

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**

Ohio



**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 meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

This reporting year, much of Ohio's EI work continued to focus on updating its program rules (due for the state's required five year review), implemented July 4, 2024; reviewing and updating the program's processes and protocols to ensure consistency with OSEP's general supervision expectations; and implementing strategies and initiatives to address the statewide provider shortage. Importantly, the state EI team also put substantial time and energy into preparing for and beginning the program's transition to the newly created Ohio Department of Children and Youth (DCY). While these undertakings were a primary focus, the state EI team continued to prioritize engaging and soliciting feedback from a broad array of stakeholders; analyzing and utilizing data to make data-informed decisions; implementing effective monitoring to identify program needs; delivering high-quality technical assistance; and providing ample professional development opportunities to Early Intervention (EI) service providers to address identified needs and support the effective and appropriate implementation of the Individuals with Disabilities Education Act (IDEA) Part C regulations and evidence-based EI practices.

The state EI team continues to communicate primarily via a formal update memo on a bi-weekly basis with the EI field and stakeholders to provide important updates and explanations about program requirements, due dates, TA and training opportunities, monitoring and general supervision information, and data, including the Early Intervention Data System (EIDS). The memo is geared to local EI program leadership, but any interested person can sign up to receive the communication. The communications are also archived on the EI program's website.

Additional information related to data collection and reporting

The lead agency has no additional relevant information to report related to data collection and reporting.

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). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

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.

The Ohio EI Data and Monitoring team leads all the state's EI monitoring and general supervision efforts, including the identification and verification of correction of noncompliance. Members of the data and monitoring team examine trends in data related to compliance indicators, IDEA requirements, and evidence-based EI practices. They lead monitoring site visits, complete record reviews, and provide support to local EI programs in implementing the requirements of IDEA. Additional, more specific details, about Ohio's general supervision and monitoring protocols are provided in the subsequent paragraphs and sections.

The lead agency monitors all 88 local EI programs annually on one of three compliance indicators: 45-Day timeline; Timely Receipt of Services (TRS); and Transition, including Transition Planning Conference (TPC) and Transition Steps and Services. The state utilizes a cyclical approach so every local program is monitored on each of these indicators within a three-year timeframe. Each year, 30 local programs are included as part of two of the analyses and 28 as part of the third. All data in the applicable timeframe are extracted from the Early Intervention Data System (EIDS), which is a live system where local EI programs are required to enter compliance and performance data. As part of these analyses, at least one child record is also requested from each local program to verify compliance, with a representative sample of records being reviewed/verified for a selection of local programs in each group. Both data from EIDS and from the verification of records are incorporated into the final analyses to determine percent compliance for each local program. Local Educational Agency (LEA) notification is monitored for every program annually. Ohio EIS programs are required to send quarterly reports to the LEA by February 1st; May 1st; August 1st; and November 1st each year that include all children who will be turning three within a year from the report due date, as long as the family does not opt out of sharing information. The state requires EIS programs to submit proof to the state that they provided the February 1 report to the relevant LEAs, which is used to determine compliance for this indicator.

While the monitoring processes involved with the compliance indicators are thorough, the lead agency completes additional monitoring and general supervision, as needed, to ensure all IDEA Part C requirements are being met. The state utilizes a "no wrong door approach" and thus identifies potential noncompliance through a variety of means (e.g., via TA conversations, data system requests, System of Payments (SOP)/Payor of Last Resort (POLR) submissions, or fiscal monitoring). The state thoroughly investigates any credible report of potential noncompliance, from individual child-level noncompliance to systemic noncompliance, within a local program. After information is gathered, the state takes action, as applicable, to address any noncompliance. If noncompliance is identified, the state issues a finding or verifies that the noncompliance has been corrected prior to issuing the finding. All findings are issued as soon as possible, generally within three months of the State exercising due diligence regarding the area of concern and coming to a conclusion that the local program or provider has violated an IDEA requirement and did not correct the noncompliance prior to the state issuing a finding. This reporting year, the state also piloted having an EI monitoring consultant join on select TA visits. The goal of this collaboration is to build stronger local relationships, proactively address local oversight, implement efficient local oversight activities, and equip the local teams with the necessary tools to maintain compliance and improve practice. Finally, every local EI program has a technical assistance and training plan that addresses any findings and other identified issues or priorities.

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.

For the three compliance analyses described above that are part of the 45-Day, TRS, and Transition indicators, all records with applicable timelines due during the specified quarter are selected to be part of the analysis. In addition to reviewing data from EIDS for all selected records, at least one record is verified from each local program. Typically, as part of these compliance analyses, a representative sample of records is selected for verification for about one third of the included local programs, and one to two records are selected for verification from the remaining local programs. The representative sample is determined by an online sample size calculator, typically using a 15% confidence interval and 95% confidence interval. The percent of compliant records is determined both by data from EIDS and from the verification of records for the specified indicator. The lead agency may adjust the number of records verified based on capacity of the state and local teams at that time, or other relevant factors. The number of records

reviewed in other scenarios where monitoring is needed is determined by the identified issues and needs.

For findings related to the compliance indicators described above, applicable local program data are extracted from EIDS monthly and assessed for compliance. A random and representative sample of records is requested and reviewed monthly until compliance is verified at 100%, at which time, if there is no evidence of other related noncompliance or systemic noncompliance, a correction memo is issued. If there are extenuating circumstances, such as new leadership taking on the EI service coordination grant or an extremely small program that does not have sufficient, updated data to demonstrate systemic compliance, alternative methods of verification may be utilized as part of determining correction, taking into consideration factors such as county size, number of children served, or any other information applicable to the situation. Alternative methods to verify correction may include, but are not limited to, documentation of new policies and procedures, successful completion of professional development, and evidence of applicable system changes (e.g., changes in key personnel). In cases where a finding is issued outside of these compliance analyses, the monitoring team determines what is needed for correction, including record reviews, updated policies, proof of oversight, extenuating circumstances like described above, etc. When any finding is issued, state EI consultants provide the local program with technical assistance, as needed. In all cases, the state ensures any individual case of noncompliance identified through any means is corrected or that the child has exited from the specific local program.

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

All data in the applicable timeframe are extracted from the Early Intervention Data System (EIDS), which, as indicated above, is a live system where local EI programs are required to enter compliance and performance data. A variety of different data are collected, including information about referrals, child demographics, caregivers, EI Service Coordinators, eligibility, assessments, child outcomes, IFSPs, service start dates, transition, exits, and more. Several canned reports are available in EIDS for state and local staff to use for analyses, reporting, planning, and ongoing oversight. These reports include various data components from EIDS and some are designed specifically for compliance monitoring.

As discussed previously, the lead agency monitors all 88 local EI programs annually on one of three compliance indicators: 45-Day timeline; TRS; and Transition, including TPC and Transition Steps and Services. The state utilizes a cyclical approach so each local program is monitored on each of these indicators within a three-year timeframe. Data from one quarter of the fiscal year are extracted from EIDS for each compliance analysis, and the timeframe of data for each indicator rotates annually, as well.

As indicated in section describing the selection of child records, Local Educational Agency (LEA) notification is monitored for every program annually. Ohio EIS programs are required to run quarterly reports in EIDS and send them to the applicable LEAs by February 1st; May 1st; August 1st; and November 1st each year that include all children who will be turning three within a year from the report due date, as long as the family does not opt out of sharing information. The state requires EIS programs to submit proof to the state that they provided the February 1 report to the relevant LEAs, which is used to determine compliance for this indicator. The lead agency runs statewide reports at these same intervals and provides the information to the SEA.

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.

Ohio issues finding by local program. Only one finding per compliance indicator or other area is issued, regardless of how many records are found noncompliant.

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).

As part of the previously described APR indicator compliance analyses, the lead agency examines one month of the most recent data for compliance if:

- 1) a local program's final compliance percentage is at least 95% or
- 2) only one record was found to be noncompliant for the local program and there is an absence of evidence of systemic noncompliance.

In both of these circumstances, the final compliance percentage stands, but if the month of recent data is found to be 100% compliant, the lead agency considers this to be a pre-finding correction, therefore, no finding is issued. If the more recent month of data is found to be less than 100% compliant, the lead agency proceeds with issuing a finding.

Similarly, if noncompliance is identified via other means, local programs have the opportunity for pre-finding correction. As applicable, the lead agency reviews more recent information, and if the previous noncompliance has been resolved in a reasonable amount of time (within less than three months of discovery), the state considers that to be pre-finding correction and thus does not issue a finding.

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.

Upon the identification of noncompliance via any means (e.g., compliance analyses, self report, verification or other record reviews, etc.) and any further investigation needed, the state determines the most appropriate course of action, including the consideration of pre-finding correction, or issuing a finding, Performance Improvement Plan (PIP), or Corrective Action Plan (CAP). If the state determines that the noncompliance has been resolved within reasonable amount of time (within less than three months of discovery), the state considers that to be pre-finding correction and does not issue a finding. If the identified noncompliance is not corrected within a reasonable amount of time, a finding is issued. The state may require a PIP if an issue is discovered in a local program that does not reach the level of being noncompliant with federal regulations (e.g., does not meet the requirements of the EI Service Coordination grant or state rules). The state may issue a CAP if systemic issues are discovered while investigating identified noncompliance. Additional information regarding the activities needed to correct/resolve findings, PIPs, and CAPs is included subsequently.

Once issued a finding, counties must correct the finding as soon as possible, but no more than one year from issuance of the finding. Counties must also demonstrate that they have corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the county. The state examines data on a monthly basis to determine county compliance. In order to correct any findings, counties must first have one month of data at 100% compliance as entered in EIDS (i.e., before verification), at which point the state will request a representative sample of records for verification. If all records are found to be compliant, a correction memo is issued. If any records are found to be noncompliant, the state continues to examine monthly data. The following are some additional requirements of and details about what happens while a county is working to correct a finding:

- Counties must access technical assistance while on a finding.
- Data will be pulled on or just after the first of each month and counties will receive missing data inquiries, as necessary.
- Counties must run and review reports in EIDS at least monthly in order to stay up-to-date on their data.
- If a county does not correct within six monthly data analyses, the county will complete a Corrective Action Plan (CAP).
- If a county has no applicable records during one of the first six months of analyses, the month will still count towards the six months.
- As described previously, in situations where an extremely small program does not have sufficient, updated data to demonstrate systemic compliance, alternative methods of verification may be utilized as part of determining correction, taking into consideration factors such as county size, number of children served, extenuating circumstances, etc.

In order to resolve a PIP or CAP, the entity must demonstrate that they have corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the county, the same as if a finding has been issued. The resolution of all PIPs and CAPs includes the development of a written plan, with approval by the department. PIPs are typically required to be resolved within six months and CAPs within one year of issuance. The specific performance improvement requirements or corrective actions are dependent on the reasons for issuing the PIP or CAP, and all requirements for correction are tailored to address the specific needs of the program and ensure correction of the identified issues.

Finally, Ohio follows the required enforcement activities related to local program determinations in 34 CFR 303.700. The state requires local programs that are issued a Needs Assistance determination for two consecutive years to access technical assistance to address applicable compliance and/or performance areas. If a local program is issued a Needs Intervention determination, the state issues a CAP and/or withholds, in whole or in part, further payments to the program. The state has not issued a Needs Substantial Intervention determination to any local program in over fifteen years, but would withhold funds, in whole or in part, if a local program was issued this determination.

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.

As required, Ohio issues local program determinations annually to each of the state's 88 local programs. Determinations are based on both compliance and performance data. If applicable, the state takes additional factors, such as data quality, longstanding noncompliance, or the identification of substantial systemic issues, into consideration.

