The July 2019-June 2020 (SFY20) Early Intervention Service Coordination agreement funds service coordination services, evaluation, assessment, as well as oversight and supervision of these activities. DODD will support recipients of this funding by providing training and technical assistance (TA) through the county’s TA and training plan.

All subrecipients are required to submit a program narrative and budget justification with their budget request in EIGS. The document shall not exceed fifteen pages and must include ALL of the elements below. If answering for multiple counties, subrecipients may combine information across counties or break out separately depending on what makes the most sense for the local structure and circumstance.

**Program Narrative Required Components**

1. **Personnel:** Identify the following personnel associated with this agreement using the template at the end of this exhibit called Personnel Contact Sheet. Add additional lines as needed for service coordinators, supervisors, and other personnel as necessary. This sheet should be incorporated in the Program Justification/Budget Summary document attached in EIGS. Subrecipients are required to submit revised personnel contact sheets to their assigned EI program consultant within 14 days of any personnel changes within these positions.

* Fiscal Administrative Agency head: name, title, agency, email address, and phone.
* Fiscal Contact overseeing this agreement: name, title, agency, email address, and phone.
* Family and Children First Coordinator: name, agency, email address, and phone.
* Contract Manager: name, agency, email address, and phone.
* Early Intervention Service Coordinator Supervisor (EISC Supervisor(s)-for each EISC Supervisor: name, agency, email address, phone, credential number, expiration number and the number of professional development units that the supervisor has completed to date.
* Early Intervention Service Coordinators (EISC)-for each EISC: name, agency, email address, phone, credential number, expiration number and the number of professional development units that the service coordinator has completed to date.
* Other Service Coordinator (SC) agency personnel carrying out the activities of this grant: name, role, agency, email address, phone.

1. **Oversight and Supervision of Service Coordination:** Describe the agency’s quality assurance plan that ensures local compliance with IDEA and DODD EI rules (OAC 5123-10-01; 02; 03 and 04). Describe in detail procedures for delivering service coordination supervision to each service coordinator. Include the following information:

* Identify the local monitoring/oversight activities conducted by the EI contract manger, FCFC, and other partnering agencies.
* Describe a viable contingency plan for unexpected circumstances that ensures families have access to a credentialed EI service coordinator (EISC) and EI service coordinators have access to a credentialed EI service coordination supervisor at all times.
* Describe how the supervisor ensures that each EISC implements and documents the mandated responsibilities of the EISC (34 CRF 303.34). Include the specific supervision methods (record review, reflective supervision, observation) and the planned frequency of each supervision activity.
* Describe how the EISC Supervisor provides reflective supervision to each service coordinator, consistent with the requirements of OAC 5123-10-04, to promote ongoing opportunities for learning, professional growth, and appropriate delivery of EISC services. How does the EISC Supervisor ensure that each EISC has the opportunity to broaden and deepen skills and knowledge by ongoing reflection, critical thinking, and practice?
* Describe how the EISC Supervisor monitors each EISC credential and professional development requirements to ensure that all credentials are current and each EISC is able to renew credentials timely.
* Identify how EISCs are informed of changes and updates related to early intervention, particularly new guidance and program updates from DODD.
* Identify how new EISCs are oriented and supported during their first year working in early intervention.
* Identify who participates and is responsible for implementing the county’s TA and Training plan and your priorities for this fiscal year.

1. **Program Procedures:** Describe in detail your program procedures for implementing the three main federal compliance components (45-day timeline activities, timely receipt of services, and transition) and related requirements. Be sure to include ALL required activities. These include, at a minimum, the following:

* A timeline and plan for assigning the EISC following program referral, initial contact with families, scheduling and coordinating the eligibility/evaluation and assessment process, the child outcomes summary (COS) process, IFSP development (including how early intervention services are funded) and the coordination of needed EI services.
* Describe how the EISC monitors the implementation of each family’s IFSP (including the timely receipt of services and the provision of services consistent with the IFSP).
* Describe in detail how the SC agency ensures timely notification of the LEA, creation of a transition plan, and the transition planning conference.
* Describe in detail your local documentation and data entry procedures for each of these activities.

1. **Ongoing Program Reports:** DODD will communicate no later than December 2019 and June 2020 the requirements for program reports that will be due in January 2020 and July 2020.

**Budget Justification**

1. **Budget by Category of Expense:** By expense category (e.g. personnel, contracts, other direct costs), identify the amount budgeted and provide a brief narrative that breaks down the estimated costs. Include the budgeted amount and how those funds will be used to support high quality EI service coordination, evaluations, and assessments and supervision and oversight of these activities, to families in accordance with all applicable federal and state regulations.
2. **In-kind Contributions:** If you receive in-kind contributions (e.g., free or reduced rent, evaluations, etc.) or other local funding from other sources, please attempt to quantify this and provide the source of the in-kind contribution.

**Personnel Contact Sheet**

**County:**

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| **Role** | **Name** | **Title** | **Agency** | **E-mail** | **Phone** | **Credential # (if applicable)** | **Expiration # (if applicable)** | **# PD Units Completed to Date (if applicable)** |
| **Fiscal Administrative Agency Head** |  |  |  |  |  |  |  |  |
| **Fiscal Contact Overseeing the Agreement** |  |  |  |  |  |  |  |  |
| **FCFC Coordinator** |  |  |  |  |  |  |  |  |
| **Contract Manager** |  |  |  |  |  |  |  |  |
| **EI SC Supervisor** |  |  |  |  |  |  |  |  |
| **EI SC** |  |  |  |  |  |  |  |  |
| **Other SC Agency Personnel** |  |  |  |  |  |  |  |  |
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