for each child affected the county has either provided the service or the child is no longer within the LEA’s jurisdiction, as appropriate.
- Any county that is unable to provide data that indicates both systemic and child-level correction receives a written finding of noncompliance.

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

The local Birth to 3 Program must demonstrate correction of findings of noncompliance. The local Birth to 3 Program must take the following actions to correct findings of noncompliance:

- By the date determined by DHS, and no later than 12 months after the date of the findings of noncompliance notification letter, the local program must demonstrate child level correction, when applicable, and system level correction for any indicator(s) identified.
- Child level corrections for indicator(s) 1 and 7 must be demonstrated by submitting child file documentation to DHS showing the implementation of required activity for the indicator(s).
- System level correction for indicator(s) 1, 7, 8a, 8b, and 8c must be demonstrated by identifying 60 consecutive days with 100% compliant data in the state’s data system, PPS, for the indicator(s). This data may be subject to file-level review by DHS.

To verify correction of findings of noncompliance, DHS examines 60 consecutive days of data submitted through the state's data system, PPS, to confirm that the local Birth to 3 Program is 100% compliant and correctly implementing regulatory requirements and child file documentation submitted by the local Birth to 3 Program to ensure that the program completed child level correction for the child file(s) for which DHS identified noncompliance. Local Birth to 3 Programs receive a written notification communicating the outcome of the DHS verification review. The written notification includes the following information:

- Date finding(s) of noncompliance was given,
- Identification of Finding(s)/Indicator(s) involved,
- Date of DHS review,
- Two months of data reviewed for verification of correction, and
- The outcome of the verification process.

A local Birth to 3 Program's failure to correct findings of noncompliance results in the issuance of a corrective action plan. The local Birth to 3 Program must then implement the correction process with oversight and assistance from DHS.

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

In the summer of each year, DHS issues its local determinations to counties. The state uses a matrix scoring approach to assess the performance of each county that is comprised of both results and compliance data. DHS takes appropriate action when a local program does not "meet requirements." Any local Birth to 3 Program not in the "meets requirements" status category requires technical assistance from BCS Technical Assistance Center. Timely Correction of Findings of Non-compliance points are determined accordingly: The county receives 1 determination point if the county had no Findings of Noncompliance or they verified all corrections within one year and 0 determination points if the county had a Finding of Noncompliance and did not verify correction of the finding within one year. This is calculated on Table 4 of page 5 of the matrix- [County Results and Compliance Matrix Table p02398.docx](#)

DHS reviews data for indicators 1, 7, and 8a-8c from January 1 through March 31 each year to monitor Part C compliance. Local Birth to 3 Programs are provided with a pre-finding period in which to address data for indicators 1, 7, and 8a, 8b and 8c needing clarification. After this pre-finding period; a formal Finding of Non Compliance (FNC) is issued to local programs for all non-compliant files that have not been verified by DHS through the state data system, PPS. For all formally issued FNC; local programs are required to demonstrate child level correction, when applicable, and system level correction for any indicator(s) identified level correction for indicator(s) 1, 7, 8a, 8b, and 8c must be demonstrated by submitting 60 consecutive days of data and evidencing 100% compliant data in the statewide data base for the indicator(s) found to be noncompliant.

What the state requires counties to do following receipt of their annual determinations varies depending on the county's "determination status category," which is based on the county's compliance and results data.

- All counties are required to complete a "Determinations Analysis Survey" within 20 days of receipt of their determinations letter. The state designed the survey to assist counties in reflecting on their county's data, analyzing their practices, and identifying action steps.
- For counties whose category is "needs assistance" for two consecutive years, they are required to 1) submit a Determinations Analysis Survey that includes an "improvement plan," 2) conduct a "Review of Program Practices and Impact on Results" using the state's guidance, and 3) attend "Determinations TA Forums" facilitated by the state.
- For counties whose category is "needs assistance" for three consecutive years, they are required to 1) submit a Determinations Analysis Survey that includes an "improvement plan," 2) conduct a "Review of Program Practices and Impact on Results" using the state's guidance, 3) attend "Determinations TA Forums" facilitated by the state, 4) attend an individual county determinations meeting with the state within 30 business days, and 5) attend a 90-day follow-up meeting with the state within 90 days of the first meeting. The state reviews the survey for these counties as part of the individual county determinations meeting. The state requires counties to develop an improvement plan addressing the areas where the county's data indicate the need for improvement, which the county must implement within 12 months. The 90-day follow up meeting focuses on the status of identified action steps and results of implemented changes.
- For counties whose category is either "needs intervention" or "needs substantial intervention," they are required to 1) submit a Determinations Analysis Survey that includes an "improvement plan," 2) conduct a "Review of Program Practices and Impact on Results" using the state's guidance, 3) attend "Determinations TA Forums" facilitated by the state, 4) attend an individual county determinations meeting with the state within 30 business days, and 5) the state will engage in "Focused Monitoring" of the county. The state reviews the survey for these counties as part of the individual county determinations meeting. The state requires these counties to develop an improvement plan addressing the areas where the county's data indicated the need for improvement, which the county must implement within 12 months. Focused monitoring requires periodic meetings with the state and submission of status updates and current data.

DHS makes these determinations publicly available at the following link: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>.

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

<https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>
<https://www.dhs.wisconsin.gov/birthto3/manual.htm>
https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/90/Title

Technical Assistance System:

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

Wisconsin has a comprehensive, statewide technical assistance system for county Birth to 3 Programs through the Bureau of Children's Services' (BCS) Children and Family Program Specialists (CFPS). These staff are assigned specifically to Wisconsin's county Birth to 3 Programs to support ongoing program implementation and address technical assistance needs. The CFPS team assists county programs during regularly scheduled teleconferences, initiative-based county outreach, and in response to requests for individualized support. Additionally, the CFPS team facilitates any required follow-up meetings with county programs related to annual determinations and findings of noncompliance processes. The follow-up meetings act as an opportunity to discuss local operations and determine improvement strategies for any identified barriers. To standardize technical assistance requests from local programs, in FFY 2022, BCS launched the Technical Assistance Center (TAC) to provide a centralized location for local programs to request support and be assigned to the appropriate personnel. All technical assistance submissions are tracked to inform future technical assistance activities and the creation of additional resources.

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

In FFY 2020, DHS implemented a Birth to 3 Program Review Protocol in the Wisconsin Birth to 3 Program. DHS developed the Birth to 3 Program Review Protocol to systematically measure program practices at the individual child and family level within each county. MetaStar, an external review agency, conducts a child record review for each county annually. Based on local program enrollment for the review period and population size, MetaStar

selects two to nine children per county. Children must be enrolled for the entire 6-month review period to be included in the record sample. Prior to the record review, MetaStar and DHS meet with the local program to discuss the documents that will be included in the record review. MetaStar reviews the selected files remotely and scores according to the Birth to 3 Program Review Protocol developed and approved by DHS. MetaStar reviewers use a standardized review process and follow the guidance laid out in this tool to ensure consistent application of requirements. The team of reviewers is comprised of licensed social workers, licensed counselors, and other degreed professionals with extensive education and experience working with the target groups served by the Birth to 3 Program. Prior to conducting reviews, each reviewer receives standardized training on the record review requirements and review process. An interrater reliability test is conducted annually with each reviewer to ensure consistency and reliability.

In FFY 2023, DHS launched a new project to review and revise its Program Review Protocol. This project includes a redesign of the process, sampling methodology, tool, metrics, and results. The revised tool includes measures for required practices, pilot measures, and enhanced practice measures. It evaluates child files for required practices with a focus on four areas: 1) Eligibility determination and ongoing child assessment, 2) IFSP process, documentation, and outcomes, 3) Family engagement, support, and services, and 4) Transitions. Expanded practice measures include examples of best practices demonstrated by local programs that go above and beyond in meeting families where they are, engaging families in a meaningful way, and using creative service delivery to meet the unique needs of a child. The goal is to identify local programs who are innovating and may be able to share their insights with other programs. This project is almost complete and will be moving to an implementation phase in FFY 2024. The Birth to 3 Program Review Protocol is an important part of the state's efforts to continuously improve the quality of the services received by infants and toddlers with disabilities in our state. DHS uses the results to identify counties who require targeted technical assistance and promote innovation by identifying and amplifying emerging best practices.

Professional Development System:

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

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

In FFY 2021, using American Rescue Plan Act (ARPA) funds, the Wisconsin Birth to 3 Program worked with CESA-5's RESource team to launch a project to reimagine the professional development (PD) system for Wisconsin's Birth to 3 Program. This new system would focus on improving child outcomes through responsive, high-quality training in evidence-based practices and increased accessibility of practices and tools across the state. In FFY 2022, RESource launched Wisconsin's professional development system website, "EI in WI," to provide comprehensive training and implementation of evidence-based practices to strengthen Wisconsin's early intervention workforce. As part of a comprehensive professional development system, RESource produces a variety of evidence-based tools and resources and offers early intervention providers opportunities to participate in "Discipline Specific Communities of Practice" to build upon their skillset and areas of expertise as well as "Leadership Forums" to discuss tools and resources to operationalize at a local level.

In FFY 2023, RESource launched a variety of initiatives designed to grow the skills and expertise of the state's early intervention workforce. RESource implemented its "Ambassador Program," selecting 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent 18 counties across the state and a variety of roles and expertise. It released an "Approved Tool List" along with a video and FAQ document to assist in implementation of the list. Using American Rescue Plan Act (ARPA) funds, RESource completed a comprehensive review of the tools available for evaluation and assessment in the field of early intervention. The resulting tool identifies top rated instruments and categorizes them according to assessment purpose. Planning for the future, RESource created a workgroup of higher education professionals interested in increasing access to early intervention services. The workgroup includes two subgroups focused on student field experiences and family assessments. Finally, RESource developed a framework for its website to host "learning tracks" for Birth to 3 Program professionals. These learning tracks will provide the workforce with an opportunity to build their knowledge using self-directed, web-based training modules. RESource is in the process of building the content for these modules and hopes to launch the first learning track in FFY 2024. For more information on the Wisconsin Birth to 3 Program's professional development system, see the "EI in WI" website here: <https://www.eiinwi.org>.

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

In FFY 2023, DHS completed its Infant Early Childhood Mental Health Consultation Pilot in partnership with the University of Wisconsin's IECMH Capstone Program. Using American Rescue Plan Act (ARPA) funding, the pilot provided Birth to 3 Programs with an opportunity for IECMH Consultation and workforce development of IECMH Consultants for Birth to 3 Programs. IECMH is an assessment and early intervention approach for building Birth to 3 Program professionals' capacity to support young children's social and emotional development to address concerning and challenging behaviors in the context of relationships across multiple settings. The IECMH Pilot focused on improving social-emotional development of children in the Birth to 3 Program and promoting racial health equity in access and outcomes through culturally sensitive and responsive services. In FFY 2024, DHS will be reviewing the University of Wisconsin's recommendations and identifying next steps to increase the capacity of the state's Birth to 3 Program workforce in these areas.

Stakeholder Engagement:

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

County agencies, families, advocates, and the Wisconsin Governor-appointed Interagency Coordinating Council (ICC) are among the broad array of stakeholders in Wisconsin's statewide early intervention system. These groups have historically and continually provided input into all major components of Wisconsin's Birth to 3 Program. These components include the State Systemic Improvement Plan (SSIP), priorities and practices related to outcomes for children and families, targets for all Part C indicators, and the Annual Performance Reports (APR). County agencies, as the local providers of Wisconsin's Birth to 3 Program services, are key partners in the process, through the delivery of effective early intervention services in partnership with families and community providers. DHS ensures county Birth to 3 Programs can provide input on initiatives taken by the state towards the State's Systemic Improvement Plan (SSIP)

Wisconsin uses the Child Outcomes Dashboard to inform stakeholders on the state's targets and progress in the SPP/APR. County-level performance is made publicly available on the Birth to 3 Program website for stakeholders to view and compare an individual county's performance to the state's performance, state targets, and other county performances. County-level performance is based on Indicator 3: Child Outcomes results that assess a

child's positive social-emotional skills (3A), acquisition and use of knowledge skills (3B), and use of appropriate behaviors to meet needs (3C). The interactive dashboard has ignited more conversations with county Birth to 3 Programs on state targets and strategies to reach targets and analyze current program practices. The dashboard can be found here: <https://www.dhs.wisconsin.gov/birthto3/reports/child-outcomes.htm>. The interactive dashboard is also a useful visual tool during ICC meetings when discussing strategies to continue improving the state's child outcomes performance and achieving the State's Systematic Improvement Plan (SSIP).

The Wisconsin ICC has a diverse membership and connects with a variety of workgroups and committees related to early intervention services in Wisconsin. DHS staff provide qualitative and quantitative data to the ICC on the status of the Birth to 3 Program indicators and corresponding outcomes. These outcomes closely align with the indicators developed under Part C of the 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 the State Systemic Improvement Plan, Indicator 11. The ICC members listen, reflect, and make recommendations on the direction of these indicators and overall performance of the Birth to 3 Program at the quarterly ICC meetings. DHS frequently implements ICC recommendations, which demonstrates the state's ongoing practice of securing and acting on stakeholder input for improvement of the Birth to 3 Program.

Lastly, DHS recognizes the need to recruit and solicit broad stakeholder input across various factors, such as demographics, socio-economic status, and geographic location, for accurate representation and consideration of all populations within Wisconsin. In FFY 2023, DHS completed its Council Coordination Project to ensure Wisconsin's compliance with IDEA Part C federal regulations regarding ICC membership and intentional recruitment for diverse participation. As part of this project, DHS developed and implemented a member recruitment plan and developed orientation and briefing materials for new members. DHS also developed a plan to monitor council membership, including diversity of representation, and a protocol to carry out regular follow up with newer members to support their knowledge and council participation.