More specifically, local programs are issued a Needs Assistance determination if the local program was issued a Performance Improvement Plan (PIP) based on issues identified during the fiscal year, if any finding due for correction during the fiscal year was not corrected within one year, or if their percent for the compliance indicator on which they were monitored was less than 100% and their score for their performance indicators was less than half the total possible score. The score for the performance indicators is calculated as follows:

- +1 point if the county met the target and the state met the target
- +2 point if the county met the target and the state did not meet the target
- -1 point if the county did not meet the target and the state met the target
- 0 points if the county did not meet the target and the state did not meet the target

Local programs are issued a Needs Intervention determination if substantial systemic noncompliance has been identified during the fiscal year. As indicated in the previous section, Ohio has not issued a Needs Substantial Intervention determination in more than fifteen years.

The lead agency distributes a determination memo to each local program annually that includes the county's determination as well as an explanation of how the state made local program determinations. The state also compiles local program results for APR indicators 1 through 8 and, along with the determination memos, sends each local program a report that includes their results on these indicators, the state results on these indicators, their local program determination, and a description of all the data included in the report. These reports and memos are distributed as soon as they are completed, and no later than 120 days after the state's APR submission. The memos are not posted publicly, but the reports are available on the Ohio EI website here:

<https://ohioearlyintervention.org/county-data>

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

In Ohio, the requirements for EI providers are outlined in Ohio Administrative Code at 5123-10-01 (Early Intervention Services - Procedural Safeguards); 5123-10-02, Appendix A, Appendix B, and Appendix C (Early Intervention Eligibility and Services); 5123-10-03 (Early Intervention Services - System of Payments); and 5123-10-04 (Credentials for EI Service Coordinators and EI Service Coordination Supervisors). These rules apply to any EI service provider or other entity responsible for carrying out a requirement of Part C EI in Ohio. DODD was directly responsible for overseeing the implementation of these rules until July 4, 2024, when the newly created Ohio Department of Children and Youth (DCY) became lead agency for Ohio EI and assumed this responsibility.

In addition to these rules, Ohio utilizes its website, guidance documents, memos, webinars, and newsletters to provide technical assistance around the requirements of Part C of IDEA. Regional EI program consultants also reiterate the rules through various communication methodologies including individual calls, e-mails, conference calls, webinars, on-site trainings, and on-site focused technical assistance about the requirements. Topic-specific guidance on rules is also offered via web-based training modules.

While Ohio has additional general supervision policies, procedures, and processes, these are not currently publicly available. Last reporting year, the lead agency created a work group specifically focused on General Supervision and the state EI program's monitoring protocols. This group continued to thoroughly review OSEP's Guidance on State General Supervision Responsibilities under Parts B and C of IDEA, compare the guidance to the state's monitoring processes and protocols this reporting year, identify all potential needs related to general supervision, and implement any new or updated process and protocols to address identified needs. Specifically, this work group planned and presented a webinar for select department-contracted providers to outline service provision requirements; gathered information from local programs via a program report regarding local provider monitoring processes; planned for the implementation of formal monitoring of department-contracted providers; piloted and implemented new, more detailed tracking sheets for compliance, including conversations with concerns from families and the dispute resolution process; and had conversations with the department's fiscal and legal offices regarding monitoring requirements to ensure all needed monitoring processes and protocols were in place. The group is also ensuring all monitoring and general supervision policies, procedures, and processes are documented and will make this information available publicly in the coming months.

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.

A team of regional EI program consultants provide timely, high quality technical assistance to all 88 Ohio county EI programs. The program consultants work closely with the data and monitoring team to ensure that technical assistance is targeted to local program needs. Program consultants, in collaboration with other lead agency staff members, make onsite visits and hold virtual visits, engage in conference calls, and complete record reviews and other activities to support local programs' implementation of state and federal Part C regulations and best EI practices. All local programs have an active technical assistance and training plan drafted in concert with the assigned program consultant. This plan reflects local strengths and needs and serves as a roadmap for implementation of IDEA and evidence-based EI practices.

During this reporting period, the EI program consultants focused extensively on updating various guidance documents and resources to integrate information from and ensure consistency with the state's new EI rules. The TA team collaborated with the Policy Team, Data and Monitoring team, and PD team to develop valuable resources and tools for local EI teams to ensure the accurate implementation of new EI rules and forms, including four

statewide webinars covering an overview of the EI rule revisions; Ohio eligibility and assessment processes; the Ohio IFSP; and an overview of transition and procedural safeguards, and hearing and vision checklists for providers to assist teams with incorporating these into the child assessment process.

In addition to a heavy focus on new rules, the EI program consultants continued implementing and updating TA and training plans with each local EI program, with an emphasis on developing IFSP outcomes that meet the ECTA six-step criteria and align with family-centered practices, and a continued emphasis on the Child Outcomes Summary (COS). The TA team also continued to collaborate with Part B and local partners at the Ohio Center for Autism and Low Incidence (OCALI) to provide training and support on the requirements and best practices for the Part C to Part B transition. Finally, the state partnered with AnLar to develop a “train-the-trainer” series aimed at enhancing assessment practices. The TA team completed the first train-the-trainer session and will have five more scheduled before the end of the next fiscal year.

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.

In this reporting period, Ohio continued to provide a significant number of trainings to Ohio's EI field and engaged in several other Professional Development activities, as described subsequently. Like all areas of the state's EI system, the Comprehensive System of Professional Development (CSPD) team provided substantial support to the state team and EI field as a whole related to new rules, including the development of instructional videos to assist EI personnel with using and explaining EI forms to families. Additionally, the CSPD team collaborated with partners to complete and release several new asynchronous trainings, including Principles of Service Coordination series, Individualizing Early Intervention Services to Meet the Needs of All Families, and Balanced Intervention: Supporting Caregiver and Child Learning. In partnership with the Ohio Association for County Boards of Developmental Disabilities (OACB) and parent collaborators, the team developed the Ohio Early Intervention Stepping Stones series. This video series was made available on the Ohio EI website. Finally, the CSPD team collaborated with the Brazelton Institute at Boston Children's Hospital to deliver a three-part webinar series, Supporting Everyone's Mental Health.

Many of Ohio's EI trainings are available in an electronic format so they can be accessed remotely and at convenient times for participants, and stakeholder input is sought throughout development of all state-created trainings.

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.

Active, meaningful stakeholder involvement in all aspects of Ohio's Early Intervention program is a strong priority of the lead agency. For this reason, several years ago, Ohio formally augmented its SICC meetings with a number of additional, non-voting members. These non-voting members participate in ICC meetings, work groups, discussions, planning, and more while providing additional insight and feedback to EI staff and appointed SICC members. These additional members provided invaluable feedback over the past several years as EI staff routinely discussed SPP/APR targets and baseline and other data related to the targets, as well as the development and implementation of Ohio's SSIP. In addition to the 18 appointed SICC members, Ohio includes approximately 25 additional members. These additional members include representatives from early childhood and disability advocacy groups in the state, Ohio's Parent Training and Information (PTI) Center, an organization representing the largest EI providers in the state, local EI program leadership, and the Ohio Chapter of the American Academy of Pediatrics.

Stakeholders in Ohio are engaged in numerous ways, including calls, public postings inviting input and feedback, quarterly State Interagency Coordinating Council (SICC) meetings, and requests for feedback before any significant program change is made. Additionally, the lead agency leverages its annual family questionnaire to learn more about families' experiences in EI. In late 2022, DODD also conducted a survey of EI providers in the state to learn more about their strengths and challenges. In both surveys, DODD also asked respondents if they would be willing to participate in future solicitations for feedback about other topics.

Announcements and solicitations for feedback are distributed widely via the program's bi-weekly communication and EI website to EI providers, parents, stakeholders, grantees, service providers, and county boards of developmental disabilities. In addition to these electronic communication strategies, the lead agency engages numerous workgroups, including the SICC and a larger, more diverse EI Stakeholder group, at quarterly in-person meetings to discuss any business in Early Intervention that needs input, feedback, or assistance.

The state prioritizes obtaining input from and building capacity of a diverse array of families in a variety of ways. As mentioned above, feedback is sought from families via the state's annual EI Family Questionnaire. In addition to the items required to be reported in the APR, the questionnaire includes items regarding families' general experience in EI, items related to social-emotional development, and open-ended items that allow families to share more details about their experiences in EI, including what is working well, what could work better, and what has had the biggest impact on their family. The state EI team reviews comments from all open-ended items and considers family input when making program decisions. Additionally, the questionnaire includes an item that indicates the state frequently seeks input from a variety of stakeholders, including families, regarding the Ohio EI program and asks if they would be interested in being contacted to provide input.

In addition to gathering information from families via the state's annual Family Questionnaire, the state provides resources for families to help build their capacity on the Ohio Early Intervention website and in the program's bi-weekly EI Program Updates newsletter. The family page of the Ohio EI website includes information about what families can expect in EI, other families' experiences in EI, and other resources and supports for children and families. The state worked directly with parents of children who had been served in EI to make changes to the family section of the EI website in order to best meet the needs of those parents and answer the questions families are most likely to have. Additionally, the state offers trainings to the EI field that will enhance their skills in building the capacity of families, including a Capacity-Building Practices in EI training, which focuses on the evidence-based capacity-building practices Early Intervention service coordinators use to support and strengthen families. During the next reporting year, Ohio will continue to emphasize building family capacity to support the implementation activities designed to improve outcomes through targeted efforts at the state's quarterly ICC meetings and the biweekly EI newsletter.

The state again made no changes to the targets shared in the last three APRs. The lead agency did share with the SICC and larger stakeholder group in SFY22 that OSEP had accepted the targets that they and other Ohio Early Intervention stakeholders had set for the current APR cycle. Members continue to be grateful that their hard work had not gone unnoticed. In the lead up to the targets presented in the FY20 APR, targets for the state performance plan (SPP) were a topic of much discussion over an extended period of time with the SICC and broader EI stakeholder group in order to allow members sufficient time to review data, request additional data, and ask questions. Members discussed the targets at the March 2019, May 2019, and August 2019 SICC meetings before settling on targets. In this time period, the state presented data, offered recommendations, sought feedback, and supported the SICC in finalizing targets. After the clarification period for the FFY18 APR and feedback from OSEP in spring 2020, the state again discussed targets with the SICC. At its May 2020 meeting, the SICC also discussed whether it would be appropriate to update the state's baseline data for Indicators #2, 3, 4, 5, and 6 given significant program changes over the past ten years. By discussing targets over an extended period of time, the

lead agency was able to discuss baseline and related data with stakeholders, including parents, to help build capacity to understand and situate indicators' data and the related factors that may impact a particular indicator. Over time, stakeholders became comfortable in asking to see other data, and the lead agency ensured that these data were presented in easy-to-understand formats and made time to discuss the data and answer questions. Finally, as part of its target-setting activities, the state created a document for public posting that explained each indicator, provided baseline data, and a proposed target. The lead agency put this document on the EI website and solicited feedback via its biweekly communication to EI stakeholders that includes parents, providers, and other stakeholders.

EI program leadership meets frequently with EI stakeholder organizations and committees. EI program leadership attends regularly scheduled meetings of stakeholder groups related to county boards of developmental disabilities; the Developmental Disabilities Council; the Universal Newborn Hearing Sub-Committee; Ohio's Infant Mortality Commission; the Ohio Home Visiting Consortium; and Family and Children First Council, which is responsible for overseeing the work of EI service coordination at the local level in Ohio. In addition, EI program leadership takes part in numerous state cross-agency initiatives. At these meetings, EI program leadership provides updates relevant to the stakeholder group being addressed and seeks stakeholder input about the EI program.

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

NO

Number of Parent Members:

5

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.

The five parent members of the SICC were actively involved over an extended period of time in analyzing data, considering improvement strategies and evaluating progress, and ultimately finalizing targets in the SPP/APR. In addition to these five appointed members of the SICC, the lead agency actively involved other parents of children with disabilities and representatives from organizations advocating for and representing parents of children with disabilities. As stated above in the "Broad Stakeholder Input" section, Ohio has formally augmented its SICC with approximately 25 additional members. These members include parents of children with disabilities, a representative from the state's Parent Training and Information Center (who also acts as multicultural information specialist), and other advocacy groups for early childhood and disability initiatives. The stakeholder group also includes representation from an Ohio initiative dedicated to engaging, empowering, and supporting families and leadership. As described above, the lead agency engaged in a lengthy target-setting process over the course of many months. By discussing targets over an extended period of time, the state was able to discuss baseline and related data with stakeholders, including parents, to help build capacity to understand and situate indicators' data and the related factors that may impact a particular indicator. Over time, stakeholders became comfortable in asking to see other data, and the lead agency ensured that these data were presented in easy-to-understand formats and made time to discuss the data and answer questions.

After working with this diverse group of stakeholders to create a draft proposal of targets, the lead agency sought broader feedback. The state created a document for public posting that explained each indicator, provided baseline data, and a proposed target. The lead agency posted this document on the EI website and solicited feedback via its biweekly communication to EI stakeholders that includes parents, providers, and other stakeholders. Feedback was shared with the broad stakeholder group, additional data were discussed, and targets were finalized at the November 2021 meeting.

How best to evaluate progress has been discussed extensively at these broad stakeholder meetings, especially in the context of improving data quality related to child outcomes and the effects of the COVID-19 pandemic on child counts. In addition, the group is actively involved in considering improvement strategies for the EI program. Child find and public awareness for EI are discussed regularly. These stakeholders are actively involved in identifying improvement strategies as part of Ohio's SSIP and data to inform future discussions. Finally, Ohio has prioritized hearing directly from families as part of the annual family questionnaire. Comments and data from the questionnaire are used to inform improvement strategies and to evaluate progress on existing initiatives. The lead agency, in collaboration with stakeholders, did not make any changes to targets for FY23.

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.

The lead agency values the feedback from families when implementing activities to improve outcomes for children with disabilities and their families. Several years ago, DODD added questions to its annual family questionnaire to capture data that can inform statewide activities to improve outcomes. For the current and previous reporting periods, DODD included questions related to Ohio's social-emotional-focused SIMR in its annual family questionnaire to gain insights directly from families. The lead agency has also taken steps in recent years to increase both the overall response rate and the representativeness of the respondents of the family questionnaire. Starting in FFY20, the representativeness of Black and African American respondents increased and has continued to increase through this reporting year. Finally, the lead agency uses it SICC and stakeholder group to ensure that the diverse feedback is shared with the department. This group has been instrumental in evaluating the state's Early Intervention infrastructure and identifying activities to improve child outcomes.

Soliciting Public Input:

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

The state EI team actively seeks stakeholder input, using three primary mechanisms for communicating with the public: the standalone Early Intervention website, a biweekly newsletter about Early Intervention, and the augmented EI SICC and stakeholder group. As stated earlier in this introduction, the lead agency used an extended period of time with a robust group of stakeholders to analyze data and create a set of proposed targets. By spreading this process out over a two-year period, there were multiple occasions for stakeholders to review data, ask questions, and inform the process of target setting. The draft proposal agreed upon by Ohio's SICC and stakeholder group was then posted for the general public on the EI website for 30 days. Feedback was shared with SICC and stakeholder group at their November 2021 meeting. The lead agency used its biweekly newsletter to publicize the draft proposal and seek feedback.

Stakeholders are also very involved in developing improvement strategies and evaluating progress. The state uses its website to provide a robust, well-organized archive of data submitted to OSEP, including APRs and SSIPs dating to FFY13. In addition to this, the state also uses the website to post other data that is not required to be federally posted (e.g., monthly referral and child counts broken out by local EI program).

Parent engagement in setting targets, analyzing data, developing improvement strategies, and evaluating progress is described in detail in the Parent Members Engagement section of this Introduction. In addition to this involvement, the lead agency seeks extensive family input via its annual EI Family Questionnaire. Over the past several years, the state has placed a strong emphasis on increasing the response rate to the survey and the representativeness of its respondents. This questionnaire includes several quantitative items regarding families' general experiences in EI and items

related to social-emotional development, that are part of Ohio's SSIP evaluation and inform other statewide initiatives. Additionally, the questionnaire includes open-ended items where respondents can share what in EI has worked well for their family, what could work better, what part of EI had the biggest impact on their family, and any additional comments. State staff review every comment received on these open-ended items and share the comments with each local program (de-identifying any comments before sharing, when applicable). Receiving input directly from families served in EI is incredibly useful in target setting and analyzing data, and is the ultimate measure in both the implementation of improvement strategies and the evaluation of the state EI system's progress. The lead agency also added an item to the questionnaire in 2022 where families can indicate whether they would be interested in being contacted when the state is seeking stakeholder input.

Finally, the state EI team has worked to build a culture that actively and transparently engages with the public about the EI program. The concluding line of the introduction of every biweekly EI newsletter actively encourages readers to provide any feedback they have to the Part C Coordinator and includes contact information. Because of this, local EI leaders, early childhood stakeholders, EI providers, and families have provided feedback. The EI newsletters are also archived on the EI website.

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.

Ohio EI has used the EI website to post all federally required documents, and has also maintained a historical archive of many materials. Although this is not required, the state believes it is important to make these materials freely available to members of the public so they can be informed active partners in shaping the state's EI program. Thus, copies of the state's APR and SSIP submissions from FFY13 through the present are easily accessible on the website. Child count and settings, exiting, and dispute resolution data for the past three years are also maintained on the website. The lead agency has also provided a two to three page summary version of each year's SSIP submission for readers who may not wish to review the complete submission. Multiple years of data related to Indicator 4 are also posted on the EI website. When the state shared the SICC and stakeholder group's proposal for the APR targets with the broader public in the autumn of 2021, historical data were included in addition to the proposed targets themselves. Public input was sought for 30 days. The state and SICC and stakeholder group members discussed the importance of routinely reviewing targets, data, improvement strategies, and evaluation at the November 2021 meeting. Improving data quality related to child outcome ratings, the continued effects of the COVID-19 pandemic, and increasing response rates for the family questionnaire were discussed as having potential effects on different APR indicators. Any relevant updates regarding target setting, data analyses, improvement strategies, and evaluation are also included in the biweekly EI newsletter, including any available resources related to any of these areas.

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.

The lead agency provides the public with a report on each EIS program's performance on the APR indicators, as well as each program's determination category by posting the 88 EI program reports on the program website (<https://ohioearlyintervention.org/>) by June 1 of each calendar year. The FFY22 reports were sent to local programs in December 2023 and added to the EI website in January 2024. The FFY23 reports were sent to local programs and posted to the EI website in December 2024.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

OSEP notes that the State submitted verification that the attachments comply with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2023 SPP/APR submission are not in compliance with Section 508.

Intro - Required Actions

OSEP notes that the State submitted verification that the attachments comply with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 4, Indicator 8B, and Indicator 11 attachments included in the State's FFY 2023 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachments available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect 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
2006	72.37%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.40%	99.93%	99.68%	99.77%	99.71%

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
1,054	1,194	99.71%	100%	99.92%	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.

139

Provide reasons for delay, if applicable.

The 1,193 child records counted as being compliant include 139 that were non-timely due to documented exceptional family circumstances. These 139 child records are included in the numerator and denominator. See below for a breakdown of reasons for non-timely receipt of services:

- Exceptional family circumstances: 139
- Staff error: 1

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).

Ohio defines timely receipt of early intervention services as services that are delivered for the first time within 30 days of the signed IFSP to which they are added.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. The lead agency completes activities related to each of these one at a time on a rotating schedule throughout each year. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Thirty EIS programs were scheduled to have their data for this indicator monitored for FFY23. All children among the 30 selected EIS programs who had services due to start between October 1, 2023 and December 31, 2023 were included in Ohio's FFY23 TRS analysis. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. No findings were issued upon completion of the baseline analysis. One EIS program had one noncompliant record identified during the FFY23 baseline analysis, but the state looked at more recent data as part of the analysis, and the local program subsequently corrected the noncompliance and therefore was not issued a finding. The lead agency ensured that the EIS program (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.

The 1,193 child records counted as being compliant include 139 that were non-timely due to documented exceptional family circumstances. These 139 child records are included in the numerator and denominator. See below for a breakdown of reasons for non-timely receipt of services:

- Exceptional family circumstances: 139
- Staff error: 1

One TRS finding was due for correction in FFY23. This finding was reported in the FFY22 APR, based on FFY22 data, and identified and issued in FFY22. This finding was not corrected in a timely manner. The status of correction will be reported in Ohio's FFY24 APR.

Provide additional information about this indicator (optional)

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
1	0	0	1

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

One finding for this indicator was due for correction in FFY22, which was not corrected in a timely manner.

The EIS program found to be noncompliant with TRS was issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. These memos were issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The state examines data on a monthly basis to determine county compliance. Data are pulled on or just after the first of each month and counties receive missing data inquiries, as necessary.
- In order to correct any findings, counties must first have one month of data at 100% face value, at which point the state requests a representative sample of records for verification.

- If a county does not correct within six monthly data analyses, the county will go on a Corrective Action Plan (CAP).
- If a county has no applicable records during one of the first six months of analyses, the month will still count towards the six months.

Using the above approach, the state requested and verified a randomly selected, representative sample of child records from the local program each applicable month. The state will continue to examine data and request records to verify until all TRS requirements are found to be met for all children as determined by requested child records. In all cases, the needed sample size is calculated using an online sample size calculator with a 95% confidence level and 15% confidence interval.

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. 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

One finding for this indicator was due for correction in FFY22, which was not corrected in a timely manner.

The EIS program found to be noncompliant with TRS was issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. These memos were issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The state examines data on a monthly basis to determine county compliance. Data are pulled on or just after the first of each month and counties receive missing data inquiries, as necessary.
- In order to correct any findings, counties must first have one month of data at 100% face value, at which point the state requests a representative sample of records for verification.
- If a county does not correct within six monthly data analyses, the county will go on a Corrective Action Plan (CAP).
- If a county has no applicable records during one of the first six months of analyses, the month will still count towards the six months.

Using the above approach, the state requested and verified a randomly selected, representative sample of child records from the local program each applicable month. The state will continue to examine data and request records to verify until all TRS requirements are found to be met for all children as determined by requested child records. In all cases, the needed sample size is calculated using an online sample size calculator with a 95% confidence level and 15% confidence interval.

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. 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 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.