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

NO

Number of Parent Members:

2

Parent Members Engagement:

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

Parents serve as members of the Interagency Coordinating Council (ICC). Any parent participating in the Wisconsin Birth to 3 Program can attend the open ICC council meetings. DHS informs families in Wisconsin's Birth to 3 Program of upcoming ICC meetings and opportunities for parent involvement and membership in the ICC in its quarterly All in for Kids: Birth to 3 Program newsletter. The dates of the quarterly ICC meetings are posted publicly on the Birth to 3 Program website each January.

Wisconsin's ICC intentionally schedules one of its quarterly meetings at the Circles of Life conference each year as an opportunity to involve families in setting targets, analyzing data, and developing improvement strategies. Circles of Life is Wisconsin's annual statewide conference for families who have children with disabilities and the professionals who support them. Through its All in for Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program invites families attending this conference to participate in the ICC meeting and encourages DHS staff to attend sessions to hear families' feedback on children's programs to find ways to make the Wisconsin Birth to 3 Program stronger.

Throughout FFY 2023, DHS briefed the ICC on state-level initiatives to develop improvement strategies and evaluate Birth to 3 Program performance and progress. DHS used comments and feedback solicited from the ICC to guide and inform the Wisconsin Birth to 3 Program's efforts. As an example, during the October 18, 2023 ICC meeting, DHS briefed the Council on Wisconsin's efforts to enhance its statewide Child Find outreach efforts for historically underrepresented populations to increase identification and referrals in the Birth to 3 Program. The ICC, including parent members, had provided substantial feedback on the Child Find Outreach Resources shared during the May 12, 2023 meeting. At the October 18, 2023 meeting, DHS presented the revised Child Find materials incorporating this feedback. These resources include a Comprehensive Child Find Checklist and Child Find resources targeting infants and toddlers experiencing homelessness, exposed to substances, and residing on and off reservations. DHS published these materials in December of 2023, and they can be found here: <https://www.dhs.wisconsin.gov/birthto3/outreach-campaign.htm>. At the May 17, 2024 meeting, DHS presented Indicator 5 and 6 data to the ICC. DHS consulted the ICC and asked for recommendations for Child Find efforts to improve outreach for children between birth and 1-year-old. Based on ICC recommendations, Wisconsin has developed targeted messaging and presentations for pediatricians and other medical providers as well as therapy providers and therapy agencies.

Activities to Improve Outcomes for Children with Disabilities:

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

In FFY 2023, DHS completed its Council Coordination Project to ensure compliance with IDEA Part C federal regulations regarding ICC membership requirements. Responsibilities of the project included providing and facilitating onboarding for new Council members, including parent members. Through the Council Coordination Project, DHS worked to ease member transitions and create a centralized location for any member to ask for assistance and or education throughout their term.

The Wisconsin Birth to 3 Program aims to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes by sharing opportunities for connection and encouraging parents to submit applications to the ICC through the All in For Kids: Birth to 3 Program newsletter, which is distributed to all families participating in Part C services. In the March 2023 All in For Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program stressed the importance of family engagement and extended an invite to the Circles of Life Conference as an opportunity for families to connect with others and share their personal experiences in Wisconsin's Birth to 3 Program. Additionally, the newsletter provides information on Birth to 3 Program practices in concise, family-friendly language, for example, information on the mediation process for families to better understand their right to mediation in the event of a dispute. DHS also uses the quarterly newsletter to increase diverse parent engagement as well as share valuable information regarding the developmental needs of children and the various services available through the Birth to 3 Program. The newsletter can be found here: <https://www.dhs.wisconsin.gov/library/collection/AKidsB-3-2024>.

In FFY 2023, Wisconsin launched a new statewide resource for children with disabilities and their families: Wisconsin Wayfinder. This new, free, confidential resource uses a toll-free number to connect families with a resource guide. Resource guides are trained specialists familiar with community and home-based services in the family's region, including local Birth to 3 Programs. Wisconsin launched this new resource in November of 2023 and, just in the first two months, its specialists made 11 referrals to local Birth to 3 Programs. DHS has initiated a wide-reaching media campaign to promote awareness of this resource, including targeted outreach to diverse communities. DHS expects to see an increasing number of referrals to Birth to 3 Programs as awareness of this resource grows across the state.

Soliciting Public Input:

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

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

The Wisconsin Birth to 3 Program hosts teleconferences with county Birth to 3 Programs to obtain input and guidance on the development of improvement strategies and recommendations for improving overall Birth to 3 Program performance. DHS presents and reviews the APR and SSIP data with county programs during the January teleconference, and programs can provide input on setting targets and analyzing data. The teleconferences are recorded and made publicly available through Vimeo on the DHS website for individuals to listen, review, and provide any feedback on any of the topics discussed.

Finally, DHS' contracted agency for its professional development system, RESource, conducts several leadership forums and communities of practice with early intervention providers and administrators to inform their professional development materials for statewide implementation of evidence-based practices in the Wisconsin Birth to 3 Program. Examples of professional development materials based on this input include an Approved Tool List, an interactive transition toolkit, guidance for assessing English language learners, and a tip sheet for new early interventionists.

Making Results Available to the Public:

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

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

DHS posts county Birth to 3 Program data as well as each county's performance during the annual county determinations process publicly at the following link: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>. Additionally, in FFY 2021, DHS published a new webpage to review the child outcomes rating process and make each county Birth to 3 Program's average child outcome scores available to the public. The webpage presents the child outcome scores in an interactive format allowing users to compare county performance in Indicator 3 to the state average and the state target. The child outcomes dashboard can be found at: <https://www.dhs.wisconsin.gov/birthto3/reports/child-outcomes.htm>.

DHS will continue to inform the public of progress of Birth to 3 Program projects through teleconferences and email messages.

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 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 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

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

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

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

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

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

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State did not, as required, attach a signed copy of their 2025 Annual Report Certification of the State Interagency Coordinating Council (SICC) form. The State must submit the SICC form to confirm whether the SICC is supporting the State's submission of the FFY 2023 SPP/APR or submitting its own SICC annual report (and if so, the SICC must submit the annual report in a format that complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508)).

OSEP notes that in its description of how it makes annual determinations of EIS program performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include valid, reliable and timely data or correction of identified noncompliance in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of EIS program performance outside of the SPP/APR process.

OSEP notes that the State did not describe a process that constitutes a reasonably designed general supervision system, consistent with OSEP QA 23-

01. Specifically, the State described a process that limits the scope of its general supervisory activities to the EIS program's performance on SPP/APR indicators. OSEP may follow up with the State regarding its general supervisory activities outside of the SPP/APR process.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.79%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	99.90%	99.98%	100.00%	99.98%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
7,887	8,132	99.98%	100%	99.94%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

240

Provide reasons for delay, if applicable.

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

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

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

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

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

State database

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

January 1, 2024 – March 31, 2024

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

For Indicator 1, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter (January 1, 2024 through March 31, 2024).

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

1. Conducting an 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>).

Provide additional information about this indicator (optional)

For FFY 2023, DHS reported no findings of noncompliance although our Indicator 1 data was less than 100% compliant. During the January 1, 2024 – March 31, 2024 data collection period, DHS identified 3 programs and 5 children's files that needed correction for Indicator 1 compliance during our "pre-finding correction" period. The "pre-finding correction" period for data prescribed by DHS was April 1, 2024 – July 31, 2024.

- St. Croix County had to correct 1 file. The county submitted 60 consecutive days of 100% compliance for Indicator 1 for 4/1/24 thru 6/30/24 by the deadline prescribed by DHS. The state reviewed the county's data for this period in PPS, the state's data system, to confirm full compliance for this indicator. DHS was also able to confirm through PPS that the child who had not received timely services had received them.
- Sauk County had to correct 1 file. The county submitted 60 consecutive days of 100% compliance for Indicator 1 for 5/11/24 thru 7/10/24 by the deadline prescribed by DHS. The state reviewed the county's data for this period in PPS to confirm full compliance for this indicator. DHS was also able to confirm through PPS that the child who had not received timely services had received them.
- Dane County had to correct 3 files. The county submitted 60 consecutive days of 100% compliance for Indicator 1 for 4/1/24 thru 6/1/24 by the deadline prescribed by DHS. The state reviewed the county's data for this period in PPS to confirm full compliance for this indicator. DHS was also able to confirm through PPS that the three children who had not received timely services had received them.

Therefore, DHS issued no findings in FFY 2023 for this indicator because the state was able to verify correction of noncompliance for these programs during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of findings of noncompliance to these programs if they were unable to demonstrate 100% compliance for Indicator 1 and child level correction for each file.

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the noncompliance identified in FFY 2020 and FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2020 and FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In FFY19, there were four instances of child-specific non-compliance across three programs (Calumet, Dodge, Milwaukee). The state verified correction of noncompliance for each of the three EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the four children and determined that each child had received their services, although late, or the child was no longer in the jurisdiction of the program. In addition, the state reviewed three months of updated or subsequent data on children with new services in initial IFSPs, IFSP reviews, or annual IFSPs for each of the EI programs and verified these children had received timely services. The state confirmed each program was performing at 100% compliance and correctly implementing the timely services requirements. Therefore, the state did not issue any findings of noncompliance.

In FFY20, there were two instances of child-specific non-compliance across two programs (Dane, La Crosse). The state verified correction of noncompliance for each of the three EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the two children and determined that each child had received their services, although late, or the child was no longer in the jurisdiction of the program. In addition, the state reviewed three months of updated or subsequent data on children with new services in initial IFSPs, IFSP reviews, or annual IFSPs for each of the EI programs and verified these children had received timely services. The state confirmed each program was performing at 100% compliance and correctly implementing the timely services requirements. Therefore, the state did not issue any findings of noncompliance.

In FFY22, there was one instance of child-specific non-compliance in one program (Kewaunee). The state verified correction of noncompliance for each of the three EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the two children and determined that each child had received their services, although late, or the child was no longer in the jurisdiction of the program. In addition, the state reviewed two months of updated or subsequent data on children with new services in initial IFSPs, IFSP reviews, or annual IFSPs for each of the EI programs and verified these children had received timely services. The state confirmed the program was performing at 100% compliance and correctly implementing the timely services requirements. Therefore, the state did not issue any findings of noncompliance.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR, the State reported two instances of noncompliance, however, in the States FFY 2023 APR explanation for why no findings were issued, the State reported, " During the January 1, 2023 – March 31, 2023 data collection period, DHS identified 1 child's file that needed correction for Indicator 1 compliance." Therefore, it is unclear if the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.10%

FFY	2018	2019	2020	2021	2022
Target >=	96.40%	99.00%	99.00%	99.00%	99.00%
Data	99.40%	99.54%	99.59%	99.35%	99.18%

Targets

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

Targets: Description of Stakeholder Input

At each quarterly meeting, the Birth to 3 Program Data Manager briefs the Interagency Coordinating Council about eligibility, enrollment, and transition data to inform discussion on future target setting and encourage stakeholder input. A decision was made to keep the target at 99% through FFY 2025 after being presented with trend data from previous years. During the January 22, 2025 ICC meeting, council members were presented with the State's FFY 2023 Indicator 2 performance. For FFY 2023, the State met its target of achieving above 99.00%.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	6,465
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	6,512

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,465	6,512	99.18%	99.00%	99.28%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

DHS staff annually present Child Outcome (indicator 3) data results for each FFY to the Wisconsin Interagency Coordinating Council (ICC). The ICC was presented with the State's FFY 2023 Indicator 3 data during the January 22, 2025 meeting. In early 2022, the Birth to 3 Program Data Manager presented ICC members with child outcomes trend data from previous years to help decide on targets for FFY 2021-FFY 2025. The Wisconsin Birth to 3 Program has set our indicator 3 targets for FFY 2021-FFY 2025 to reach slightly above our baseline. The ICC supported the decision for slow, incremental improvements that would be feasible and achievable for county Birth to 3 Programs, accounting for the negative impact of the COVID-19 pandemic on county programs. During the coming years, we will continue with efforts and strategies to improve our indicator 3 performance. In FFY 2023, the Wisconsin Birth to 3 Program showed another year of growth in Indicator 3 performance with no identified slippage.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2018	Target>=	59.06%	62.00%	62.00%	56.13%	57.20%
A1	60.40%	Data	60.40%	56.47%	55.06%	59.83%	63.92%
A2	2018	Target>=	66.16%	48.00%	48.00%	37.77%	39.28%
A2	43.81%	Data	43.81%	39.86%	36.26%	39.07%	38.61%
B1	2018	Target>=	66.16%	66.17%	66.17%	59.83%	61.41%
B1	66.16%	Data	63.84%	59.89%	58.25%	62.95%	66.51%
B2	2018	Target>=	50.76%	36.00%	36.00%	27.43%	28.72%
B2	32.61%	Data	32.61%	28.11%	26.14%	29.71%	29.37%
C1	2018	Target>=	69.56%	69.57%	69.57%	61.51%	62.77%
C1	66.53%	Data	66.53%	61.64%	60.25%	64.52%	66.72%
C2	2018	Target>=	68.56%	51.00%	51.00%	39.23%	41.18%
C2	47.03%	Data	47.03%	41.06%	37.28%	39.84%	39.19%

Targets

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

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,504	31.93%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,361	28.89%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,361	28.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	480	10.19%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	2,722	4,231	63.92%	58.27%	64.33%	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	1,841	4,711	38.61%	40.79%	39.08%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	3	0.06%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,488	31.59%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,774	37.66%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,236	26.24%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	210	4.46%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	3,010	4,501	66.51%	62.99%	66.87%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,446	4,711	29.37%	30.01%	30.69%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	6	0.13%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,420	30.14%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,464	31.08%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,521	32.29%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	300	6.37%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program	2,985	4,411	66.72%	64.03%	67.67%	Met target	No Slippage

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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							
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	1,821	4,711	39.19%	43.13%	38.65%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	6,831
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.	2,120
Number of infants and toddlers with IFSPs assessed	4,711

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

County Birth to 3 Program teams, with family input, use a variety of instruments to gather data for this indicator including: EDIS - COSF Rating Scale Descriptor Statements "bucket list", decision-making tree (described below), age-anchoring tool, and crosswalks. From this, county Birth to 3 Programs enter individual child entrance and exit ratings in PPS, our statewide database. The Wisconsin Birth to 3 Program Data Manager pulls 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).