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
2010	83.33%

FFY	2018	2019	2020	2021	2022
Target>=	100.00%	98.00%	98.00%	98.00%	98.00%
Data	98.43%	98.63%	98.52%	98.96%	98.94%

Targets

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

Targets: Description of Stakeholder Input

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

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	13,955
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	14,063

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
13,955	14,063	98.94%	99.00%	99.23%	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

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

After completing analyses for FFY19 and FFY20, DODD revisited targets again for the COS indicators as the state continued to see declines in these percentages due likely to increased data quality. DODD's new proposal was to start with the FFY20 data as the initial target as opposed to FFY17 in order to ensure the targets were as meaningful as possible. At the November 2021 meeting of the SICC and larger stakeholder group, members discussed targets and finalized the targets contained in this APR for FFY20-25.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2020	Target>=	64.00%	63.10%	52.00%	52.00%	53.00%
A1	52.18%	Data	53.94%	51.06%	52.18%	54.34%	54.61%
A2	2020	Target>=	71.00%	67.00%	54.00%	54.00%	55.00%
A2	54.75%	Data	65.40%	58.59%	54.75%	54.30%	51.91%
B1	2020	Target>=	64.00%	62.90%	59.00%	59.00%	60.00%
B1	59.21%	Data	61.63%	59.05%	59.21%	60.37%	60.18%
B2	2020	Target>=	65.00%	63.00%	45.00%	45.00%	46.00%
B2	45.35%	Data	57.59%	49.78%	45.35%	44.67%	42.33%
C1	2020	Target>=	69.00%	63.00%	62.00%	62.00%	63.00%
C1	62.28%	Data	63.80%	62.42%	62.28%	61.16%	59.52%
C2	2020	Target>=	69.00%	63.50%	48.00%	48.00%	49.00%
C2	48.51%	Data	56.16%	50.64%	48.51%	48.51%	47.00%

Targets

FFY	2023	2024	2025
Target A1>=	53.00%	54.00%	55.00%
Target A2>=	55.00%	56.00%	57.00%
Target B1>=	60.00%	61.00%	62.00%

Target B2>=	46.00%	47.00%	48.00%
Target C1>=	63.00%	64.00%	65.00%
Target C2>=	49.00%	50.00%	51.00%

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	37	0.35%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,521	33.25%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,626	15.35%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,362	22.30%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3,044	28.74%

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	3,988	7,546	54.61%	53.00%	52.85%	Did not meet target	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	5,406	10,590	51.91%	55.00%	51.05%	Did not meet target	No Slippage

Provide reasons for A1 slippage, if applicable

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. Thus, the lead agency believes the slippage continues to be primarily due to improved processes for obtaining COS scores and better data quality.

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	36	0.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,686	34.81%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,570	24.27%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,817	26.60%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,481	13.98%

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	5,387	9,109	60.18%	60.00%	59.14%	Did not meet target	Slippage

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	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	4,298	10,590	42.33%	46.00%	40.59%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. Thus, the lead agency believes the slippage continues to be primarily due to improved processes for obtaining COS scores and better data quality.

Provide reasons for B2 slippage, if applicable

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. Thus, the lead agency believes the slippage continues to be primarily due to improved processes for obtaining COS scores and better data quality.

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	38	0.36%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,685	34.80%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,974	18.64%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3,367	31.79%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,526	14.41%

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 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	5,341	9,064	59.52%	63.00%	58.93%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	4,893	10,590	47.00%	49.00%	46.20%	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	14,765
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.	4,388
Number of infants and toddlers with IFSPs assessed	10,590

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.

Beginning in January 2015, the Child Outcomes Summary process was integrated into the child and family assessment and overall IFSP process. At that time, Ohio began to collect the following Child Outcomes Summary statements (adopted from Maryland), using its data system, for each of the three outcome areas:

- Relative to same age peers, child's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in this outcome area
- Relative to same age peers, child is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome).
- Relative to same age peers, child is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of this outcome
- Relative to same age peers, child shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of this outcome
- Relative to same age peers, child shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome
- Relative to same age peers, child has the skills that we would expect of his age in regard to this outcome; however, there are concerns
- Relative to same age peers, child has all of the skills that we would expect of a child his age in the area of this outcome

The COS is required as part of the initial assessment process, as well as annually, so entry COS are completed as part of the IFSP process and documented on Ohio's IFSP form, as well as in the state data system. Local programs still use the decision tree, along with all the information discussed in the child and family assessments to help them choose which statement above best describes the child's development comparable to same-age peers. Each statement above corresponds to a score of 1 through 7, respectively.

Exit COS are also required for all children who have been served in Early Intervention in Ohio who are exiting for a reason other than being deceased or loss of contact with the family. The Exit COS is not a part of any other particular process, but, like the entry and annual COS, is completed by the IFSP team, including the family.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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	2015	Target>=	100.00%	95.00%	96.00%	96.00%	96.00%
A	93.84 %	Data	96.46%	96.45%	92.13%	92.25%	92.68%
B	2015	Target>=	100.00%	95.00%	96.00%	96.00%	96.00%
B	95.17 %	Data	96.82%	97.24%	95.01%	94.96%	95.20%
C	2015	Target>=	100.00%	94.00%	96.00%	96.00%	96.00%
C	94.48 %	Data	96.14%	96.53%	93.64%	93.68%	94.42%

Targets

FFY	2023	2024	2025
Target A>=	97.00%	97.00%	97.00%
Target B>=	97.00%	97.00%	97.00%
Target C>=	97.00%	97.00%	97.00%

Targets: Description of Stakeholder Input
FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	13,404
Number of respondent families participating in Part C	3,992
Survey Response Rate	29.78%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	3,735
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	3,988
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	3,807
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	3,893
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	3,764
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	3,988

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)	92.68%	97.00%	93.66%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	95.20%	97.00%	97.79%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	94.42%	97.00%	94.38%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	26.19%	29.78%

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

The lead agency examined the response rate by race/ethnicity categories, county classification, child age ranges, and gender. Categories where the response rate deviated 3% or less from the overall response rate were considered to be representative. Those that deviated more than 3% included all race/ethnicity categories except for Asian and White respondents and those whose race/ethnicity was identified as Two or More Races. It should be noted, though, that the total number of American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander families is too small to draw meaningful conclusions about the percentage of respondents. The response rate for Large Central Metro counties was also more than 3% lower than the total.

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.

The tables included in the file attached to this indicator provide a comparison of the race/ethnicity categories, county classification, age ranges, and gender between the respondents and non-respondents of the questionnaire, as well as the totals for all children served in EI in Ohio on March 1, 2024 whose families received the questionnaire.

Age categories and gender of children as well as the majority of county classifications among respondent families were comparable to non-respondents and all children served on March 1, 2024 whose families received questionnaires. As mentioned, all race/ethnicity categories except Asian and White respondents and those whose race/ethnicity was identified as Two or More Races differed more than 3% from the overall response rate. It should be noted, however, that the response rate within each race/ethnicity category besides American Indian or Alaska Native was higher in FFY23 than FFY22, with response rates of Asian families increasing from 20.94% to 29.47%, Black families from 17.20% to 24.00%, and Native Hawaiian or Other Pacific Islander families from 6.25% to 20.00% (however, as noted above, the total number of American Indian or Alaska Native families is too small to draw meaningful conclusions about the percentage of respondents, as is the total number of Native Hawaiian or Other Pacific Islander families). Families in Medium Metro counties were also underrepresented, but, while it was a smaller increase than the response rate among the rest of the county classifications, the response rate among counties in this category was a little higher than last year (23.80% this year vs. 23.30% in 2023). The total response rate among Micropolitan counties decreased slightly from 2023 to 2024 (34.28% and 33.17%, respectively), but remained substantially higher than the statewide response rate. Ohio will continue to make efforts to further increase representativeness of underrepresented groups of respondents with future questionnaires, particularly Black and Hispanic families, and in counties classified as Medium Metro, Large Fringe Metro, and Large Central Metro.

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.

The state convened a work group in early 2019 to discuss ways to improve the response rate for the 2019 EI family questionnaire and the representativeness of respondents. As a result of this work group, the state prepared a visually appealing one page flyer that provided an overview and explained the purpose of the family questionnaire, including how the data would be used. The state again distributed informational flyers to recipient families prior to collecting questionnaire responses every year since then and included information and reminders about the questionnaire in several of its bi-weekly communications to the EI field and stakeholders. EI service coordinators were encouraged to use personalized text messages or e-mails to families with links to the online versions of the questionnaire. The lead agency monitored and provided updates to local programs regarding the response rates throughout the data collection period. EI Program consultants also had conversations with local programs regarding response rates and representativeness of respondents.

Despite these new efforts in 2019 and 2020, Ohio's response rate and representativeness remained similar to past years. After the 2020 data collection period was over, the state also surveyed service coordinators about their involvement in the family questionnaire to understand what they view as barriers to increasing response rates and to obtain input regarding how the process could be improved. Prior to the distribution of the 2021 questionnaire, the state worked with software developers for the statewide EI data system and local EI program staff to improve collection of parent e-mail addresses in order to provide parents directly with links to the annual family questionnaire. The representativeness of Black and African American families has improved significantly each year since then, although this demographic group remains underrepresented. In 2022, the state also required all local EI programs to respond to a solicitation for information about how local programs are engaging families and encouraging them to respond to the questionnaire, which has been and will continue to be useful information as the state continues to make efforts to improve representativeness going forward.

Last year and this year, the lead agency continued to make efforts to increase local program and family involvement in the EI family questionnaire process in order to increase both the overall response rate and representativeness. Notably, the state held a webinar prior to distributing questionnaires and that included an overview of the process and tips and suggestions for improving family engagement, maximizing response rates, and increasing representativeness. The lead agency distributed the link to this webinar (and afterward, a link to the posting of the recorded webinar) widely via the program's bi-weekly EI Program Updates newsletter and multiple emails to EI leadership in each local program. The state also included more general information about the questionnaire process in these manners and followed up with individually with local program leadership more frequently and consistently than in past years. Finally, the state moved up the Family Questionnaire timeline by a few months this year to avoid conflicts with activities required at the end and beginning of the fiscal year, along with the implementation of the state's new EI rules. These efforts, along with continuing to implement strategies from past years, resulted in increased response rates again each year, even with a shorter response period than in past years. The response rate to last year's questionnaire was the highest it had been in several years, and nearly 20% higher than in 2022. The response rate again increased substantially this year, by almost another 14% from 2023. As several race/ethnicity groups were still underrepresented among respondents, Ohio will place particular emphasis on engaging these groups during its 2025 questionnaire process.

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

Families served in Early Intervention on March 1, 2024 were identified as potential recipients of Ohio's 2024 EI Family Questionnaire. The majority of families received information for completing the questionnaire online via email. For all primary caregivers identified as recipients who did not have an email address listed in EIDS, the questionnaire and a one page information sheet about the questionnaire were mailed to the family. This information was also sent via mail if the email address was identified as invalid by Survey Monkey or the caregiver had opted out of receiving surveys via Survey Monkey. Finally, the lead agency translated the questionnaire into additional languages this year (any language that was identified as the primary language for at least five caregivers on the Family Questionnaire recipient list) and questionnaires in the family's language were mailed to these families (except caregivers whose primary language was identified as English or Spanish), with the option to complete the English version of the questionnaire online. Recipients whose primary language was identified as English or Spanish and who had a valid email address listed in EIDS were emailed a

Survey Monkey link to the questionnaire, with the same information that was included in the one page sheet mailed to families included in the body of the email.

Questionnaires and links were distributed in early May and responses were accepted through mid-June in order to be included in analyses. In an effort to maximize the number of survey respondents, Ohio implemented the following strategies in its administration of the family questionnaire:

- The lead agency included all families served at a point in time close to the questionnaire distribution in the population receiving the questionnaire.
- The lead agency held a webinar for local EI programs to cover the questionnaire process, including suggestions for engaging families.
- The lead agency provided local programs a list of questionnaire recipients and the questionnaire links so they could encourage families to respond.
- Questionnaire recipients were emailed information or mailed an information sheet explaining why the state distributes the questionnaire and how data are used, as well as questionnaire links and the child's unique identifier to be used in completing the questionnaire.
- Recipients who received the questionnaire via email were sent several reminder emails if they had not yet completed the questionnaire.
- The questionnaire was translated into Albanian, Arabic, Chinese, French, Nepali, Pashtu, Portuguese, Russian, Somali, Spanish, Swahili, Urdu, and Vietnamese and the pertinent questionnaire was distributed to families whose primary caregiver was identified in EIDS as primarily speaking that language
- The questionnaire was highlighted in several editions of the Part C Coordinator's bi-weekly communication to Ohio's EI field.
- The state sent local programs interim response rates during the survey collection period so programs that were lagging in responses could increase their outreach efforts to families to encourage completion of the questionnaire.

Two years ago, Ohio began to require collection of caregiver email addresses in EIDS and started emailing information about and links to the Family Questionnaire directly to the majority of recipient families. In addition to the above strategies, this has proven to be effective in increasing the state's response rate to the questionnaire compared to the past several years. As such, the state will continue to work with local programs to ensure as many caregiver email addresses as possible are collected in EIDS and will continue to email families directly regarding the questionnaire. Additionally, the state will continue to implement the strategies listed in the bullet points above and encourage local programs to discuss the Family Questionnaire with their families, including distributing information sheets and links to complete the questionnaire so families are receiving this information in multiple different ways. Finally, the state will work specifically with local programs that have a high percentage of groups who are underrepresented in questionnaire responses to increase the response rate year over year for those groups that are underrepresented. The state will provide targeted technical assistance to these local programs ahead of the questionnaire distribution to help ensure the programs have a plan in place to increase their outreach efforts in 2025.

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.

Among families who were identified as having children being served on March 1, 2024, a total of 13,404 received questionnaires (with duplicates removed by caregiver information so each family only received one questionnaire and removing those who had a deceased child or did not have up-to-date contact information for the family in the data system). The state regularly shared information about response rates with local programs while the survey was open and encouraged programs with lower response rates to continue reaching out to their families regarding the questionnaire. Ohio received completed questionnaires from 3,992 families, which is a response rate of 29.78% (an increase from the 26.19% response rate in FFY22). All 88 of Ohio's counties were represented in the responses to the Family Questionnaire. Table 1 in the document attached to this indicator outlines the methods families used to respond to the questionnaire. The state looked at potential nonresponse bias across race and ethnicity, county classification, child age, and gender. Please note county classification is the new comparison Ohio began to utilize last year; the classifications are from the 2013 Center for Disease Control (CDC) National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties. The lead agency did not identify potential nonresponse bias based on child age or gender, but did identify potential nonresponse bias for many race/ethnicity categories and Medium Metro counties. Further analysis is described in the sections below. The response rate to Ohio's EI family questionnaire has continued to increase in recent years, with nearly a 14% increase from last year to this year, after a nearly 20% increase last year from 2022. The lead agency will continue to implement the strategies listed in the previous section and continue to work with its local EI programs, specifically those with a high percentage of groups who are underrepresented, to identify strategies to increase the response rate, reduce any identified bias, and promote response from a broad cross section of parents of children with disabilities. As the metro-based local programs in the state disproportionately serve the groups of families most underrepresented in the family questionnaire results, the lead agency will continue to provide technical assistance to these local programs to encourage them to place particular emphasis on engaging underrepresented groups and to support finding ways to better engage these groups, all with the intention of minimizing non-response bias.

Provide additional information about this indicator (optional).

Overview

Ohio EI used a modified version of the Early Childhood Outcomes Center's (ECO) 2010 Family Outcomes Questionnaire. These items from the ECO Family Questionnaire were adapted for Ohio and used on a survey distributed to families in order to gather data for this indicator:

1. Early Intervention has helped me to know my rights in the program.
2. Early Intervention has helped me to communicate my child's needs.
3. Early Intervention has helped me to help my child learn and develop.

Each question had a five-point scale with the following anchors:

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Ohio added total responses of 'Agree' and 'Strongly Agree' for each question to determine what percentage of families were helped by EI in the three areas of this indicator.

The following modifications to the ECO survey were made:

- Early Intervention was substituted for Part C throughout the questionnaire as that is how families "know" Part C in Ohio.
- The adapted OSEP items (Early Intervention has helped me to know my rights in the program; Early Intervention has helped me to communicate my child's needs; and Early Intervention has helped me to help my child learn and develop) were the first questions on the questionnaire rather than dispersed throughout the survey as they are on the 2010 OSEP version of the questionnaire.
- Ohio added additional open-ended questions to obtain additional input from families regarding their experiences in EI

4 - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator X attachment(s) included in the State's FFY 2021 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2022 SPP/APR

Both documents attached to Indicator 4 passed accessibility checks, as shown in the document that verifies each attachment complies with section 508 of the Rehabilitation Act of 1974. Additionally, the tables in the "Ohio Indicator 4 Tables FFY22 APR" document are embedded in a copy of the APR (<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Ohio-FFY22-Part-C-APR-04222024.pdf>) which has been posted on the Ohio EI website since April 23, 2024.

4 - OSEP Response

4 - Required Actions

In the FFY 2024 SPP/APR, the State must report whether its FFY 2024 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

(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
2013	1.03%

FFY	2018	2019	2020	2021	2022
Target >=	1.40%	1.40%	0.90%	0.90%	1.00%
Data	0.99%	0.99%	0.82%	0.97%	1.04%

Targets

FFY	2023	2024	2025
Target >=	1.00%	1.10%	1.10%

Targets: Description of Stakeholder Input

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on

any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

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	1,416
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	128,059

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
1,416	128,059	1.04%	1.00%	1.11%	Met target	No Slippage

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

Ohio has received increased numbers of referrals and served increased numbers of children over the past several years. These increases have been across the board. The percentages of referrals from each referral source and children referred and served across demographic categories has remained consistent from year to year.

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
2013	2.49%

FFY	2018	2019	2020	2021	2022
Target >=	2.90%	2.70%	2.70%	2.70%	2.80%
Data	2.70%	2.94%	2.57%	3.00%	3.46%

Targets

FFY	2023	2024	2025
Target >=	2.80%	2.90%	2.90%

Targets: Description of Stakeholder Input

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

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	14,063
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	386,801

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
14,063	386,801	3.46%	2.80%	3.64%	Met target	No Slippage

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

Ohio has received increased numbers of referrals and served increased numbers of children over the past several years. These increases have been across the board. The percentages of referrals from each referral source and children referred and served across demographic categories has remained consistent from year to year.

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
2006	73.80%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.29%	99.68%	99.40%	98.84%	99.38%

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
812	1,505	99.38%	100%	99.40%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

684

Provide reasons for delay, if applicable.

The 1,496 child records counted as being compliant include 684 that were non-timely due to documented exceptional family circumstances. These 684 child records are included in the numerator and denominator. See below for a breakdown of reasons for all missed 45-Day timelines:

- Exceptional family circumstances: 684
- Staff error/System reason: 9

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

State monitoring

Describe the method used to select EIS programs for monitoring.

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. The lead agency completes activities related to each of these one at a time on a rotating schedule throughout each year. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Twenty-eight EIS programs were scheduled to have their data for this indicator monitored for FFY23. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 28 selected EIS programs who had 45-Day timelines ending between July 1, 2023 and September 30, 2023 were included in Ohio's FFY23 45-Day analysis. Of the 1,505 child records examined, 1,496 (99.40 percent) were compliant. A total of two findings were issued to two EIS programs upon completion of the baseline analysis. These findings were identified and issued in FFY23 and therefore due for correction in FFY24 and the status of correction will be reported in the FFY24 APR.

The 1,496 child records counted as being compliant include 684 that were non-timely due to documented exceptional family circumstances. These 684 child records are included in the numerator and denominator. See below for a breakdown of reasons for all missed 45-Day timelines:

- Exceptional family circumstances: 684
- Staff error/System reason: 9

Three findings for this indicator were due for correction in FFY23. These findings were reported in the FFY22 APR, based on FFY22 data, and identified and issued in FFY22. All three findings were corrected in a timely manner and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (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.

Provide additional information about this indicator (optional).

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
3	3	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.

Three findings for this indicator were due for correction in FFY23. These findings were reported in the FFY22 APR, based on FFY22 data, and identified and issued in FFY22. All three findings were corrected in a timely manner and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (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.

The EIS programs found to be noncompliant with 45-Day Timelines were issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. The memos were issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The lead agency examines data on a monthly basis to determine local program compliance. Data are pulled on or just after the first of each month and local programs receive missing data inquiries, as necessary.
- In order to correct any findings, local programs must first have one month of data at 100% face value, at which point the lead agency requests a representative sample of records for verification.
- If a local program does not correct within six monthly data analyses, the local program will go on a Corrective Action Plan (CAP).
- If a local program has no applicable records during one of the first six months of analyses, the month will still count towards the six months.

The state verified a randomly selected, representative sample of child records from the local programs to ensure that for each child, the required components were completed within 45 days or that any delays in this timeline were due to family reasons. The state continued to examine data and request records to verify until all 45-Day requirements were found to be met for all children as determined by requested child records. In all cases, the needed sample size was calculated using an online sample size calculator with a 95% confidence level and 15% confidence interval. Specifically, verification to indicate correction occurred in the local program as follows:

- Logan: 4 records verified; timelines ending May 2023
- Lorain: 28 records verified; timelines ending May and June 2023
- Lucas: 23 records verified; timelines ending August 2023

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

Ohio ensured each local program corrected the individual case of noncompliance through the state's baseline analyses. An explanation of noncompliance (referred to as a noncompliance reason or "NCR" in Ohio) is required upon late completion of all required components. Thus, in the bulk of cases of late completion, the state automatically ensures required actions have been completed when determining baseline compliance percentages. In addition, the state, as part of its baseline analyses, determined if any child for whom a required component was late had exited or moved from the EIS program's jurisdiction. For this indicator, Ohio ensured that components of the 45-Day timeline were completed for all children, albeit late, or that the child was subsequently exited from EI.

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. 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

Three findings for this indicator were due for correction in FFY23. These findings were reported in the FFY22 APR, based on FFY22 data, and identified and issued in FFY22. All three findings were corrected in a timely manner and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (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.

The EIS programs found to be noncompliant with 45-Day Timelines were issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. The memos were issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The lead agency examines data on a monthly basis to determine local program compliance. Data are pulled on or just after the first of each month and local programs receive missing data inquiries, as necessary.
- In order to correct any findings, local programs must first have one month of data at 100% face value, at which point the lead agency requests a representative sample of records for verification.
- If a local program does not correct within six monthly data analyses, the local program will go on a Corrective Action Plan (CAP).
- If a local program has no applicable records during one of the first six months of analyses, the month will still count towards the six months.

The state verified a randomly selected, representative sample of child records from the local programs to ensure that for each child, the required components were completed within 45 days or that any delays in this timeline were due to family reasons. The state continued to examine data and request records to verify until all 45-Day requirements were found to be met for all children as determined by requested child records. In all cases, the needed sample size was calculated using an online sample size calculator with a 95% confidence level and 15% confidence interval. Specifically, verification to indicate correction occurred in the local program as follows:

- Logan: 4 records verified; timelines ending May 2023
- Lorain: 28 records verified; timelines ending May and June 2023
- Lucas: 23 records verified; timelines ending August 2023

Ohio ensured each local program corrected the individual case of noncompliance through the state's baseline analyses. An explanation of noncompliance (referred to as a noncompliance reason or "NCR" in Ohio) is required upon late completion of all required components. Thus, in the bulk of cases of late completion, the state automatically ensures required actions have been completed when determining baseline compliance percentages. In addition, the state, as part of its baseline analyses, determined if any child for whom a required component was late had exited or moved from the EIS program's jurisdiction. For this indicator, Ohio ensured that components of the 45-Day timeline were completed for all children, albeit late, or that the child was subsequently exited from EI.

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. 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 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.

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

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
2006	94.03%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.27%	97.74%	98.27%	99.72%	99.69%

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
753	851	99.69%	100%	98.47%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

This slippage is indicative of typical year-to-year and local program to local program variation. Ten of the thirteen noncompliant records were in one local program, so the noncompliance is almost completely due to an identified issue in that local program.

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.