DHS uses a variety of tools and a process with the IFSP team to define "comparable to same-aged peers." We use a decision tree and age anchoring process including the EDIS - COSF Rating Scale Descriptor Statements "bucket list" as part of a team meeting with professionals with expertise in child development to determine where the child is in comparison to same-aged peers. You can find our decision tree at the following link: https://ectacenter.org/eco/assets/pdfs/decision_tree.pdf and the "bucket list here: https://ectacenter.org/eco/assets/pdfs/COSF_Scale_Descriptors_w-buckets.pdf.

The expectation is for Birth to 3 Program teams to utilize these resources to determine ratings between 1-7 for every child eligible for the Birth to 3 Program. We also have trained and supported counties on the use of the "age anchoring" process of examining a child's functional abilities, skills, and behaviors and determining how close that functioning is to the functioning expected for the child's chronological age or "same aged peer". The categories age-expected (AE), immediate foundational (IF), and foundational (F) are helpful descriptors for summarizing a child's abilities relative to age-expected developmental progressions for each of the three child outcomes as part of the COS process. The team discussion regarding the child's functioning relative to that of a "typically" developing child involves all team members, across settings and situations, especially family members. It is critical that the family has a shared understanding of the child's functioning relative to same-age peers.

The following are the best practices in the rating process that we have identified for teams in implementing this process with the children enrolled in Wisconsin's Birth to 3 Program:

- Team decision making process
- Always include parent/caregiver input
- Look at functional behavior
- Behavior across settings
- Reference an assessment tool to determine AE-IF-F
- Use the Decision Tree and Bucket List in rating process
- Include cultural considerations when rating
- Do not lower rating for use of adaptive equipment
- Do not adjust for prematurity

RESource, the contracted agency for our professional development system, has integrated this information into its initial and ongoing training for the workforce. You can find its resources for this process here: <https://www.eiinwi.org/wp-content/uploads/2024/02/OSEP-Child-Outcomes-101-Bundle-.pdf>

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2011	Target>=	83.03%	85.00%	85.00%	76.21%	77.87%
A	82.83%	Data	76.57%	78.20%	74.55%	76.01%	76.78%
B	2011	Target>=	87.69%	89.00%	89.00%	82.20%	83.60%
B	87.49%	Data	81.71%	87.74%	80.80%	77.42%	81.99%
C	2011	Target>=	85.40%	92.00%	92.00%	80.61%	81.76%
C	85.20%	Data	77.14%	82.83%	79.46%	76.21%	77.88%

Targets

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

Targets: Description of Stakeholder Input

DHS staff annually present Family Outcomes (indicator 4) data results for each FFY to the Wisconsin Interagency Coordinating Council (ICC). The ICC was informed of FFY 2023 Family Outcome data during the January 22, 2025 meeting. The Wisconsin Birth to 3 Program experienced slippage in indicator 4 in previous years. The Wisconsin Birth to 3 Program reset its indicator 4 targets for FFY 2021-FFY 2025 with input from the ICC in FFY 2021 to be slightly above baseline. Additionally, in FFY 2021, the Wisconsin Birth to 3 Program implemented a new strategy to increase family engagement and improve Indicator 4 data by revising its Family Experience Survey. Revisions to the survey in FFY 2021 have shown continuous improvements in the family response rate in FFY 2021, FFY 2022, and FFY 2023. For FFY 2023, the state improved its response rate by 0.64% compared to FFY 2022.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	5,476
Number of respondent families participating in Part C	684
Survey Response Rate	12.49%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	515
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	680
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	548
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	680
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	515
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	680

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	76.78%	79.53%	75.74%	Did not meet target	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)	81.99%	85.00%	80.59%	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)	77.88%	82.91%	75.74%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

In FFY 2021, Wisconsin's Birth to 3 Program reset its indicator 4 targets for FFY 2021-2025 to slightly above baseline due to slippage we experienced in previous years. The state also implemented a strategy to increase family engagement and improve indicator 4 data by revising its Family Experience Survey. Those revisions were correlated with improvement in the family response rate and indicators 4A, 4B, and 4C last fiscal year. This fiscal year, the state experienced slippage in indicator 4. To understand this slippage, the state's Technical Assistance Center staff will be interviewing counties about their concerns related to family engagement. These data indicate a need to look more deeply at how the counties are engaging families in understanding the Birth to 3 Program and the ways in which it can support their children's needs and goals. DHS will be reviewing with RESource, Wisconsin's professional development system, what information and training we currently provide for new early intervention staff regarding families' rights and evidence-based practices to support families in effectively communicating children's needs and helping their children develop and learn to see if there is more that we might offer to support our workforce in this area.

Provide reasons for part B slippage, if applicable

As discussed above, in FFY 2021, Wisconsin's Birth to 3 Program reset its indicator 4 targets for FFY 2021-2025 to slightly above baseline due to slippage we experienced in previous years. The state also implemented a strategy to increase family engagement and improve indicator 4 data by revising its Family Experience Survey. Those revisions were correlated with improvement in the family response rate and indicators 4A, 4B, and 4C last fiscal year. This fiscal year, the state experienced slippage in indicator 4. To understand this slippage, the state's Technical Assistance Center staff will be interviewing counties about their concerns related to family engagement. These data indicate a need to look more deeply at how the counties are engaging families in understanding the Birth to 3 Program and the ways in which it can support their children's needs and goals. DHS will be reviewing

with RESource, Wisconsin's professional development system, what information and training we currently provide for new early intervention staff regarding families' rights and evidence-based practices to support families in effectively communicating children's needs and helping their children develop and learn to see if there is more that we might offer to support our workforce in this area.

Provide reasons for part C slippage, if applicable

As discussed above, in FFY 2021, Wisconsin's Birth to 3 Program reset its indicator 4 targets for FFY 2021-2025 to slightly above baseline due to slippage we experienced in previous years. The state also implemented a strategy to increase family engagement and improve indicator 4 data by revising its Family Experience Survey. Those revisions were correlated with improvement in the family response rate and indicators 4A, 4B, and 4C last fiscal year. This fiscal year, the state experienced slippage in indicator 4. To understand this slippage, the state's Technical Assistance Center staff will be interviewing counties about their concerns related to family engagement. These data indicate a need to look more deeply at how the counties are engaging families in understanding the Birth to 3 Program and the ways in which it can support their children's needs and goals. DHS will be reviewing with RESource, Wisconsin's professional development system, what information and training we currently provide for new early intervention staff regarding families' rights and evidence-based practices to support families in effectively communicating children's needs and helping their children develop and learn to see if there is more that we might offer to support our workforce in this area.

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	11.85%	12.49%

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

The Wisconsin Birth to 3 Program compares the demographic data of the survey respondents to the demographic data reported in the FFY 2023 618 child count to evaluate the survey for representativeness. Representativeness was determined by using a +/-1% threshold. For example, the state compares the percentage of survey respondents' race/ethnicity to the race/ethnicity percentages of the enrollment population reported in the 618 child count data. Given the number of completed surveys, we believe that for the survey to be representative of the enrollment population the percent makeup of each demographic category of the survey respondents should be within +/-1% of the 618 child count data. Our program also compares the demographics of the survey respondents to the state of Wisconsin's census data for children under three.

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

In FFY 2023, Wisconsin analyzed the Family Experience Survey data on race/ethnicity and geographic location to determine whether the data collected is representative of the demographics of infants and toddlers enrolled in Wisconsin's Birth to 3 Program. The state compares the percentage of survey respondents' race/ethnicity to the race/ethnicity percentages of the population reported in the 618 child count data. Given the number of completed surveys, we believe that for the survey to be representative of the population the percent makeup of each demographic category of the survey respondents should be within 1% of the 618 child count data. The state also compares the percentage of survey respondents' race/ethnicity to the race/ethnicity percentages of the population reported in the state's census. Similarly, we believe that for the survey to be representative of the population the percent makeup of each demographic category should be within 1% of the census data.

DHS determined that the demographics of infants and toddlers who identified as White (+0.4%), Asian (+0.3%), or Indigenous (+0.3%) in the survey results were representative of the children enrolled in Wisconsin's Birth to 3 Program. Infants and toddlers who identified as Black (-7.7%) or Hispanic/Latino (-4.7%) were under-represented in the survey results. There were no survey respondents who identified as Native Hawaiian/Pacific Islander and this demographic is a very small part of Wisconsin's Birth to 3 Program population, so it was not possible to assess representativeness for this group. Another complicating factor is that some survey respondents identify as being more than one race. This group was overrepresented in the survey as compared to enrollment by 4.1%. This may be due to differences between the demographic information these families shared at enrollment with their local program compared to how they identified themselves in the survey. These differences might also account for some of the under-representation in the survey results.

DHS also compared the demographics of the survey respondents to Wisconsin's census data for children under three. DHS determined that infants and toddlers who identified as White (+13.6%) were overrepresented as compared to the state's population. The percentage of respondents who identified as Indigenous was representative (+1.0%) of the state's population. Infants and toddlers who identified as Black (-5.2%), Hispanic/Latino (-4.3%), and Asian (-1.6%) were under-represented in the survey results as compared to the state's population. Again, there were no survey respondents who identified as Native Hawaiian/Pacific Islander and this demographic is a very small part of Wisconsin's Birth to 3 Program population, so it was not possible to assess representativeness for this group. Survey respondents who identified as more than one race were, again, overrepresented by 3.6% as compared to the state's population.

DHS analyzed the Family Experience Survey response data based on geographic location to determine if the Birth to 3 Program Family Experience data

is representative of the state's different geographic regions. DHS compared the number of survey responses received from each county Birth to 3 Program to the number of children exiting each county Birth to 3 Program in FFY 2023. The goal was to determine whether some counties are experiencing more difficulties than others in getting a response from families so that DHS can target those counties for technical assistance. There were eight counties for which the state did not receive survey responses, but there were fewer than 10 disenrollments for those counties so the state could not conclude this was due to a lack of engagement. The state identified two counties with low response rates despite higher disenrollment numbers. Polk County and Juneau County both had disenrollments exceeding 10 but their response rates were 3% and 4%, respectively. Technical Assistance Center staff will be doing outreach to these two counties to strategize ways to increase the response rate and promote family engagement. The state will also be bringing these results to a quality teleconference for counties to review the importance of the survey.

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

NO

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

DHS is undertaking a variety of actions to ensure that, in the future, response data for the Family Experience Survey is more representative of the demographics of infants, toddlers, and families enrolled in the program.

DHS is committed to doing more analysis at a local level to understand variability amongst counties and populations within each county and to identify potential interventions and promote best practices across the state. As part of this effort, DHS' Technical Assistance Center (TAC) will be conducting outreach to Birth to 3 Programs that are underrepresented in indicator 4 data. DHS hopes to identify specific barriers to completing the Family Experience Survey for these counties and develop strategies to ensure response data is more representative in the future.

DHS contracts with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) Team, to provide professional development to providers who serve families and children receiving services from the Birth to 3 Program. In FFY 2022, RESource launched Wisconsin's professional development system website, "El in WI," to provide comprehensive training and implementation of evidence-based practices to strengthen Wisconsin's early intervention workforce. Within this comprehensive system, RESource is developing learning tracks for the early intervention workforce with an emphasis on family engagement and culturally responsive practices to improve experiences for families participating in the Birth to 3 Program. The increased knowledge of culturally responsive practices will help county Birth to 3 Programs appropriately engage with diverse families and build trusting relationships for families to safely communicate their needs. DHS will also be reviewing with RESource whether we can incorporate more in-depth information in orientation materials for new staff regarding families' rights and culturally responsive, evidence-based practices to support families in effectively communicating children's needs and helping their children develop and learn.

DHS will continue to provide the cover letter of the survey in English and Spanish to all program participants and provide the survey in Spanish to all program participants recorded as Hispanic in our Program Participation System (PPS). Families completing the survey electronically can also self-select their language preference to request a copy of the survey in their preferred language. DHS will also continue to distribute its family communications newsletter, "All in for Kids: Birth to 3 Program," quarterly to families of children enrolled in the Birth to 3 Program or who have been referred to the Birth to 3 Program within the last three months. DHS uses this publication to better support and inform families about our programs. Each year, DHS notifies families in the newsletter of the importance of the Family Experience Survey to encourage more responses. The newsletter is translated in English, Spanish, and Hmong. Copies of the quarterly newsletter in all three languages can be found here: <https://www.dhs.wisconsin.gov/library/collection/akidsb-3-2022>.

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

DHS has identified specific strategies to increase the survey's response rate, particularly for those groups that have been or continue to be underrepresented in the survey data. DHS understands that underrepresentation in response can skew the data and limit program improvement. Strategies to increase response rates over time, particularly for underrepresented groups, include:

1. Building Trust Through Culturally Responsive Community Partners

Partner with local organizations: Engage with Head Start programs, WIC offices, family support centers, and cultural community centers trusted by diverse families.

Utilize family support staff: Leverage service coordinators and family resource specialists who already have established relationships with families to personally encourage families to participate in completing the survey.

2. Personalize and Simplify Outreach

Family-friendly messaging: Use simple, warm, and supportive language that emphasizes the impact of their voice on services, not just compliance.

Customize reminders: Tailor follow-up messages based on the family's preferred communication method (text, phone call, mail, email), delivered by someone they recognize from the program.

Visual aids: Use short explainer videos or infographics to describe what the survey is, why it matters, and how it helps improve services.

3. Increase Data Collection Touchpoints

At key transition points: Ask families to complete the survey when they exit the program and when their experiences are still fresh.

Leverage natural contacts: Distribute and collect surveys during routine visits, IFSP reviews, or family engagement events.

4. Track and Close Response Gaps

Monitor demographics in real time: Track survey responses by race, ethnicity, and geography to identify underrepresented groups.

Targeted follow-up campaigns: Re-engage specific populations with focused outreach efforts led by staff who reflect those communities.

5. Train Staff as Family Engagement Ambassadors

Staff training: Provide training on how to talk about the family outcomes survey in a way that motivates participation and addresses concerns.

Consistent messaging: Ensure all staff consistently communicate that the family's voice is crucial to shaping the services they receive.

DHS has identified specific strategies to be implemented, in order to increase its response rate, particularly for those groups that have been unrepresented in past years. DHS will continue to ensure that all forms of communication are translated in Spanish as well as accessibility to translators to convey the importance of the survey and families' responses. DHS will identify county Birth to 3 Programs with large populations of Black or African American infants and toddlers with disabilities enrolled in the Birth to 3 Program to provide individualized technical assistance and emphasize the importance of increased family engagement. Within Wisconsin's professional development system, "EI in WI," the RESource Team is developing learning tracks for improved cultural competence for the early intervention workforce with an emphasis on family engagement and culturally responsive practices which will potentially improve outcomes for increased survey response return rate by increasing the county workforce knowledge of culturally responsive practices that can help county Birth to 3 Programs appropriately engage with diverse families and build trusting relationships with families so that families feel that they can safely communicate their needs and improve experiences for families participating in the Birth to 3 Program. DHS' expectation is that this effort will both increase the representativeness of the response data but also the overall response rate by promoting family engagement across all groups.

Another strategy is to provide individualized technical assistance from designated Child and Family Program Specialists (CFPS) to those county Birth to 3 Programs that are underrepresented in indicator 4 data. Individualized technical assistance trainings provided to the identified counties, will include discussions regarding strategies that the counties can utilize for targeted outreach to underrepresented groups. The Child and Family Program Specialists will also ensure that counties are aware of the professional development resources available pertaining to family engagement and culturally responsive practices.

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

In FFY 2023, the Wisconsin Birth to 3 Program distributed Family Experience Surveys the second week of each month to every family who had exited the program in the month prior, unless the family left the program because the child passed away. During the current reporting period (July 1, 2023 – June 30, 2024), Wisconsin sent surveys to 5,476 families. The overall response rate was 12.49%, calculated by dividing the number of valid surveys returned (684) by the number of surveys distributed.

To assess the representativeness of responses and identify any potential nonresponse bias, DHS compared respondent demographics to those in the Wisconsin Birth to 3 Program. This analysis focused specifically on race/ethnicity and geographic location by county using data from the state's 618 Child Count and exit data from the state's database, respectively.

The data revealed that families identifying as Black or African American and Hispanic/Latino, as well as families residing in specific counties, were underrepresented in the survey responses compared to their presence in the overall Part C population.

DHS consulted with our Interagency Coordination Council and our local programs to explore ideas ways to increase under representativeness and mitigate nonresponse bias. Based on input and analysis to address these gaps and promote participation from a broader cross section of families, the state is preparing and has implemented several targeted strategies:

Culturally and Linguistically Inclusive Outreach: surveys and outreach materials were translated into multiple languages based on the most commonly spoken language in the state; bilingual staff and interpreters were made available to support families with limited English proficiency in understanding and completing the survey; outreach messaging was culturally tailored to reflect the values and experience of racially and ethnically diverse families.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Please see above for Wisconsin's analysis of the representativeness of the state's response data as compared to the demographics of infants, toddlers, and families enrolled in the Part C program as well as actions the state is taking to increase the representativeness of this data. We have also included an analysis of whether the demographics of families responding are representative of the state's population.

4 - OSEP Response

In its description of strategies that will be implemented which are expected to increase the response rate year over year, the State did not specifically address strategies to increase the response rate for those groups that are underrepresented, as required by the Measurement Table.

The State did not analyze the response rate to (1) identify potential nonresponse bias and (2) the steps taken to reduce any identified bias to promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2008	0.86%

FFY	2018	2019	2020	2021	2022
Target >=	0.95%	1.05%	1.05%	1.06%	1.07%
Data	1.04%	1.00%	0.82%	0.92%	1.01%

Targets

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

Targets: Description of Stakeholder Input

The ICC reviews data performance and targets on an annual basis to advise the Part C program on any changes or revisions. The Wisconsin Birth to 3 Program has met its Indicator 5 target of 0.95% from FFY 2013 - FFY 2018. In FFY2021, the ICC approved DHS's decision to gradually increase the Indicator 5 target to reach 1.10% by FFY 2025. The FFY 2023 data results were presented to the ICC at the January 22, 2025 meeting.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	603
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	59,547

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
603	59,547	1.01%	1.08%	1.01%	Did not meet target	No Slippage

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

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	2.79%

FFY	2018	2019	2020	2021	2022
Target >=	2.83%	3.00%	3.00%	3.01%	3.02%
Data	3.03%	3.04%	2.65%	3.04%	3.46%

Targets

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

Targets: Description of Stakeholder Input

The ICC reviews data performance and targets on an annual basis in order to advise the Part C program on any changes or revisions. The Wisconsin Birth to 3 Program has met its target for Indicator 6 from FFY 2017-FFY 2018. In FFY 2021, the ICC approved DHS's decision to gradually increase the Indicator 6 target to reach 3.05% by FFY 2025. The FFY 2023 data results were presented to the ICC at the January 22, 2025 meeting.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	6,512
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	181,168

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,512	181,168	3.46%	3.03%	3.59%	Met target	No Slippage

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

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	74.40%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.11%	99.36%	99.59%	99.84%	99.89%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,037	1,652	99.89%	100%	98.67%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Child and Family Program Specialists (CFPSs) with DHS' Technical Assistance Center (TAC) interviewed the counties with noncompliance for this indicator. Staff turnover, staff medical leaves, and a higher than usual number of referrals were the primary source of the noncompliance for one county. Remaining staff during this period had to take on many more cases than usual. These challenges resulted in delays in initial evaluations and assessments and initial IFSP meetings for some children. The county has since advocated internally for additional funding for its program to increase its capacity. Another county shared that its delays were due to the closure of a major provider in the area as well as difficulty retaining staff due to the availability of higher paid positions with the local school district. The county has since identified alternative providers. The third county shared that its staff have been experiencing challenges in getting proper paperwork in place to obtain evaluations. For this county, our TAC staff reviewed strategies for securing paperwork on a timely basis and program requirements to ensure that the program was not requiring more paperwork than is necessary to initiate services.

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

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

Examples of family reason include family was not available to start service within 45-day timeline, a child or family member became ill, or family was on vacation. Extreme weather delays include unsafe conditions, such as school or road closures, or travel advisories, that would result in delayed service start. The only other reason is system reason, where action was late due to staff or agency, and that is a non-compliant reason.

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

State database

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

January 1, 2024 – March 31, 2024

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

For Indicator 7, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter, (January 1, 2024 through March 31, 2024).

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

1. Conducting 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>). DHS uses data retrieved from the Birth to 3 Program PPS module through SAS to prepare the Annual Performance Report (APR).

Provide additional information about this indicator (optional).

For FFY 2023, DHS issued 4 findings of noncompliance but identified an additional 3 programs and a total of 18 child files that were corrected for Indicator 7 noncompliance during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2024 – July 31, 2024.

- Dodge County had to correct 3 files. Dodge County submitted 60 days of consecutive data for 4/1/24 thru 6/1/24 demonstrating 100% compliance for this indicator. The state reviewed this data using PPS to confirm full compliance with this indicator. DHS was also able to confirm through PPS that the three children who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.
- Ozaukee County had to correct 1 file. Ozaukee County submitted 60 days of consecutive data for 4/1/24 thru 7/23/24 demonstrating 100% compliance for this indicator. The state reviewed this data using PPS to confirm full compliance with this indicator. DHS was able to confirm through PPS that the child who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.
- St. Croix County had to correct 14 files. St. Croix County submitted 60 days of consecutive data for 4/1/24 thru 6/30/24 demonstrating 100% compliance for this indicator. The state reviewed this data using PPS to confirm full compliance with this indicator. DHS was also able to confirm through PPS that the fourteen children who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services. In addition, as discussed above in our explanation of slippage for this Indicator, our Technical Assistance Center staff met with this county to review the reasons for this noncompliance and identify strategies to ensure that the county is in compliance in the future. Therefore, DHS did not issue findings in FFY 2023 for these three counties because the state was able to verify correction of noncompliance for these programs during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of findings of noncompliance to these local programs if any of these local programs was unable to demonstrate 100% compliance for indicator 7 and child level correction for these files.

DHS will report on the status of the 4 findings of noncompliance it issued for FFY 2023 for this indicator in next year's APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

For FFY 2021 and FFY 2022 the state will not be able to explain the specific circumstances for why the instances were noncompliant because the state did not request for each local county program to report the individual case circumstances for each noncompliant instance. The state only verified that the activities occurred using activity dates entered into our participant data system. However, moving forward, the states process will be to discuss and learn the individual circumstances for instances of noncompliance in accordance with OSEP QA 23-01 as required. The state requests to close out OSEP responses for FFY 2019, FFY 2021, FFY 2022 activities.

For FFY 2021, DHS reported no findings of noncompliance although our indicator 7 data was less than 100% compliant. During the January 1, 2022 – March 31, 2022 data collection period, DHS identified 4 programs and a total of 4 files requiring correction for indicator 7 compliance during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2022 – July 31, 2022.

- Dodge County had to correct 1 file. On June 22, 2022, Dodge County submitted 60 consecutive days of 100% compliant data for indicator 7 for 4/1/22 thru 5/31/22. The Birth to 3 Program Data Manager reviewed Dodge County's updated entries in the state data system PPS and verified that the county achieved 100% compliance for the 60-day data submission period from 4/1/2022-5/31/2022, and that the child's noncompliant case was corrected. There are no pending resolutions for Dodge County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance.

DHS was also able to confirm through PPS that the child who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.

- Sauk County had to correct 1 file. On June 27, 2022, Sauk County submitted 60 consecutive days of 100% compliant data for indicator 7 for 4/1/22 thru 5/31/22. The Birth to 3 Program Data Manager reviewed Sauk County's updated entries in the state data system PPS and verified that the county achieved 100% compliance for the 60-day data submission period from 4/1/2022-5/31/2022, and that the child's noncompliant case was corrected. There are no pending resolutions for Sauk County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance. DHS was able to confirm through PPS that the child who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.

- La Crosse County had to correct 1 file. On July 13, 2022, La Crosse County confirmed it had entered inaccurate data for the data collection period, corrected its entry, and submitted 60 consecutive days of 100% compliant data for indicator 7 for 1/1/22 thru 3/31/22. The Birth to 3 Program Data Manager reviewed Sauk County's updated entries in the state data system PPS and verified that the county achieved 100% compliance for the 60-day data submission period from 1/1/2022-3/31/2022, and that the child's noncompliant case was corrected. There are no pending resolutions for La Crosse County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance.

- Ozaukee County had to correct 1 file. On July 29, 2022, Ozaukee County submitted 60 consecutive days of 100% compliant data for indicator 7 for 4/1/22 thru 5/31/22. The Birth to 3 Program Data Manager reviewed Ozaukee County's updated entries in the state data system PPS and verified that the county achieved 100% compliance for the 60-day data submission period from 4/1/2022-5/31/2022, and that the child's noncompliant case was corrected. There are no pending resolutions for Ozaukee County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance. DHS was also able to confirm through PPS that the child who had not received an initial evaluation, initial assessment, and/or an initial IFSP meeting within Part C's 45-day timeline had received those services.

Therefore, DHS issued no findings in FFY 2021 for this indicator because the state was able to verify correction of noncompliance for these programs during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. Each of the 4 cases that were identified in FFY 2021 have been verified as being in 100% compliance, and all individual case files have been corrected. There are no pending

resolutions for FFY 2021. DHS would have issued a written notification of findings of noncompliance to these local programs if any of these local programs was unable to demonstrate 100% compliance for indicator 7 and child level correction for these files.

In FFY22, there were 3 instances of child-specific noncompliance across two programs (Brown, Walworth). The state verified correction of noncompliance for each of the two EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the 3 children and determined each child had an initial evaluation and assessment and initial IFSP meeting, although late, or the child was no longer in the jurisdiction of the program. In addition, the state reviewed two months of updated or subsequent data on children with an initial evaluation and assessment and initial IFSP meeting for each of the two programs and verified these children had received them within the Part C 45-day timeline. The state confirmed each program was performing at 100% compliance and correctly implementing the 45-day timeline requirement. Therefore, the state did not issue any findings of noncompliance.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

In the State's description of the reasons for delay, the State referenced the incorrect requirements for this indicator. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR, the State reported two instances of noncompliance, however, in the State's FFY 2023 APR explanation for why no findings were issued, the State reported, "DHS identified 2 programs and a total of 3 files requiring correction for indicator 7 compliance during our pre-finding correction period." Therefore, it is unclear if the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.45%	99.66%	99.83%	99.53%	99.85%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
977	1,111	99.85%	100%	99.82%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

Non-compliant reasons for delay in providing transitions steps, measured by Indicator 8A, are related to system delay on the part of the Birth to 3 Program. System delays include lack of timeliness by the staff in the program. Non-compliance in Wisconsin's data this year reflects staffing shortages in our local Birth to 3 Programs.

Exceptional family reason is the only compliant reason for 8A for Wisconsin. Examples of family reason include that a child or family member became ill or family was on vacation.

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

State database

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

January 1, 2024 – March 31, 2024

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

For Indicator 8A, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter, (January 1, 2024 through March 31, 2024).

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

1. Conducting an 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. For example, PPS now limits the reasons counties may choose to elect a delay in scheduling a transition conference to only those allowed by the Part C requirements. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>). DHS uses data retrieved from the Birth to 3 Program PPS module through SAS to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

Provide additional information about this indicator (optional).