85

Provide reasons for delay, if applicable.

The 838 child records counted as being compliant include 85 that were non-timely due to documented exceptional family circumstances. These 85 child records are included in the numerator and denominator. See below for a breakdown of reasons for missed Transition Steps and Services timelines:

- Exceptional family circumstances: 85
- Staff Error: 13

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

State monitoring

Describe the method used to select EIS programs for monitoring.

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. The lead agency completes activities related to each of these one at a time on a rotating schedule throughout each year. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Thirty EIS programs were scheduled to have their data for this indicator monitored for FFY23. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 30 selected EIS programs who had IFSPs with Transition Steps and Services due between January 1, 2024 and March 31, 2024 were included in Ohio's FFY23 Transition Steps and Services analysis (with the exception of one EIS program that had no applicable data for the time period, for which a representative sample of children with Transition Steps and Services due dates between October 1, 2023 and December 31, 2023 was examined). Of the 851 child records examined, 838 (98.47 percent) were compliant. One finding was issued to one EIS program upon completion of the baseline analysis. This finding was identified and issued in FFY24 and therefore due for correction in FFY25 and the status of correction will be reported in the FFY25 APR. Three additional EIS programs had noncompliant records identified during the FFY23 baseline analysis, but DCY looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (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.

The 838 child records counted as being compliant include 85 that were non-timely due to documented exceptional family circumstances. These 85 child records are included in the numerator and denominator. See below for a breakdown of reasons for missed Transition Steps and Services timelines:

- Exceptional family circumstances: 85
- Staff Error: 13

No findings were due for correction in FFY23. A total of two noncompliant records were identified across two local programs during the FFY22 baseline analysis and based on FFY22 data, but the lead agency looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (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.

Provide additional information about this indicator (optional).

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. 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

No findings were due for correction in FFY23. A total of two noncompliant records were identified across two local programs during the FFY22 baseline analysis and based on FFY22 data, but the lead agency looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (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.

8A - OSEP Response**8A - Required Actions**

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. 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 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.

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

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
2006	97.48%

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

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
6,759	7,611	100.00%	100%	100.00%	Met 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.

852

Provide reasons for delay, if applicable.

N/A

Describe the method used to collect these data.

Ohio EIS programs are required to send quarterly reports to the LEA by February 1st; May 1st; August 1st; and November 1st each year that include all children who will be turning three within a year from the report due date, as long as the family does not opt out of sharing information. Although the report due dates do not correspond to a state or federal fiscal year, because each report includes all children who will be turning three within a year of the report due date, the state ensures that, over the course of the four report submissions, LEAs are notified of children potentially eligible for Part B at least 90 days prior to any child's third birthday. The state requires EIS programs to submit proof to the state that they submitted the February 1 report to the relevant LEAs, which, for the past several years, has been used to determine compliance for this indicator. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Ohio created a data set from reports distributed to LEAs from EIS programs. Reports due February 1, 2024 were generated using Ohio's statewide data system of all children turning three between February 1, 2024 and January 31, 2025 who were potentially eligible for Part B, excluding toddlers whose families opted out from notification (852 families opted out, which are not included in the numerator or denominator). The LEAs were informed in a timely manner for all 6,759 (100%) toddlers turning three in the referenced timeframe and whose families did not opt out of notification. The lead agency also ensured the SEA was notified of all 6,759 children for the February 1, 2024 reporting date in a timely manner, as well as for each quarterly reporting date throughout the fiscal year. As the requirements for the indicators are always the same, a sample of the data from one of the required quarterly reports within the fiscal year is presumed to represent the state and counties' compliance for the entire fiscal year. No LEA/SEA findings were issued based on FFY23 data.

There were no LEA/SEA findings due for correction in FFY23.

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 monitoring

Describe the method used to select EIS programs for monitoring.

Ohio created a data set from reports distributed to LEAs from local EI programs. Reports due February 1, 2023 were generated using Ohio's statewide data system of all children turning three between February 1, 2023 and January 31, 2024 potentially eligible for Part B, excluding toddlers whose families opted out of notification. Counties are required to send quarterly reports to the LEA (due February 1st, May 1st, August 1st, and November 1st each year) that include all children who will be turning three within a year from the report due date, as long as the family does not opt out of sharing information. Counties are then required to submit proof of doing so to the state for the February 1 report, which is used for the APR compliance analysis. The LEAs were informed in a timely manner for all 6,759 (100%) toddlers turning three in the referenced time frame and whose families did not opt out of notification. The lead agency ensured the SEA was notified of all 6,759 children for the February 1, 2024 reporting date in a timely manner, as well as for each quarterly reporting date throughout the fiscal year. As the requirements for the indicators are always the same, a sample of the data from one of the required quarterly reports within the fiscal year is presumed to represent the counties' compliance for the entire fiscal year.

Provide additional information about this indicator (optional).

Please note that with the state's July 4 rule implementation, Ohio no longer has a written opt out policy for LEA notification. Because this policy was still in place for the FFY23 reporting period, Yes was selected for the item "Do you have a written opt-out policy?"

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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
2007	89.32%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.95%	100.00%	97.65%	99.40%	100.00%

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
706	851	100.00%	100%	99.01%	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.

39

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.

98

Provide reasons for delay, if applicable.

The 804 child records counted as being compliant include 98 that were non-timely due to documented exceptional family circumstances. These 98 child records are included in the numerator and denominator. See below for a breakdown of reasons for missed TPC timelines:

- Exceptional family circumstances: 98
- Staff Error: 8

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

State monitoring

Describe the method used to select EIS programs for monitoring.

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. The lead agency completes activities related to each of these one at a time on a rotating schedule throughout each year. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA#B-7 OF THE GUIDANCE IN STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Thirty EIS programs were scheduled to have their data for this indicator monitored for FFY23. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 30 selected EIS programs who had Transition Planning Conferences due between January 1, 2024 and March 31, 2024 were included in Ohio's FFY23 Transition Planning Conference analysis (with the exception of one EIS program that had no applicable data for the time period, for which a representative sample of children with TPC due dates between October 1, 2023 and December 31, 2023 was examined). Of 812 child records examined, 804 (99.01 percent) were compliant. One finding was issued to one EIS program upon completion of the baseline analysis. This finding was identified and issued in FFY24 and therefore is due for correction in FFY25 and the status of correction will be reported in the FFY25 APR. Three additional EIS programs had noncompliant records identified during the FFY23 baseline analysis, but DCY looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (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.

The 804 child records counted as being compliant include 98 that were non-timely due to documented exceptional family circumstances. These 98 child records are included in the numerator and denominator. See below for a breakdown of reasons for missed TPC timelines:

- Exceptional family circumstances: 98
- Staff Error: 8

There were no TPC findings due for correction in FFY23.

Provide additional information about this indicator (optional).

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

8C - Prior FFY Required Actions

None

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. 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 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.

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.

Ohio has adopted Part C due process procedures.

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

OSEP notes that this indicator is not applicable.

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 = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100$.

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

N/A - The state has consistently had less than 10 mediation requests and therefore does not need to set targets for this indicator.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

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				N/A	N/A

Provide additional information about this indicator (optional)

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 provide 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)?

Substantially increase the rate of growth in the percent of infants and toddlers with IFSPs who demonstrate improved social-emotional skills

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://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Ohio-SSIP-Theory-of-Action-FFY20-through-FFY25.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
2020	52.18%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	53.00%	54.00%	54.00%

FFY 2023 SPP/APR Data

APR Indicator 3A SS1 Numerator	APR Indicator 3A SS1 Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3,988	7,546	54.61%	53.00%	52.85%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. Thus, the lead agency believes the slippage continues to be primarily due to improved processes for obtaining COS scores and better data quality.

Provide the data source for the FFY 2023 data.

Ohio extracted the FFY23 SiMR data, along with all COS data, from the state EI data system. COS data for all children who were exited in FFY23, served in EI at least six months, and had entry and exit COS scores were included the analysis. As the SiMR reflects data for the entire population of

children included in the COS analyses, this percentage corresponds to Indicator 3A, Summary Statement 1 in Ohio's Annual Performance Report. Further details about data collection and analysis are included subsequently.

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

Beginning in January 2015, the Child Outcomes Summary process was integrated into the child and family assessment and overall IFSP process. At that time, Ohio began to collect the following Child Outcomes Summary statements (adopted from Maryland), using its data system, for each of the three outcome areas:

- Relative to same age peers, child's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in this outcome area
- Relative to same age peers, child is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome).
- Relative to same age peers, child is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of this outcome
- Relative to same age peers, child shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of this outcome
- Relative to same age peers, child shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome
- Relative to same age peers, child has the skills that we would expect of his age in regard to this outcome; however, there are concerns
- Relative to same age peers, child has all of the skills that we would expect of a child his age in the area of this outcome

The COS is required as part of the initial assessment process, as well as annually, so entry COS are completed as part of the IFSP process and documented on Ohio's IFSP form, as well as in the state data system. Local programs use the COS decision tree, along with all the information discussed in the child and family assessments, to help IFSP team members choose which statement above best describes the child's development compared to same-age peers. Each statement corresponds to a score of 1 through 7, respectively.

Exit COS are also required for all children who have been served in Early Intervention in Ohio and are exiting for a reason other than being deceased or loss of contact with the family. Although it is not a part of the IFSP process, the IFSP team, including the family, complete the Exit COS. An optional Exit COS form that mirrors the COS section of the IFSP form is available on the Ohio EI website and Exit COS statements are required to be entered in EIDS on the Exit page unless the child record is being exited due to one of the reasons mentioned above.

As described in the previous section, COS data for the FFY23 SiMR data, along with all COS data, were extracted from the state EI data system including all children who were exited in FFY23, served in EI at least six months, and had entry and exit COS scores. Since Ohio's SiMR data encompass the entire population included in the COS, the SiMR percentage was calculated in the same manner as all COS percentages: all children whose entry COS score was greater than 1 and whose exit COS score was higher than the entry score, divided by all children whose entry or exit COS score was below 6.

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

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://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Ohio-SSIP-Evaluation-Plan-FFY20-through-FFY25.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.

This reporting year, much of Ohio's EI work continued to focus on broader undertakings that impact the state's entire EI system. During this time, the state EI team prioritized and put substantial time and effort into preparing for and beginning the program's transition to the newly created Ohio Department of Children and Youth (DCY); updating its program rules (due for the state's required five-year review) implemented July 4, 2024; reviewing and updating the program's processes and protocols to ensure consistency with OSEP's general supervision expectations; and implementing strategies and initiatives to address capacity and funding challenges.

While the broader priorities were the lead agency's primary focus, Ohio continued to work through the state's short-term and intermediate SSIP outcomes this reporting year. The state continued to provide resources, trainings, and data related to social-emotional strengths, needs, and development, and continued to collect data to inform decisions about what activities are needed to achieve intermediate and long-term outcomes. Activities related to the short-term and intermediate outcomes, associated evidence-based practices, and data collected and analyzed as part of the state's evaluation plan are described in more detail in the subsequent sections.

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.

Ohio's short-term and intermediate outcomes are included in the evaluation plan linked at the beginning of this section.

The short-term outcomes focus on identifying needs and making needed trainings, resources, and TA available. The intermediate outcomes are centered around practitioners and families better identifying and understanding social-emotional needs and better supporting social-emotional development. These outcomes involve many aspects of the systems framework. Issues and needs have been and will continue to be identified via the data, accountability/monitoring, quality standards, and technical assistance areas. The implementation of new resources and trainings involves the professional development area, which also involves the finance area in some cases in order to make these trainings and resources available. Increasing access to resources, trainings, and data will result in practitioners and families having increased knowledge and improved ability to support social-emotional development.