For FFY 2023, DHS issued 1 finding of noncompliance for Indicator 8A but identified an additional program with a total of 1 child file that the county corrected during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2024 – July 31, 2024. • Brown County needed to correct 1 file. Brown County confirmed that it had entered inaccurate data for 1/1/24-3/31/24 for this child and corrected its entries in PPS, the state's data system. DHS reviewed the updated data in PPS and confirmed that the updated data reflected 100% compliance for this indicator.

Therefore, DHS did not issue a finding for this program because the state was able to verify correction of noncompliance for this program during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of a finding of noncompliance to this program if it was unable to demonstrate 100% compliance for Indicator 8A and child level correction, as appropriate.

DHS will provide an update on the status of the finding of noncompliance issued to a separate county in next year's APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the noncompliance identified in FFY 2021 and FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021 and FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

For each fiscal years cited below; FFY 2019, FFY 2021, FFY 2022, the state did not verify the corrections of the preliminary findings because the state did not request for each local county program to report the individual case circumstances for each prefindings noncompliant instance. The state only verified that the activities occurred using activity dates entered into our participant data system. The state understands that this protocol was in correct and that it should have verified local program individual child level remediation in each instance, regardless of whether subsequent data reporting periods illustrated a systems correction. Beginning with FFY 2023 moving forward, the state does verify child and system level correction instances of noncompliance in accordance with OSEP QA 23-01 as required. None of the children from these historical reporting periods are currently within the jurisdiction of the program. The state requests to close out OSEP responses for FFY 2019, FFY 2021, FFY 2022 activities.

FFY 2019, DHS reported no findings of noncompliance although our indicator 8A data was less than 100% compliant. During the January 1, 2020 – March 31, 2020 data collection period, DHS identified 3 programs and a total of 4 files requiring correction for indicator 8A compliance. The pre-finding correction period for data prescribed by DHS was April 1, 2020 – July 31, 2020.

- Sheboygan County needed to correct 1 file. Sheboygan County submitted 60 consecutive days of 100% compliant data for indicator 8A for 4/1/20 thru 5/31/20. The Data Manager reviewed Sheboygan County's updated entries in PPS, for this case and verified the county achieved 100% compliance for the 60-day submission period from 4/1/20-5/31/20 and that the child's noncompliant case was corrected. There are no pending resolutions for Sheboygan County for FFY 2019 and no further action was necessary. DHS was also able to confirm in PPS that the child had received transition steps.
- Milwaukee County needed to correct 2 files. Milwaukee County confirmed it had entered inaccurate data for 1/1/20-3/31/20 for these two children and corrected its entries. Data Manager reviewed Milwaukee County's updated entries in PPS, for these 2 files and verified that the county achieved 100% compliance for the 60-day submission period from 1/1/20-3/31/20 and that both of the child's noncompliant case were corrected. There are no pending resolutions for Milwaukee County for FFY2019 and no further action was necessary
- La Crosse County needed to correct 1 file. La Crosse County submitted 60 consecutive days of 100% compliant data for indicator 8A for 4/1/20 thru 5/31/20. DHS reviewed this data in PPS to confirm 100% compliance. The Data Manager reviewed La Crosse County's updated entries in PPS, for the file and verified that the county achieved 100% compliance for the 60-day submission period from 4/1/20-5/31/20 and that the child's noncompliant case was corrected. There are no pending resolutions for La Crosse County for FFY 2019 and no further action was necessary. DHS was also able to confirm in PPS that the child had received transition steps. Therefore, DHS issued no findings in FFY 2019 because the state was able to verify correction of noncompliance for these three programs

For FFY 2021, DHS reported no findings of noncompliance although our indicator 8A data was less than 100% compliant. During the January 1, 2022 – March 31, 2022 data collection period, DHS identified 3 programs and a total of 4 children's files requiring correction for Indicator 8A. The pre-finding correction period for data prescribed by DHS was April 1, 2022 – July 31, 2022.

- Green County had to correct 1 file. Green County confirmed that it had entered inaccurate data for 1/1/22-3/31/22 for this file and corrected its entries in PPS, the state's data system. The Data Manager reviewed Green County's updated entries in the state data system PPS, for the file and verified that the county achieved 100% compliance for the 60-day submission period from 1/1/22-3/31/22 and that the child's noncompliant case was corrected. There are no pending resolutions for Green County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance.
- Sauk County had to correct 2 files. Sauk County submitted 60 consecutive days of 100% compliant data for indicator 8A for 4/1/22 thru 5/31/22. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. The Data Manager reviewed Sauk County's updated entries in the state data system PPS, for these 2 files and verified that the county achieved 100% compliance for the 60-day submission period from 4/1/22-5/31/22 and that both of the child's noncompliant case were corrected. There are no pending resolutions for Sauk County for FFY2021 and no further action was necessary because the corrected data indicated 100% compliance. DHS was also able to confirm in PPS that Sauk County had provided transition steps to one of the children and was unable to correct the second child's file due to the child no longer being within the jurisdiction of the program.

- Waukesha County had to correct 1 file. Waukesha County submitted 60 consecutive days of 100% compliant data for indicator 8A for 5/28/22 – 7/26/22. The Data Manager reviewed Waukesha County's updated entries in the state data system PPS, for the file and verified that the county achieved 100% compliance for the 60-day submission period from 5/28/22-7/26/22 and that the child's noncompliant case was corrected. There are no pending resolutions for Waukesha County for FFY 2021 and no further action was necessary because the corrected data indicated 100% compliance. DHS was also able to confirm in PPS that Waukesha County was unable to correct the individual child's file due to the child no longer being within the jurisdiction of the program.

Therefore, DHS issued no findings in FFY 2021 because the state was able to verify correction of noncompliance for these three programs

For FFY 2022, DHS reported no findings of noncompliance although our indicator 8A data was less than 100% compliant. During the January 1, 2023 – March 31, 2023 data collection period, DHS identified 1 program and a total of 1 file requiring correction for indicator 8A compliance. The pre-finding correction period for data prescribed by DHS was April 1, 2023 – July 31, 2023.

- Columbia County had to correct 1 file. Columbia County submitted 60 consecutive days of 100% compliant data for Indicator 8A for 5/18/23-7/17/23. The Data Manager reviewed Columbia County's updated entries in the state data system PPS, for the file and verified that the county achieved 100% compliance for the 60-day submission period from 5/18/23-7/17/23 and that the child's noncompliant case was corrected. There are no pending resolutions for Columbia County for FFY 2022 and no further action was necessary because the corrected data indicated 100% compliance. DHS reviewed this data in PPS to confirm and was able to verify 100% compliance for this indicator and correction of the individual case. DHS was also able to confirm in PPS that Columbia County had provided transition steps to this child.

Therefore, DHS issued no findings in FFY 2022 because the state was able to verify that Columbia County demonstrated 100% compliance through State review of updated data over a 60 day consecutive period and that the individual child case was corrected consistent with OSEP QA 23- 01 during the "pre-finding correction" period before the state issued formal written notifications of findings of noncompliance. This case has been corrected and, and there are currently no pending resolutions for this indicator for FFY 2022. DHS would have issued a written notification of findings of noncompliance to this program if it was unable to demonstrate 100% compliance for indicator 8A and child level correction for this file.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR, the State reported two instances of noncompliance, however, in the State's FFY 2023 APR explanation for why no findings were issued, the State reported, "During the January 1, 2023 – March 31, 2023 data collection period, DHS identified 1 program and a total of 1 file requiring correction for indicator 8A compliance." Therefore, it is unclear if the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (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; (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.45%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.65%	98.27%	98.93%	98.61%	98.56%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
790	823	98.56%	100%	98.50%	Did not meet target	No Slippage

Number of parents who opted out

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

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Provide reasons for delay, if applicable.

Non-compliant reasons for delay in making a referral to the LEA, measured by indicator 8B, are related to system delay on the part of the Birth to 3 Program. System delays include lack of timeliness by the staff in the program. In Wisconsin, if the family hasn't opted out, the local program is required to send a referral to the LEA for any child determined potentially eligible for LEA services. Due to Wisconsin's opt out policy, there are situations when the family reverses that opt out decision after the 2 years 9 months deadline for sending the referral to the LEA, causing a compliant reason for the referral to the LEA to be late.

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 reporting period. DHS continues to focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conducting 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties. (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>).

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

YES

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

YES

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

State database

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

January 1, 2024 – March 31, 2024

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

For indicator 8B, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This dataset has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter, (January 1, 2024 through March 31, 2024).

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

1. Conducting an 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. For example, PPS now limits the reasons counties may choose to elect a delay in scheduling a transition conference to only those allowed by the Part C requirements. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>). DHS uses data retrieved from the Birth to 3 Program PPS module through SAS to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

Provide additional information about this indicator (optional).

For FFY 2023, DHS issued 2 findings of noncompliance for a total of 3 child files for indicator 8B but identified an additional 9 programs with a total of 10 child files that the counties corrected during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2024 – July 31, 2024.

- Ashland County had to correct 1 file. Ashland County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 7/30/24. DHS reviewed this data in PPS, the state's data system, to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Ashland County had provided notification to the LEA for the child.
- Jefferson County had to correct 1 file. Jefferson County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/21/24 thru 6/19/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Jefferson County had provided notification to the LEA for the child.
- Marinette County had to correct 1 file. Marinette County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 6/30/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Marinette County had provided notification to the LEA for the child.
- Milwaukee County had to correct 1 file. Milwaukee County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 5/31/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Milwaukee County had provided notification to the LEA for the child.
- Ozaukee County had to correct 1 file. Ozaukee County submitted 60 consecutive days of 100% compliant data for Indicator 8B for 4/1/24 thru 7/23/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Ozaukee County had provided notification to the LEA for the child.
- Rock County had to correct 1 file. Rock County submitted 60 consecutive days of 100% compliant data for Indicator 8B for 4/1/24 thru 5/31/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Rock County was unable to provide notification to the LEA for the child because they were no longer within jurisdiction.
- Sheboygan County had to correct 1 file. Sheboygan County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 5/31/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Sheboygan County had provided notification to the LEA for the child.
- Trempealeau County had to correct 2 files. Trempealeau County submitted 60 consecutive days of 100% compliant data for indicator 8B for 4/1/24 thru 7/19/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Trempealeau County had provided notification to the LEA for the two children.
- Vilas County had to correct 1 file. Vilas County submitted 60 consecutive days of 100% compliant data for indicator 8B for 5/1/24 thru 7/1/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Vilas County had provided notification to the LEA for the child.

Therefore, DHS issued no findings to these local programs in FFY 2023 because the state was able to verify correction of noncompliance for these programs during the "pre-finding correction" period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of findings of noncompliance to these local programs if any program was unable to demonstrate 100% compliance for indicator 8B and child level correction for these files.

DHS will provide an update on the status of the two findings of noncompliance it issued to two separate counties in next year's APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022 Findings of Noncompliance Verified as Corrected

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

In FFY 2022, 10 instances of child-specific noncompliance were identified for the SEA/LEA transition notification requirement. These 10 instances were across 8 of the 72 county-led programs in the state (Grant, La Crosse, Outagamie, Price, Sheboygan, St. Croix, Sauk, and Waukesha). Since the state uses pre-finding correction, the state reviewed two months of updated data from the state database after identification of noncompliance for each of the 8 programs. The state also reviewed the database to verify the correction of the 10 instances of child-specific noncompliance. Six of the 8 programs were at 100% compliance. All 7 children with delayed notification to the SEA and LEA within those programs were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program. These 6 programs were not issued findings since the state verified individual child-specific noncompliance correction and regulatory implementation at 100% before issuing findings (pre-finding correction) within 90 days of identifying noncompliance. Two programs with 3 instances of child-specific noncompliance (Sheboygan had 2 cases, and Price had 1) failed to demonstrate 100% compliance and child-level correction during pre-finding activities. As a result, findings were issued for these two programs. On September 7, 2023, DHS issued written notifications to both programs, including correction due dates. After programs had implemented corrective actions, the state verified correction by reviewing 60 consecutive days of data from the data system on all children exiting Part C who were potentially eligible for Part B for each noncompliant program to determine if timely notification to the SEA and LEA was provided. Based on the review of the updated data, the state determined both programs demonstrated 100% compliance and are correctly implementing the transition notification requirements.

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

In FFY 2022, 10 instances of child-specific noncompliance across 8 programs occurred. The state verified the correction of child-specific noncompliance for each program before issuing findings (pre-finding correction period). The state reviewed records for each of the 10 children to verify correction. It determined that 7 of 10 transition notifications had been sent to the SEA and LEA, although late, or the children were no longer in the program's jurisdiction. Three instances of child-specific noncompliance across 2 programs (Sheboygan had 2 cases, and Price had 1) failed to demonstrate child-level correction during pre-finding activities and were issued findings of noncompliance. Subsequent to issuing the findings (findings are issued per program, not child), data from the data system was used to review all 7 children's files with delayed notification to the SEA and LEA. All 7 notifications were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Please see above for the state's response to FFY 2022 Findings of Noncompliance Verified as Corrected

8B - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported, "There are four situations when 'family exception reason' may be used for a late referral to the LEA." However, this indicator does not permit States 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 C.F.R. §303.310(b). Additionally, the State reported these family exception reasons as, "Referral to Birth to 3 Program is within 90 days of child turning three; Initial IFSP is timely and falls within 90 days of child turning three; Initial IFSP is late due to family reason and falls within 90 days of child turning three; and Parent reversal of opt out decision (had originally signed to opt out form) within 90 days of child turning three." However, only 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, should be included in the numerator of this calculation. Therefore, OSEP could not determine whether the State met its target.

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in: (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; (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

The State reported, "For FFY 2022, there were additional programs for whom DHS did not issue findings of noncompliance although they were less than 100% compliant for this indicator." However, OSEP could not determine if the State ensured correction of those findings, consistent with OSEP QA 23-01. Specifically, the State reported 14 instances of noncompliance in FFY 2022; however, in the FFY 2023 SPP/APR, the State reported, "DHS identified an additional 6 programs and a total of 7 children's files requiring correction for indicator 8B compliance during our pre-finding correction period." The State also reported, "In FFY 2022, DHS issued two findings of noncompliance for indicator 8B to 2 programs for a total of 3 files. Therefore, OSEP could not determine whether the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	66.20%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.31%	97.88%	99.27%	99.69%	99.63%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
524	823	99.63%	100%	98.82%	Did not meet target	No Slippage

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

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

230

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.

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Provide reasons for delay, if applicable.

Non-compliant reasons for delay in providing a Transition Planning Conference, measured by indicator 8C, are related to system delay on either the part of the Birth to 3 Program or LEA. Indicator 8C compliant reasons for delay include that the family did not consent to a TPC, the family did not provide timely consent, or the family was not available for the transition planning conference.

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

State database

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

January 1, 2024 – March 1, 2024

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

For indicator 8C, the State has historically selected the third quarter of the fiscal year to determine compliance with this indicator. This data set has been considered representative of the full reporting year because the same variables are in place for this quarter as for all quarters. For FFY 2023, the state selected the third quarter, (January 1, 2024 through March 31, 2024).

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

1. Conducting 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. Using "SAS," a data warehouse that provides Wisconsin's county Birth to 3 Programs with the ability to review their data to ensure accurate data entry using pre-built reports created by DHS for this purpose.

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project to improve data quality. For example, PPS now limits the reasons counties may choose to elect a delay in scheduling a transition conference to only those allowed by the Part C requirements. The state released a video summarizing these changes and updated the PPS User Guide. In FY 2023, DHS also gave counties access to SAS to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>). DHS uses data retrieved from the Birth to 3 Program PPS module through SAS to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

Provide additional information about this indicator (optional).

For FFY 2023, DHS issued 1 finding of noncompliance for a total of 3 child files for indicator 8C but identified an additional 5 programs with a total of 5 child files that the counties corrected during our pre-finding correction period. The pre-finding correction period for data prescribed by DHS was April 1, 2024 – July 31, 2024.

- Chippewa County had to correct 1 file. Chippewa County explained that it had submitted inaccurate data for the child and corrected its entries in PPS, the state’s data system. DHS reviewed the updated data in PPS for 1/1/24-3/31/24 and confirmed that the county was now 100% compliant for this indicator.
- Jackson County had to correct 1 file. Jackson County explained that it had submitted inaccurate data for the child and corrected its entries in PPS. DHS reviewed the updated data in PPS for 1/1/24-3/31/24 and confirmed that the county was now 100% compliant for this indicator.
- Kenosha County had to correct 1 file. Kenosha County explained that it had submitted inaccurate data for the child and corrected its entries in PPS. DHS reviewed the updated data in PPS for 1/1/24-3/31/24 and confirmed that the county was now 100% compliant for this indicator.
- Manitowoc County had to correct 1 file. Manitowoc County explained that it had submitted inaccurate data for the child and corrected its entries in PPS. DHS reviewed the updated data in PPS for 1/1/24-3/31/24 and confirmed that the county was now 100% compliant for this indicator.
- Rock County had to correct 1 file. Rock County submitted 60 consecutive days of 100% compliant data for indicator 8C for 4/1/24-5/31/24. DHS reviewed this data in PPS to confirm 100% compliance for this indicator. DHS was also able to confirm in PPS that Rock County had provided the child with a transition conference.

Therefore, DHS issued no findings to these local programs in FFY 2023 because the state was able to verify correction of noncompliance for these programs during the “pre-finding correction” period before the state issues formal written notifications of findings of noncompliance. DHS would have issued a written notification of findings of noncompliance to these local programs if any program was unable to demonstrate 100% compliance for indicator 8C and child level correction for these files.

DHS will provide an update on the finding of noncompliance it issued to a separate county in next year's APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022 Findings of Noncompliance Verified as Corrected

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

In FFY 2022, 10 instances of child-specific noncompliance were identified for the timely transition conference requirement. These 10 instances were across 7 of the 72 county-led programs in the state (Columbia, Dane, Iron, Milwaukee, Rock, Sheboygan, and Waukesha). Since the state uses pre-finding correction, the state reviewed two months of updated data from the state database after identification of noncompliance for each of the 7 programs. The state also reviewed the database to verify the correction of the 10 instances of child-specific noncompliance. Five of the 7 programs were at 100% compliance. All 8 children with delayed transition conferences within those programs were eventually held, although late, or the child was no longer in the jurisdiction of the EI program. These 5 programs were not issued findings since the state verified individual child-specific noncompliance correction and regulatory implementation at 100% before issuing findings (pre-finding correction) within 90 days of identifying noncompliance. Two programs with 1 instance each of child-specific noncompliance (Iron and Sheboygan) failed to demonstrate 100% compliance and child-level correction during pre-finding activities. As a result, findings were issued for these two programs. On September 7, 2023, DHS issued written notifications to both programs, including correction due dates. After programs had implemented corrective actions, the state verified correction by reviewing 60 consecutive days of data from the data system on all children exiting Part C who were potentially eligible for Part B for each noncompliant program to determine if timely transition conferences were provided. Based on the review of the updated data, the state determined both programs demonstrated 100% compliance and are correctly implementing the transition notification requirements.

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

In FFY 2022, 10 instances of child-specific noncompliance across 7 programs occurred. The state verified the correction of child-specific noncompliance for each program before issuing findings (pre-finding correction period). The state reviewed records for each of the 10 children to verify correction. It determined that 8 of 10 transition conferences within those programs were eventually held, although late, or the child was no longer in the jurisdiction of the EI program. Two instances of child-specific noncompliance across 2 programs (Sheboygan and Iron had 1 case each) failed to demonstrate child-level correction during pre-finding activities and were issued findings of noncompliance. Subsequent to issuing the findings (findings are issued per program, not child), data from the data system was used to review all 8 children’s files with delayed transition conferences. All 8 transition conferences were held, although late, or the child was no longer in the jurisdiction of the EI program.

In addition, DHS staff reviewed documentation submitted by each county to verify correction of each individual case of noncompliance:

- On June 6, 2024, staff reviewed documentation submitted by Iron County to demonstrate that the child had received a transition planning conference.
- On January 24, 2024, staff reviewed documentation submitted by Sheboygan County to demonstrate that the child had received a transition planning conference.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Please see above for the state's response to FFY 2022 Findings of Noncompliance Verified as Corrected.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR, the State reported three instances of noncompliance, however, in this FFY 2023 APR, the State reported, "In FFY 2022, DHS issued two findings of noncompliance for indicator 8C to 2 programs for a total of 2 files." Additionally, in the State's FFY 2023 APR description of prefinding corrections, the State reported, "During the January 1, 2023 – March 31, 2023 data collection period, DHS identified an additional 5 programs and a total of 8 children's files requiring correction for indicator 8C compliance during our pre-finding correction period." Therefore it is unclear if the State verified that each EIS program or provider with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

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

Additionally, in FFY 2022, DHS updated the ICC on the new procurement and mediation contract for the Wisconsin Birth to 3 Program as well as updates to the Birth to 3 Program Operations Guide, including more detailed information regarding dispute resolution. In FFY 2023, the Wisconsin Birth to 3 Program published an updated mediation brochure that was made accessible publicly on the Birth to 3 Program website.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=	100.00%	100.00%	100.00%	100.00%	100.00%
Data					

Targets

FFY	2023	2024	2025
Target>=	100.00%	100.00%	100.00%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0		100.00%		N/A	N/A

Provide additional information about this indicator (optional)

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2023. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

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

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

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

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2018	60.40%

Targets

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

FFY 2023 SPP/APR Data

Number of infants and toddlers who either improved functioning to a level nearer to same-aged peers but did not reach it, or improved functioning to reach a level comparable to same-aged peers by the time they turned 3 years of age or exited the program	Number of infants and toddlers who entered the program functioning below a level comparable to same-aged peers, or who did not improve functioning by the time they turned 3 years of age or exited the program	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,722	4,231	63.92%	58.27%	64.33%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

Statewide database, the Program Participation System (PPS)

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

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

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

YES

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

The Birth to 3 Program Data Manager has reviewed our Indicator 3, child outcome data, by race/ethnicity and geographic location as compared to our analysis last year to assess our continued progress towards achieving our SiMR. Tracking our growth in these areas has given DHS the opportunity to better assess the impact of recent initiatives and inform decisions about future efforts to work towards achieving our SiMR.

Our analysis demonstrates ongoing differences in outcomes achieved for children of various racial and ethnic minority groups in Wisconsin's Birth to 3 Program, with improvement for some groups and opportunities for further growth for other groups. Our data continues to indicate that White children are achieving better outcomes in the Birth to 3 Program than children who identify as being from a racial or ethnic minority group. The results for American Indian/Alaskan Native/Native Hawaiian or Pacific Islander children are 12.3% less for Indicator 3A1 than results overall for the state. Although results for this group still fall below the state's overall percentage, scores have improved for this population by 6.3%. The results for children who identify as Asian, Black/African American, or Hispanic/Latino, were 8.7%, 6.3%, and 1.8% less, respectively, than the overall results for the state, although the difference was less for Asian children as compared to the previous fiscal year. The results for children who identify as more than one race improved by 13.3% from the prior fiscal year and exceeded the state average by 6.4%.

Our analysis indicates that we are seeing some gains for racial or ethnic minority groups but there is more work to be done particularly for Black/African American and Hispanic/Latino families. As discussed above for Indicator 3, we hope to identify strategies to reduce these disparities by conducting outreach with local county programs with high populations of children who identify as Black/African American and/or Hispanic/Latino to identify barriers to family engagement and/or access to services. RESource, Wisconsin's Professional Development system, is also developing learning tracks for the early intervention workforce with an emphasis on family engagement and culturally responsive practices to improve experiences for diverse families participating in the Birth to 3 Program. DHS also hopes to build on the success of its Child Find Outreach Resources for children and families residing on reservations by exploring additional targeted resources for various underserved populations.

DHS also updated its analysis of child outcomes data based on geographic location. We identified counties showing improvement since the previous fiscal year as well as counties that showed significant growth or significant reductions in their outcomes scores. More than half of the state's counties improved their outcomes for children measured by substantial progress at exit in their social-emotional skills. Nearly 75% of counties met the state target for children measured by making substantial progress at exit in their social-emotional skills. DHS' Technical Assistance Center will be using this data to provide targeted technical assistance to counties whose outcomes scores continue to fall below the target and/or for whom there was a significant reduction compared to the previous fiscal year.

To ensure program fidelity practices in our child outcomes data, the Birth to 3 Program Data Manager participates in monthly Birth to 3 Program teleconferences and uses time during these teleconferences to explain data reports and the use of SAS, the state's data warehouse, to local Birth to 3 Programs. Throughout the year, the state's Children and Family Program Specialists (CFPSs) provide technical assistance and continuous support to county Birth to 3 Programs in data collection efforts. These efforts of continuous data trainings, support, and technical assistance help to ensure that the Wisconsin Birth to 3 Program is collecting data that is reliable and valid.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

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

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

NO

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

DHS has summarized below the continuing strategies and initiatives implemented during the Phase III, Year 9 of the SSIP. These strategies and initiatives are grouped by the state system components identified by the Wisconsin Birth to 3 Program in our Phase I SSIP infrastructure analysis:

1. Professional Development

DHS oversees its Professional Development system through its contract with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) Team. During Phase III, Year 9 of the SSIP, RESource continued to build on its successful launch in FFY 2022 of "EI in WI," a website for the professional development system designed to enhance knowledge and support statewide for the state's early intervention workforce. In FFY 2023, RESource implemented its Ambassador Program, selecting 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent eighteen counties across the state and a variety of roles and expertise. RESource also released an Approved Tool List along with a video and FAQ document to assist in implementation of the list. The tool identifies top rated tools and categorizes them according to assessment purpose. Planning for the future, RESource created a workgroup of higher

education professionals interested in increasing access to early intervention services. The workgroup includes two subgroups focused on student field experiences and family assessments. Finally, REsource developed a framework for its website to host learning tracks for Birth to 3 Program professionals. These learning tracks will provide the workforce with an opportunity to build their knowledge using self-directed, web-based training modules. REsource is in the process of building the content for these modules and hopes to launch the first learning track in FFY 2024.

In FFY 2023, DHS completed its Infant Early Childhood Mental Health Consultation Pilot in partnership with the University of Wisconsin's IECMH Capstone Program. The pilot provided Birth to 3 Programs with an opportunity for IECMH Consultation and workforce development of IECMH Consultants for Birth to 3 Programs. IECMH is an assessment and early intervention approach for building Birth to 3 Program professionals' capacity to support young children's social and emotional development to address concerning and challenging behaviors in the context of relationships across multiple settings. In FFY 2024, DHS will be reviewing the University of Wisconsin's recommendations and identifying next steps to increase the capacity of the state's Birth to 3 Program workforce in these areas.

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

2. Data

In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project that made several changes to improve data quality. The state released a video summarizing these changes and updated the PPS User Guide. In FFY 2023, DHS also gave counties access to SAS, the Birth to 3 Program's data warehouse, to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. In addition, the state created a SAS Program Guide and a series of instructional videos for counties (<https://www.dhs.wisconsin.gov/birthto3/reports/sas.htm>).

3. Quality Improvement and Accountability

In FFY 2023, DHS continued to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. Responding to feedback from local programs, DHS provided additional training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process, including demonstrations in the use of an Analytic Calculator to assess individual county performance and new resources to support counties in identifying "action items" based on each county's performance indicators for the county's performance improvement plan. DHS tailors its technical assistance and enforcement activities based on each county's determination category. After county conducted or state assisted analysis of determinations results and program practices, programs attend technical assistance forums. All counties are then given the opportunity to or required to receive individualized technical assistance during one-on-one meetings with state staff.