This reporting year, the state continued to make progress toward achieving short-term and intermediate outcomes. Notably, the interagency agreement (IAA) with the state agency responsible for mental health to expand local access to Early Childhood Mental Health (ECMH) Consultants remained in place; the state continued to contract with the Brazelton Institute, which is based in the Division of Developmental Medicine at Boston Children's Hospital and an affiliate of the Harvard Medical School, to offer additional trainings, virtual workshops, and a mentoring series; and the Principles of Special Instruction (POSI) modules implemented the previous year were available for Developmental Specialists in Ohio. Additionally, the state's Central Intake vendor continued to provide the online Ages and Stages Questionnaire (ASQ) online developmental screenings and expanded the use of these screenings through the use of the Sparkler: Play for Parenting application. Further information about each of these is provided in the subsequent paragraphs.

As part of the expanded IAA, ECMH consultants are available in every local program in Ohio. These consultants are involved in the evaluation and assessment process and in providing a social-emotional lens at EI team meetings; sharing resources, strategies, and social-emotional professional development; offering child/family consultation; connecting families to mental health services; and assisting with identifying appropriate referrals. Local agencies providing ECMH consultants also continued completing quarterly reports to share data regarding participation in EI activities, as well as their successes, challenges, and next steps this reporting year. In these reports, agencies shared positive experiences, including the impact of child/family consultations in working with families to address a variety of concerns and needs related to child tantrums; child separation anxiety; abuse; developmentally appropriate expectations and boundaries; family grief/loss support; trauma; PTSD; and general behavioral concerns and emotional regulation.

Expanding on the trainings already offered, the Brazelton Institute provided two three-day trainings to Ohio EI local program staff on the Newborn Behavioral Observations (NBO) system™ (an infant-focused, family centered, relationship-based tool, designed to foster positive parent-infant interactions and contribute to the development of a positive parent-infant relationship from the very beginning), with specific content about the use of the NBO in the context of families living with substance abuse disorder. Additionally, Brazelton held an NBO community of practice for those already certified, seeking advanced content. The series consisted of six 90-minute monthly virtual sessions, each focused on a particular aspect of implementing the NBO in EI practice. Finally, Brazelton hosted three virtual workshops titled "Supporting Everyone's Mental Health," which focused on the ongoing impact of the COVID-19 pandemic, particularly on the higher rates of burnout, stress, trauma, and other common mental health issues. Through this interactive series, Brazelton offered strategies to support the mental health and resiliency of children, families, and family-facing providers, and to nurture self-care.

Similar to the Principles of Service Coordination (POSC) modules Ohio created and released several years ago for EI service coordinators, the state finalized development of and made available four POSI modules for Developmental Specialists in the state last reporting year, which continued to be offered this reporting year. One of the modules specifically addresses social-emotional development, assessment of social-emotional skills, and the impact of social-emotional delays on other areas of development. Forty-eight Developmental Specialists in Ohio completed this module through December 2024. The other three modules include information about the Developmental Specialist's role on the team, cognition and cognitive delays, and evidence-based practices (EBPs), including the use of EBPs in assisting families with addressing challenging behaviors. These modules were completed by 70, 55, and 46 Developmental Specialists, respectively, through December 2024. Participants provided positive feedback regarding their interest, understanding of the content, getting ideas on improving their job skills, the content matching what was promised, the knowledge and skills gained being applicable to their position, and their confidence in their ability to apply the content to their professional role.

As indicated previously, Ohio's central intake vendor, Bright Beginnings, continued to offer and built the infrastructure to expand the use of the online ASQ screening service via the Sparkler: Play for Parenting application (Sparkler). Sparkler is a mobile application that not only provides access to the online ASQ and ASQ-SE screenings, but also includes thousands of offline, evidence-based activities to help further development; allows caregivers to follow their child's progress and track growth; and provides a way for caregivers to chat with care providers, doctors, and family members regarding their child's development. Through Sparkler, the ASQ service is now available for children through age five and is available in Spanish, French, and Arabic in addition to English.

Finally, the lead agency again gathered data directly from families related to social-emotional skills and development via the state's annual family questionnaire. These data are discussed in additional detail in the section regarding data collection to monitor fidelity of implementation and to assess practice change. The state will use these data along with information obtained via the ECMH quarterly reporting that is part of the ECMH IAA to determine additional activities needed to achieve outcomes and make improvement in the state's SIMR.

Activities related to the short-term outcomes are necessary in order to ultimately achieve the SIMR, and in the sustainability of systems improvement efforts as they lay the foundation for achieving the intermediate and long-term outcomes. To facilitate increased knowledge and improve practices, which is being attained via activities to achieve the intermediate and long-term outcomes, the state necessarily first gathered data and made available applicable information, resources, and trainings to address needs identified in each improvement strategy area. The availability and use of information, resources, and trainings results in practitioners and families better identifying and understanding social-emotional needs and better supporting social-emotional development, which will ultimately lead to achievement of the SIMR.

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

NO

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

Over the next reporting year, Ohio will continue to offer the POSI modules and trainings and resources related to assessing social-emotional strengths and needs and supporting social-emotional development; collect and analyze data included in the state's evaluation plan to determine whether progress is being made toward achieving outcomes; and examine and discuss data obtained through other means such as the ECMH IAA. Additionally, ECMH consultants will continue to be part of local EI teams; Brazelton will provide additional NBO trainings; and, as DCY becomes more established, moves forward with initiatives, and works to increase collaboration across early childhood areas, the state will continue to consider how EI and other early childhood programs can address infant and toddler social-emotional needs in concert.

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

The resources provided, trainings offered, data collected and analyzed, and activities implemented center around EBPs. The state's short-term and intermediate outcomes focus on obtaining thorough information about and ensuring families understand their children's social-emotional skills, strengths, and needs through the assessment process; families and practitioners collaborating to develop IFSP outcomes that address social-emotional needs; and the ability of practitioners and families to support children's social-emotional development. Specifically, the following DEC Recommended Practices (DEC RPs) related to the SIMR, along with activities needed to achieve outcomes, will continue to be implemented over the next several years:

- RP A4
- RP A7
- RP F4
- RP F5
- RP TC1

Provide a summary of each evidence-based practice.

A description of each of the EBPs Ohio follows:

- RP A4 - Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests. (Improvement Strategy 1)
- RP A7 - Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community (Improvement Strategy 1)
- RP F4 - Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs (Improvement Strategy 2)
- RP F5 - Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities. (Improvement Strategy 3)
- RP TC1 - Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family. (Improvement Strategy 3)

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 selected EBPs align with the Theory of Action associated with the state's new SIMR and outcomes identified as needed to implement each improvement strategy area: RPs A4 and A7 address conducting quality assessments; RP F4 addresses creating quality, individualized IFSP outcomes; and RPs F5 and TC1 address service delivery and increasing family capacity. Because these EBPs are being integrated into activities needed to achieve the identified outcomes and the achievement of these outcomes will ultimately lead to improvement in the SIMR, the selected EBPs thus also impact this improvement.

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

Because the selected EBPs align with the Theory of Action and outcomes and are being integrated into the activities needed to achieve each outcome, the data collected as part of the state's evaluation plan are being used monitor the fidelity of implementation to assess practice change. As part of the evaluation plan, the lead agency is collecting ongoing data regarding parent understanding of their child's social-emotional strengths and needs; quality of IFSP outcomes that address supporting social-emotional development; parent involvement in developing outcomes that support social-emotional development; provider ability to deliver evidence-based EI services to support social-emotional development; and parent ability to support their children's social-emotional development. The state previously planned to collect data regarding how well social-emotional strengths and needs are being identified through the assessment process, including the COS, but that has been indefinitely put on hold as the state has focused on other priorities in its EI system. Each intermediate outcome in the state's evaluation plan, the measurement and data collection methods, and the FFY21, FFY22, and FFY23 data are included in Appendix A. A summary of the data collected this reporting year follows:

- Of 3,920 respondent families, 3,519 (89.77%) reported they agree or strongly agree that EI has helped them better understand their child's social-emotional strengths and needs (on a five-point scale)
- Of 2,735 respondent families, 2,516 (91.99%) reported they agree or strongly agree that during their time in EI, they actively participated in developing IFSP outcomes that support their child's social-emotional development (on a five-point scale)
- Of 3,911 respondent families, 3,567 (91.20%) reported they agree or strongly agree that EI has helped them better support their child's social-emotional development (on a five-point scale)

Please note data regarding how well social-emotional strengths and needs are being identified through the assessment process, the number of social-emotional IFSP outcomes that met all of the ECTA six-step criteria, and provider ability to deliver evidence-based EI services to address social-emotional development were not collected this reporting year. As described earlier in this section, much of Ohio's EI work this reporting year focused on activities and initiatives that impact the state's EI system more broadly. This work included transitioning to DCY, finalizing and preparing to implement new program rules, adding to and updating the state's general supervision processes and protocols, and addressing funding and capacity challenges.

Baseline data related to the number of social-emotional IFSP outcomes that met all of the ECTA six-step criteria and provider ability to deliver evidence-based EI services to address social-emotional development were collected last reporting year. Data related to these outcomes will be collected again, minimally, in the last reporting year of this SSIP cycle in order to assess the progress the state has made in all of these areas. As indicated previously, the lead agency has indefinitely put on hold plans to collect data regarding how well social-emotional strengths and needs are being identified through the assessment process.

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.

The state collected additional baseline data related to social-emotional development through the state's family questionnaire. These additional data are described below and along with the data that are part of the evaluation plan, summarized in Appendix B.

Through the family questionnaire, in addition to data collected for the evaluation plan, the state received input from families about their:

- Confidence in their child's social-emotional development; and
- Involvement in helping their team learn more about their child's social-emotional development.

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

The lead agency will continue to disseminate resources, offer trainings, provide TA, examine data, and implement activities to make improvements in each of the EBP areas listed and summarized previously. The state will work with Brazelton in the implementation of the NBO trainings. Further, the state will continue to identify activities needed to achieve outcomes, and ultimately, the SIMR, in each of these EBP areas over the next reporting year and beyond. The lead agency expects to continue to make progress toward achieving intermediate outcomes and the SIMR this reporting year.

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.

Ohio intends to continue its SSIP work with the same SIMR, improvement strategies, and outcomes. The state put data collection for some of the intermediate outcomes on hold this reporting year as its EI work was primarily focused on broader initiatives, as described earlier in this section, but plans to resume all data collection in the coming years. Over the next reporting year, the lead agency will continue to be focused heavily on implementation of its updated policies and rules, and ensuring its general supervision policies and protocols meet OSEP's expectations, but anticipates continuing to implement the current SSIP without modification. The high level of support parents cited receiving from Ohio EI with regard to social-emotional development (see the data described earlier in this section and included in Appendix B) gives the state confidence that the existing SSIP is working. The data points collected in the family survey do not suggest the need for modification of the plan at this time.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The lead agency values feedback from a wide variety of stakeholders, including families, when implementing activities to improve outcomes for children with disabilities and their families. The state solicits feedback broadly from its EI field through its bi-weekly newsletter, in a more targeted manner from its ICC and broader stakeholder group at quarterly meetings, and directly from families via the state's annual Family Questionnaire. More specific details about stakeholder involvement in key improvement efforts follow in the next section.

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

At the beginning of this SSIP cycle, the lead agency collaborated with the state's Early Intervention Advisory Council (EIAC) and stakeholder group to select the state's new SIMR and complete a new infrastructure analysis. The state also engaged stakeholders in the process to select new APR targets, including the target for the state's new SIMR. Finally, the state shared the new Theory of Action and new evaluation plan with Ohio's EI field.