4. Quality Standards

DHS continues its focus on ensuring access to appropriate, high-quality services to improve outcomes for infants and toddlers with disabilities. The state has developed a Birth to 3 Program Review Protocol with the goal of reviewing participant files to gather data about local program operations. The tool includes measures for required practices, pilot measures, and enhanced practice measures. The tool evaluates child files for required practices with a focus on four areas: 1) Eligibility determination and ongoing child assessment, 2) IFSP process, documentation, and outcomes, 3) Family engagement, support, and services, and 4) Transitions. The state has contracted with MetaStar to be the External Quality Review Organization for Wisconsin's Birth to 3 Program, and MetaStar uses this tool to review a sampling of files from each local program annually. The goal is to identify local programs who are innovating and may be able to share their insights with other programs as well as programs that would benefit from targeted technical assistance.

5. Governance

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

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

6. Technical Assistance

During Phase III, Year 9 of the SSIP, the Wisconsin Birth to 3 Program held monthly teleconferences with our local Birth to 3 Programs to provide guidance and assistance on items related to our SSIP. To standardize technical assistance requests from local programs, in FFY 2022, BCS launched the Technical Assistance Center (TAC) to provide a centralized location for local programs to request support and be assigned to the appropriate personnel. All technical assistance submissions are tracked to inform future technical assistance activities and the creation of additional resources.

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

1. Professional Development Initiatives

In FFY 2023, REsource implemented its Ambassador Program. Following a rigorous nomination process, REsource selected 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent eighteen counties across the state and a variety of roles and expertise. In April of 2023, REsource released an Approved Tool List along with a video and FAQ document to assist in implementation of the list. REsource conducted individual reviews of tools and practices for the Approved Tool List to be included on Wisconsin's professional development system website, "EI in WI." The Approved Tool List provides a comprehensive list of high-quality, evidence-based tools and practices that are categorized into green, yellow, and red based on validity and reliability for county Birth to 3 Programs to implement at a local level.

REsource organized quarterly Professional Development Leadership Forums to communicate updates, receive feedback from leaders related to the professional development system, and facilitate leader-to-leader discussions related to professional development materials. REsource also conducted

intentional outreach with early childhood educators and higher education institutions to increase awareness of early intervention opportunities. RESource's efforts towards improving professional development opportunities for Wisconsin's early intervention workforce will lead to increased competence and confidence in addressing social and emotional needs of infants and toddlers, further supporting the SiMR.

2. Infant Early Childhood Mental Health Consultation Pilot

In FFY 2023, DHS completed its Infant Early Childhood Mental Health Consultation Pilot in partnership with the University of Wisconsin's IECMH Capstone Program. In FFY2024, DHS will be reviewing the University of Wisconsin's recommendations and identifying next steps to increase the capacity of the state's Birth to 3 Program workforce in these areas. It will be important to demonstrate outcomes related to IECMH Consultation in Birth to 3 Programs to provide a rationale for continued funding for this resource. The University of Wisconsin and DHS have determined the outcome measures that will be most useful to assess impact. These outcome measures include:

-Pre/post social-emotional assessment (e.g. Devereux Early Childhood Assessment (DECA))

-Pre/post assessment of the quality of the parent-child relationship (e.g. Brief Parent-Child Early Relational Assessment)

-Survey assessing Birth to 3 Program provider's confidence and competence in serving children with Social-Emotional and/or Mental Health Needs

-Survey to families participating in IECMH assessing program impact on child's social and emotional development

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

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

The new annual determinations scoring system was implemented in 2023 to align with Wisconsin's fiscal year reporting. The revised determinations scoring system added an additional two points for child outcomes performance, increasing its total possible point contribution to 4 in the determinations results section. In FFY 2023, DHS continued to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. Responding to feedback from local programs, DHS provided additional training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process, including demonstrations in the use of an Analytic Calculator to assess individual county performance and new resources to support counties in identifying appropriate "action items" for a county's performance improvement plan. DHS tailors its technical assistance and enforcement activities based on each county's determination category, consistent with the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA). The intent of the updated determinations process is to focus attention on early intervention results and outcomes achieved by children enrolled in the Wisconsin Birth to 3 Program to support progress towards the SiMR.

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

DHS released the highlights from the Child and Family-Focused Pandemic Recovery Grants, where DHS distributed \$1.6 million of American Rescue Plan Act (ARPA) funding to 23 local Birth to 3 Programs to: 1) enhance equity and assist children and families disproportionately affected by the pandemic and 2) aim to build protective factors and strengthen supports for families. DHS required that counties provide a qualitative analysis halfway through the implementation period detailing all activities and a final report describing cumulative project activities. Highlights from the Child and Family-Focused Pandemic Recovery Grants include Trempealeau County Birth to 3 Program, which served 10 families and trained 30 service providers in Circles of Security, providing focused discussion on pandemic impacts and strategies for addressing issues. The highlights were publicly posted on the Birth to 3 Program website. More information on grant recipient highlights and success stories can be found here:

<https://www.dhs.wisconsin.gov/birthto3/reports/pandemic-recovery-grants.htm>

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

YES

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

The state has described below the new infrastructure improvement strategies implemented during the Phase III, Year 9 of the SSIP. These strategies and initiatives are grouped by the state system components identified by the Wisconsin Birth to 3 Program in our Phase I SSIP infrastructure analysis:

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

1. Professional Development

During Phase III, Year 9 of the SSIP, In FY2023, RESource implemented its Ambassador Program. Following a rigorous nomination process, RESource selected 21 workforce representatives to inform and review professional development content and provide shadowing opportunities. These 21 ambassadors represent eighteen counties across the state and a variety of roles and expertise. In April of 2023, RESource released an Approved Tool List along with a video and FAQ document to assist in implementation of the list. Using American Rescue Plan Act (ARPA) funds, RESource completed a comprehensive review of the tools available for evaluation and assessment in the field of early intervention. The resulting tool identifies top-rated tools and categorizes them according to assessment purpose. Planning for the future, RESource created a workgroup of higher education professionals interested in increasing access to early intervention services. The workgroup includes two subgroups focused on student field experiences and family assessments. RESource also developed a framework for its website to host learning tracks for Birth to 3 Program professionals. These learning tracks will provide the workforce with an opportunity to build their knowledge using self-directed, web-based training modules. RESource is in the process of building the content for these modules and hopes to launch the first learning track in FFY 2024.

2. Quality Improvement and Accountability

In FFY 2023, DHS continued to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. Responding to feedback from local programs, DHS provided additional training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process, including demonstrations in the use of an Analytic Calculator to assess individual county performance and new resources to support counties in identifying action items based on each county's performance indicators for a county's performance improvement plan. DHS tailors its technical assistance and enforcement activities based on each county's determination category, consistent with the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA). After county conducted or state assisted analysis of determinations results and program practices, programs attend technical assistance forums. All counties are then given the opportunity to or required to receive individualized technical assistance during one-on-one meetings with state staff. During one-on-one technical assistance meetings, programs are assisted by state TA providers with reviews of data, data analysis, analysis of programs practices, the use of tools like the analytic calculator, use of reports, and provided with policy information and operational guidance to support practices. Lastly, programs are provided with resources and professional development recommendations to further assist early intervention and program practices and professional development of staff.

3. Quality Standards

DHS revises its Birth to 3 Program Operations Guide bi-annually with any programmatic changes and continues to provide updated guidance for federal compliance. The next revisions will be published in June 2025. The Birth to 3 Program Operations Guide captures the essential program requirements needed for local Birth to 3 Programs to operationalize the program. DHS makes necessary revisions with feedback from the Interagency Coordinating Council (ICC), DHS Children and Family Program Specialists (CFPS), and teleconferences with local Birth to 3 Programs. The Wisconsin Birth to 3 Program Operations Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p03138.pdf>.

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

1. Professional Development

- RESource, the Birth to 3 Program's Professional Development system, will continue to grow its Ambassador Program, engaging workforce representatives in efforts to inform and review professional content and provide shadowing opportunities.
- RESource will continue its quarterly collaboration meetings with a special focus on researching family assessment tools and practices as well as creating opportunities for meaningful student experiences in Birth to 3 Program placements.
- RESource will continue building content for its learning tracks with a goal of release its first learning track in 2024.
- DHS will review the results of its Infant Early Childhood Mental Health Consultation Pilot in partnership with the University of Wisconsin's IECMH Capstone Program and identify next steps to increase the capacity of the state's Birth to 3 Program workforce in these areas.
- DHS will continue to offer stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicaid and Public Health Infant, Early Childhood, and Family Mental Health Capstone Certificate Program.

2. Data

- In FFY 2023, using American Rescue Plan Act (ARPA) funding, DHS completed a project that made several changes to improve data quality. DHS also gave counties access to SAS, the Birth to 3 Program's data warehouse, to support counties' individual efforts to improve their programs. Based on feedback from counties, DHS designed pre-built reports in SAS for counties to use in monitoring their performance. DHS will continue to gather feedback from counties to improve the usability of its data system and data quality.
- The Birth to 3 Program Data Manager will continue to analyze indicator 3 data and identify trends in our data and areas in need of improvement in order to make gains in our SiMR.
- The Birth to 3 Data Manager will continue to analyze indicator 4 data and provide a demographic breakdown to identify underrepresented populations to strategize specific outreach efforts.

3. Quality Improvement and Accountability

- DHS will continue to focus attention on providing more targeted technical assistance during the annual determinations process with the goal of all 72 county Birth to 3 Programs achieving "Meets Requirements" in the next five years. DHS will provide training and resources during its Annual Determinations Technical Assistance Forums to assist counties in the annual determinations process.
- DHS will continue to tailor its technical assistance and enforcement activities based on each county's determination category, consistent with the requirements set forth by the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA).

4. Quality Standards

- The Birth to 3 Program Review Protocol is an important part of the state's efforts to continuously improve the quality of the services received by infants and toddlers with disabilities. In FFY 2023, DHS launched a new project to review and revise its Review Protocol. This project includes a redesign of the process, sampling methodology, tool, metrics, and results. This project is almost complete and will be moving to an implementation phase in FFY 2024. DHS will continue to use the results to identify counties who require targeted technical assistance and promote innovation by identifying and amplifying emerging best practices.

5. Governance

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

6. Technical Assistance

- The Wisconsin Birth to 3 Program will continue to hold monthly teleconferences with our local Birth to 3 Programs to provide guidance and assistance on items related to our SSIP.
- The Technical Assistance Center (TAC) will continue to provide a centralized location for local programs to request support and be assigned to the appropriate personnel for assistance. All technical assistance submissions will be tracked to inform future technical assistance activities and the creation of additional resources.

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

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

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

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

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

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

- Pre/post social-emotional assessment (Devereux Early Childhood Assessment (DECA))

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

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

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

Provide a summary of each evidence-based practice.

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

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

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

Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T): is an evidence-based tool for assessing protective factors and screening for potential risks in the social and emotional development of infants and toddlers. The DECA-I/T helps families and early intervention professionals recognize and support the social and emotional well-being of infants and toddlers through an interactive, hands-on training approach that consists of a 5-step system. The 5-step system includes: 1) collecting information on individual children, the home, and the group care environment, 2) administering the assessment, 3) scoring the assessment and summarizing results, 4) developing and implementing plans for the environment (home and group care), the child, and the adult caregiver, and 5) evaluating progress. More information on the DECA-I/T can be found here: <https://www.kaplanco.com/>

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

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

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

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

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

The Wisconsin Birth to 3 Program believes that continuing to support and improve the social and emotional development of infants and toddlers through parent engagement within the Primary Service Provider Approach (PSP) is resulting in stronger family participation within the community and lead to improved outcomes for the children and families served in the Birth to 3 Program.

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

The Wisconsin Birth to 3 Program believes that methods being used from the IECMH Pilot are positively impacting the social and emotional competency

of infants and toddlers receiving consultation services and their families. Consultants provides county Birth to 3 Program leadership with reflective space and programmatic consultation, and professionals are more equipped in addressing the social and emotional needs of infants and toddlers. The evidence-based tools used to collect qualitative and quantitative data throughout the pilot are guiding DHS in its efforts to build a sustainable model of Infant Mental Health services throughout the state.

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

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

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

Professional Development Initiatives: The Wisconsin Birth to 3 Program will implement evidence based-practices and social-emotional development practices that enhance our statewide, comprehensive professional development system, "EI in WI." Our contracted vendor, RESource, ensures that the Wisconsin Birth to 3 Program workforce receives necessary training material through their Training Bundles, PSP Evidence Based Practices tip sheet, and eventually the development of Learning Tracks, to provide high-quality services with the utmost accuracy and efficacy. The published Approved Tool List provides a comprehensive list of all evidence-based tools and practices with the validity and reliability for county Birth to 3 Programs to implement at a local level. Collectively, "EI in WI" promotes consistency among Wisconsin's Birth to 3 Programs, ensures fidelity of practice, and guarantees accuracy of child outcomes scoring.

Local programs continue to use assessment tools to assess social development including: Pre/post social-emotional assessment (Devereux Early Childhood Assessment (DECA)), ASQ-SE, and Pre/post assessment of the quality of the parent-child relationship (Brief Parent-Child Early Relational Assessment (B-ERA)).

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

RESource continues to research best practices at both a state and national level to further inform RESource's professional development initiatives. RESource's PD efforts incorporate national recommendations on the implementation of evidence-based practices statewide through an equity lens and research that supports the effectiveness and fidelity of the evidence-based practices stated above. The compilation of this research led to the creation of the Resource Library now available on Wisconsin's professional development system website, "EI in WI," available at the following link: <https://www.eiinwi.org/resources/>.

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

1. Primary Service Provider Approach (PSP):

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

2. Professional Development Initiatives:

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

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

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

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

YES

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

The Wisconsin Birth to 3 Program will continue implementing the activities and strategies detailed in the Phase III, Year 9 SSIP. The Wisconsin Birth to 3 Program will also implement new initiatives to continue to improve our SiMR data in coming years. The new activities that will be initiated are detailed in the following section of the Phase III, Year 9 SSIP. The improvement in our SiMR from FFY 2022 to FFY 2023 further supports Wisconsin's decision to implement our SSIP without any modifications.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Interagency Coordinating Council (ICC), county Birth to 3 Programs, and families participating in Wisconsin's Birth to 3 Program, continued to serve as the primary stakeholders for SSIP work in Phase III, Year 9. The ICC provided input and guidance on Phase III, Year 9 SSIP implementation

during quarterly meetings. County Birth to 3 Programs provided input and guidance on Phase III, Year 9 SSIP implementation during monthly teleconferences, Operational Impact Discussions (OIDs), and individual contact with the Children and Family Program Specialists (CFPS). Families participating in the Wisconsin Birth to 3 Program provided feedback on Phase III, Year 9 SSIP implementation during the ICC quarterly meetings and Circles of Life conference. DHS sought input from all stakeholders regarding these key SSIP focus areas: social and emotional development, workforce competency, and family engagement.

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

1. Interagency Coordinating Council

The ICC provided input and guidance on Phase III, Year 8 SSIP implementation and evaluation during quarterly meetings. During the January 25, 2023 ICC meeting, DHS staff reviewed the FFY 2021 Annual Performance Report (APR) to the ICC, allowing for council members to discuss and motion to approve the report. DHS staff shared multiyear trending data related to all federal indicators and data. Council members reviewed the initiatives the Wisconsin Birth to 3 Program has undertaken to foster improvements in child outcomes data as well efforts to increase the survey response rate to improve family outcomes data. During the March 8, 2023 ICC meeting, DHS staff provided an overview of efforts by the Technical Assistance Center to improve the local determinations process. Council members discussed the current determination status for Wisconsin counties and how the process differs from determinations for school districts. During the May 12, 2023 ICC meeting held during the Circles of Life Conference, DHS and the Department of Public Instruction (DPI) jointly presented on Child Find strategies and intentional outreach for children experiencing homelessness. ICC members discussed the importance of identification, sharing of information, and connecting families to resources. DHS subsequently published a Child Find Outreach Resource targeted to children and families experiencing homelessness, which can be found here:

<https://www.dhs.wisconsin.gov/publications/p03548a.pdf>. The ICC's input is imperative to the development of Child Find outreach resources to improve upon Wisconsin Birth to 3 Program's family engagement and comprehensive child find system at a local level.

2. County Birth to 3 Programs

County Birth to 3 Programs also served as stakeholders for Phase III, Year 9 SSIP implementation and evaluation. RESource, DHS' contracted vendor for its new Professional Development system, began hosting Leadership Forums in October of 2022. RESource hosted three Leadership Forums, in October 2022, January 2023, and April 2023. There were 231 participants at these forums. In October 2022, there were 80 leaders who participated representing a total of 62 counties. In January of 2023, there were 79 leaders who participated representing 35 counties. In April of 2023, there were 72 leaders who participated representing 54 counties. RESource also hosted three Community of Practice (CoP) events for a total of 585 participants. In November of 2022, RESource hosted a CoP entitled "Orientation to PD System" with 132 participants. In February of 2023, it hosted a second CoP, "Universal Curriculum, 7 Key Principles" with 241 participants. Finally, in May of 2023, RESource presented a third CoP, "Authentic Assessment" for 212 participants. RESource uses these events to share best practices and collect feedback from local programs about what counties need to foster continuous improvement in their programs.

Responding to county feedback on the annual determinations process, DHS hosted a total of four forums in July and August of 2023 to provide technical assistance to county Birth 3 Programs in understanding local county determinations results and support analysis of program practices. DHS held two forums on data quality and completeness and timely activities and two forums on child outcomes. There were 76 registrants for these forums and more participants joined the same day without registering in advance. Counties shared lessons learned and challenges in these areas, and DHS staff reviewed the tools available to counties to analyze their data. Counties indicated that they found the forums helpful in gaining a better understanding of their determinations results and how to use the data to inform future efforts. DHS used the information gathered from the counties during these discussions to inform future professional development activities.

Additionally, DHS sought input and guidance from county Birth to 3 Programs during monthly teleconferences. Examples of teleconferences agenda items related to the SSIP during Phase III, Year 9 included:

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

3. Family Input

DHS engages parents in discussions on ways to improve their experiences participating in Wisconsin's Birth to 3 Program. DHS understands the pivotal role that families play in a child's life and the direct impact the parent-child relationship has on child outcomes. For this reason, Wisconsin's ICC intentionally schedules one of its quarterly meetings at the Circles of Life Conference each year as an opportunity to involve families in setting targets, analyzing data, and developing improvement strategies. Circles of Life is Wisconsin's annual statewide conference for families who have children with disabilities and the professionals who support them. Through its All in for Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program invites families attending this conference to participate in the ICC meeting and encourages DHS staff to attend sessions to hear families' feedback on children's programs to find ways to make the Wisconsin Birth to 3 Program stronger. In FFY 2023, DHS presented at the Circles of Life Conference on all the Bureau of Children's Services programs, including Wisconsin's Birth to 3 Program. During the session, staff responded to questions from parents and highlighted resources available for families interested in Birth to 3 Program services.

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

Lastly, the Wisconsin Birth to 3 Program aims to gather input from families through the All in For Kids: Birth to 3 Program newsletter, which is distributed to all families participating in Part C services. In the March 2023 All in For Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program stressed the importance of family engagement and extended an invite to the Circles of Life Conference as an opportunity for families to connect with other families and share their personal experiences in Wisconsin's Birth to 3 Program. Additionally, the newsletter provides information on Birth to 3 Program practices in concise, family-friendly language, such as information on the mediation process for families to better understand their right to mediation in the event of a dispute.

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

NO

Additional Implementation Activities

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

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

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

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

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

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

In FFY 2022, 10 instances of child-specific noncompliance were identified for the SEA/LEA transition notification requirement. These 10 instances were across 8 of the 72 county-led programs in the state (Grant, La Crosse, Outagamie, Price, Sheboygan, St. Croix, Sauk, and Waukesha). Since the state uses pre-finding correction, the state reviewed two months of updated data from the state database after identification of noncompliance for each of the 8 programs. The state also reviewed the database to verify the correction of the 10 instances of child-specific noncompliance. Six of the 8 programs were at 100% compliance. All 7 children with delayed notification to the SEA and LEA within those programs were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program. These 6 programs were not issued findings since the state verified individual child-specific noncompliance correction and regulatory implementation at 100% before issuing findings (pre-finding correction) within 90 days of identifying noncompliance. Two programs with 3 instances of child-specific noncompliance (Sheboygan had 2 cases, and Price had 1) failed to demonstrate 100% compliance and child-level correction during pre-finding activities. As a result, findings were issued for these two programs. On September 7, 2023, DHS issued written notifications to both programs, including correction due dates. After programs had implemented corrective actions, the state verified correction by reviewing 60 consecutive days of data from the data system on all children exiting Part C who were potentially eligible for Part B for each noncompliant program to determine if timely notification to the SEA and LEA was provided. Based on the review of the updated data, the state determined both programs demonstrated 100% compliance and are correctly implementing the transition notification requirements.

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

In FFY 2022, 10 instances of child-specific noncompliance across 8 programs occurred. The state verified the correction of child-specific noncompliance for each program before issuing findings (pre-finding correction period). The state reviewed records for each of the 10 children to verify correction. It determined that 7 of 10 transition notifications had been sent to the SEA and LEA, although late, or the children were no longer in the program's jurisdiction. Three instances of child-specific noncompliance across 2 programs (Sheboygan had 2 cases, and Price had 1) failed to demonstrate child-level correction during pre-finding activities and were issued findings of noncompliance. Subsequent to issuing the findings (findings are issued per program, not child), data from the data system was used to review all 7 children's files with delayed notification to the SEA and LEA. All 7 notifications were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program.

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

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

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

Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

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

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

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

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

In FFY 2022, 10 instances of child-specific noncompliance were identified for the SEA/LEA transition notification requirement. These 10 instances were across 8 of the 72 county-led programs in the state (Grant, La Crosse, Outagamie, Price, Sheboygan, St. Croix, Sauk, and Waukesha). Since the state uses pre-finding correction, the state reviewed two months of updated data from the state database after identification of noncompliance for each of the 8 programs. The state also reviewed the database to verify the correction of the 10 instances of child-specific noncompliance. Six of the 8 programs were at 100% compliance. All 7 children with delayed notification to the SEA and LEA within those programs were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program. These 6 programs were not issued findings since the state verified individual child-specific noncompliance correction and regulatory implementation at 100% before issuing findings (pre-finding correction) within 90 days of identifying noncompliance. Two programs with 3 instances of child-specific noncompliance (Sheboygan had 2 cases, and Price had 1) failed to demonstrate 100% compliance and child-level correction during pre-finding activities. As a result, findings were issued for these two programs. On September 7, 2023, DHS issued written notifications to both programs, including correction due dates. After programs had implemented corrective actions, the state verified correction by reviewing 60 consecutive days of data from the data system on all children exiting Part C who were potentially eligible for Part B for each noncompliant program to determine if timely notification to the SEA and LEA was provided. Based on the review of the updated data, the state determined both programs demonstrated 100% compliance and are correctly implementing the transition notification requirements.

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

In FFY 2022, 10 instances of child-specific noncompliance across 8 programs occurred. The state verified the correction of child-specific noncompliance for each program before issuing findings (pre-finding correction period). The state reviewed records for each of the 10 children to verify correction. It determined that 7 of 10 transition notifications had been sent to the SEA and LEA, although late, or the children were no longer in the program's jurisdiction. Three instances of child-specific noncompliance across 2 programs (Sheboygan had 2 cases, and Price had 1) failed to demonstrate child-level correction during pre-finding activities and were issued findings of noncompliance. Subsequent to issuing the findings (findings are issued per program, not child), data from the data system was used to review all 7 children's files with delayed notification to the SEA and LEA. All 7 notifications were eventually sent, although late, or the child was no longer in the jurisdiction of the EI program.

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

C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

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

In FFY 2022, DHS issued two findings of noncompliance for indicator 8C to 2 programs for a total of 2 files.

- On September 7, 2023, DHS issued a written notification of a formal finding of noncompliance for indicator 8C to Iron County. The letter explained that the county had failed to demonstrate 100% compliance and child level correction during the “pre-finding correction period” and, therefore, the county had received a formal finding of noncompliance for this indicator. The letter explained that by September 1, 2024, the county must 1) submit child file documentation demonstrating a transition planning conference and 2) submit 60 consecutive days of data demonstrating 100% compliance for this indicator through the state’s data system, PPS, from the time period between October 1, 2023 and September 1, 2024.

- On September 7, 2023, DHS issued a written notification of a formal finding of noncompliance for indicator 8C to Sheboygan County. The letter explained that the county had failed to demonstrate 100% compliance and child level correction during the “pre-finding correction period” and, therefore, the county had received a formal finding of noncompliance for this indicator. The letter explained that by September 1, 2024, the county must 1) submit child file documentation demonstrating a transition planning conference and 2) submit 60 consecutive days of data demonstrating 100% compliance for this indicator through the state’s data system, PPS, from the time period between October 1, 2023 and September 1, 2024.

DHS staff reviewed updated data to verify that each county is implementing the regulatory requirements:

- For Iron County, the Birth to 3 Program Data Manager reviewed data submitted through the state data system PPS by the county for the period of 10/1/23 – 11/30/23 and verified 100% compliance for this Indicator. The individual case was verified as corrected.
- For Sheboygan County, the Birth to 3 Program Data Manager reviewed data submitted through the state data system by the county for the period of 10/1/23 – 11/30/23 and verified 100% compliance for this Indicator. The individual case was verified as corrected.

Both cases have been corrected for the 2 county programs, and there are currently no pending resolutions for FFY 2022.

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

DHS staff reviewed documentation submitted by each county to verify correction of each individual case of noncompliance:

- On June 6, 2024, staff reviewed documentation submitted by Iron County to demonstrate that the child had received a transition planning conference. The Birth to 3 Program Data Manager verified that the case of noncompliance for Iron County was corrected through the state data system PPS.
- On January 24, 2024, staff reviewed documentation submitted by Sheboygan County to demonstrate that the child had received a transition planning conference. The Birth to 3 Program Data Manager verified that the case of noncompliance for Iron County was corrected through the state data system PPS.

Optional for FFY 2023, 2024, and 2025:

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

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	0	4	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4	4		100%	100.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	4
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	4
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

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

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

12 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported 100% of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that the LEA/EIS program or provider corrected the findings of noncompliance identified in FFY 2022 related to: transition notification; and transition conferences because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

The State has established baseline for this indicator using data from FFY 2023, but OSEP cannot accept that baseline data because it cannot determine whether the State's FFY 2023 data are valid and reliable, as noted above.

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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

Name:

Deborah L Rathermel

Title:

Part C Coordinator Bureau Director

Email:

deborah.rathermel@dhs.wisconsin.gov

Phone:

608-852-0599

Submitted on:

Determination Enclosures

Data Rubric

Wisconsin

FFY 2023 APR (1)

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

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	0	0
8A	1	1
8B	0	0
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	0	0

APR Score Calculation

Subtotal	10
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	15

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 2/19/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	15
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	34.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	37.00
D. Subtotal (C divided by Denominator) (3) =	0.9189
E. Indicator Score (Subtotal D x 100) =	91.89

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	ED <i>Facts</i> Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	2/19/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

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

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

Wisconsin

Year 2023-24

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

Section A: Written, Signed Complaints

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

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

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

State Comments:

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

These data were extracted on the close date:
11/13/2024