In FFY21, the state obtained input from the EIAC and stakeholder group when developing items related to social-emotional development for the program's annual family questionnaire and inaugural provider survey. The lead agency used these surveys to collect baseline data for the state's evaluation plan and to receive additional input directly from families and providers in the state's EI system. The specific data collected are described in earlier sections of this report and summarized in Appendices B and C of Ohio's FFY21 SSIP. The state shared summary data from these surveys with local programs. The state also collaborated with stakeholders in select local programs to implement the ECMH pilot this reporting year, including involving ECMH consultants more meaningfully in the evaluation and assessment process.

Last reporting year and this reporting year, the state again collected data directly from families regarding their understanding of, and confidence in and ability to support their child's social-emotional development. The lead agency also again shared data from the questionnaire with local programs. The specific data collected are described in earlier sections of this report and summarized in Appendix B. In addition to stakeholder input related to social-emotional outcomes and development, Ohio's EI stakeholders provided integral feedback throughout the year regarding the state's new rules that went into effect July 4, 2024 via activities at quarterly IAA meetings, emails, and multiple work groups.

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.

N/A

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

Ensuring all trainings and resources are updated to reflect new rules, augmenting and expanding its monitoring and general supervision process and protocols, and addressing capacity and funding challenges will remain top priorities for Ohio's EI system over the next reporting year. While focusing on all of these, the lead agency will continue to have discussions about the data and determine activities needed to achieve identified outcomes, including timelines for implementation.

The data collection measures and outcomes are included in the state's evaluation plan and a link for this plan is provided in Section B of this document. The state collected baseline data related to families' understanding of their children's social-emotional strengths and needs; quality of outcomes addressing social-emotional development; family participation in developing outcomes addressing social-emotional development; practitioners' ability to deliver evidence-based EI services; and families' ability to support their children's social-emotional development in the FFY21 reporting year. This reporting year, the lead agency collected data on families' understanding of their children's social-emotional strengths and needs; family participation in developing outcomes addressing social-emotional development; and families' ability to support their children's social-emotional development. Ohio will consider the needed frequency of data collection and analyses for all outcomes included in the evaluation plan going forward. Minimally, the state will provide data in each of these outcome areas in the final year of this plan.

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

N/A

Provide additional information about this indicator (optional).

N/A

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	80.00%

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
1	0	0	0	1

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).

N/A

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*:

One finding for this indicator was due for correction in FFY22, which was not corrected in a timely manner.

The EIS program found to be noncompliant with TRS was issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. These memos were issued as soon as possible after noncompliance was identified.

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The state examines data on a monthly basis to determine county compliance. Data are pulled on or just after the first of each month and counties receive missing data inquiries, as necessary.
- In order to correct any findings, counties must first have one month of data at 100% face value, at which point the state requests a representative sample of records for verification.
- If a county does not correct within six monthly data analyses, the county will go on a Corrective Action Plan (CAP).
- If a county has no applicable records during one of the first six months of analyses, the month will still count towards the six months.

Using the above approach, the state requested and verified a randomly selected, representative sample of child records from the local program each applicable month. The state will continue to examine data and request records to verify until all TRS requirements are found to be met for all children as determined by requested child records. In all cases, the needed sample size is calculated using an online sample size calculator with a 95% confidence level and 15% confidence interval.

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

Ohio ensured the local program corrected each individual case of noncompliance through the state's baseline analyses. An explanation of noncompliance (referred to as a noncompliance reason or "NCR" in Ohio) is required upon late completion of all required components. Thus, in the bulk of cases of late completion, the state automatically ensures required actions have been completed when determining baseline compliance percentages. In addition, the state, as part of its baseline analyses, determined if any child for whom a required component was late had exited or moved from the EIS program's jurisdiction. For this indicator, Ohio ensured that all services due to start within the examined timeline were delivered, albeit late, or that the child was subsequently exited from EI.

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
3	0	3	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).

N/A

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*:

Three findings for this indicator were due for correction in FFY23. These findings were reported in the FFY22 APR, based on FFY22 data, and identified and issued in FFY22. All three findings were corrected in a timely manner and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (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.

The EIS programs found to be noncompliant with 45-Day Timelines were issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. The memos were issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The lead agency examines data on a monthly basis to determine local program compliance. Data are pulled on or just after the first of each month and local programs receive missing data inquiries, as necessary.
- In order to correct any findings, local programs must first have one month of data at 100% face value, at which point the lead agency requests a representative sample of records for verification.
- If a local program does not correct within six monthly data analyses, the local program will go on a Corrective Action Plan (CAP).
- If a local program has no applicable records during one of the first six months of analyses, the month will still count towards the six months.

The state verified a randomly selected, representative sample of child records from the local programs to ensure that for each child, the required

components were completed within 45 days or that any delays in this timeline were due to family reasons. The state continued to examine data and request records to verify until all 45-Day requirements were found to be met for all children as determined by requested child records. In all cases, the needed sample size was calculated using an online sample size calculator with a 95% confidence level and 15% confidence interval. Specifically, verification to indicate correction occurred in the local program as follows:

- Logan: 4 records verified; timelines ending May 2023
- Lorain: 28 records verified; timelines ending May and June 2023
- Lucas: 23 records verified; timelines ending August 2023

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

Ohio ensured each local program corrected the individual case of noncompliance through the state's baseline analyses. An explanation of noncompliance (referred to as a noncompliance reason or "NCR" in Ohio) is required upon late completion of all required components. Thus, in the bulk of cases of late completion, the state automatically ensures required actions have been completed when determining baseline compliance percentages. In addition, the state, as part of its baseline analyses, determined if any child for whom a required component was late had exited or moved from the EIS program's jurisdiction. For this indicator, Ohio ensured that components of the 45-Day timeline were completed for all children, albeit late, or that the child was subsequently exited from EI.

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).

N/A

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*:

N/A

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

N/A

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
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 8B due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

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*:

N/A

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

N/A

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
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 8C due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

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*:

N/A

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

N/A

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
1	1	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:

While reviewing reports for the local program that received this finding, the program's TA consultant discovered that an evaluation for a child listed two Developmental Specialists as the administrators, and thus the evaluation was not multidisciplinary. The state began the process of issuing the county a PIP to resolve any outstanding issues with multi-disciplinary evaluations, and, after further investigation, discovered that two other individuals who had been completing evaluations did not have the required licensure to do so. At that point, the state proceeded with issuing a finding of noncompliance and a CAP for lack of multi-disciplinary evaluation. The finding memo was issued as soon as possible after noncompliance was identified (within three months of discovery).

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*:

The local program was required to complete and submit verification for each of the following:

- The local program was required to notify each parent of any child under the age of three whose eligibility was determined without qualified personnel of the error. For any child whose parent consented to a new evaluation, a comprehensive, multidisciplinary evaluation was required to be conducted in a timely manner.
- The local program was required to ensure all evaluations completed after that point were conducted by two separate disciplines.
- The local program was required to develop a written plan and implement the plan to ensure that EI activities were completed only by personnel who meet the applicable requirements.

The local program submitted all required information. The state verified that all the requirements were met and that the local program was correctly implementing the requirement to complete multi-disciplinary evaluations. This finding was corrected in a timely manner and a correction memo was issued to the local program.

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

The state reviewed documentation that indicated the local program notified each parent of any child under the age of three whose eligibility was determined without qualified personnel of the error and conducted new evaluations with qualified personnel for any child whose parent consented to a new evaluation.

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	1	3	1	1

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	5		100%	80.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	20.00%
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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).	5
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	1

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	1
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	
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	
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	
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	
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	
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>	
7. Number of findings <u>not</u> yet verified as corrected	1

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

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

12 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Designated by the Lead Agency Director to Certify

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:

Diane Fox

Title:

Deputy Director

Email:

Diane.Fox@childrenandyouth.ohio.gov

Phone:

(614) 466-2755

Submitted on:

04/15/25 4:36:01 PM

Determination Enclosures

RDA Matrix

Ohio

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
84.38%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	16	15	93.75%

2025 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2023 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	10,590
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	14,765
Percentage of Children Exiting who are Included in Outcome Data (%)	71.72
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

(b) Data Anomalies: Anomalies in your State's FFY 2023 Outcomes Data

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

(a) Data Comparison: Comparing your State's 2023 Outcomes Data to other States' 2023 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	52.85%	51.05%	59.14%	40.59%	58.93%	46.20%
FFY 2022	54.61%	51.91%	60.18%	42.33%	59.52%	47.00%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2025: Part C."

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	99.92%	NO	2
Indicator 7: 45-day timeline	99.40%	YES	2
Indicator 8A: Timely transition plan	98.47%	N/A	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	99.01%	N/A	2
Indicator 12: General Supervision	80.00%	NO	1
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

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

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2023 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2023 Outcomes Data (C3) and the total number of children your State reported in its FFY 2023 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2023 in the State's FFY 2023 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2023 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2019 – FFY 2022 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2023 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

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

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

Expected Range of Responses for Each Outcome and Category, FFY 2023

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.52	3.25	-1.74	4.77
Outcome B\ Category a	1.34	2.98	-1.64	4.32
Outcome C\ Category a	1.25	2.62	-1.37	3.87

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	8.87	6.69	42.19
Outcome A\ Category c	21.76	13.64	-5.52	49.04
Outcome A\ Category d	26.56	9.69	7.17	45.94
Outcome A\ Category e	25.72	15.93	-6.14	57.59
Outcome B\ Category b	26.16	9.47	7.23	45.1
Outcome B\ Category c	30.12	12.97	4.17	56.07
Outcome B\ Category d	30.25	8.17	13.92	46.59
Outcome B\ Category e	12.12	8.46	-4.79	29.04
Outcome C\ Category b	21.94	9.15	3.64	40.24
Outcome C\ Category c	23.99	13.89	-3.8	51.77
Outcome C\ Category d	32.49	8.51	15.48	49.51
Outcome C\ Category e	20.33	14.99	-9.66	50.31

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

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	10,590
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	37	3,521	1,626	2,362	3,044
Performance (%)	0.35%	33.25%	15.35%	22.30%	28.74%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	36	3,686	2,570	2,817	1,481
Performance (%)	0.34%	34.81%	24.27%	26.60%	13.98%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	38	3,685	1,974	3,367	1,526
Performance (%)	0.36%	34.80%	18.64%	31.79%	14.41%
Scores	1	1	1	1	1

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

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2023 Outcomes Data to Other States' 2023 Outcome Data

This score represents how your State's FFY 2023 Outcomes data compares to other States' FFY 2023 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2023

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	46.08%	34.56%	54.67%	27.46%	53.10%	33.55%
90	80.98%	70.42%	82.41%	58.27%	84.63%	73.68%

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

Your State's Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	52.85%	51.05%	59.14%	40.59%	58.93%	46.20%
Points	1	1	1	1	1	1

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

II. (b) Performance Change Over Time:

Comparing your State's FFY 2023 data to your State's FFY 2022 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2022) is compared to the current year (FFY 2023) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2023 and FFY 2022 summary statements.

e.g., C3A FFY2023% - C3A FFY2022% = Difference in proportions

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

$$\text{Sqrt}[(\text{FFY2022\%} * (1 - \text{FFY2022\%}) / \text{FFY2022N}) + ((\text{FFY2023\%} * (1 - \text{FFY2023\%}) / \text{FFY2023N})] = \text{Standard Error of Difference in Proportions}$$

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

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

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	6,944	54.61%	7,546	52.85%	-1.76	0.0083	-2.1220	0.0338	YES	0
SS1/Outcome B: Knowledge and Skills	8,318	60.18%	9,109	59.14%	-1.04	0.0074	-1.4027	0.1607	NO	1
SS1/Outcome C: Actions to meet needs	8,261	59.52%	9,064	58.93%	-0.60	0.0075	-0.7963	0.4258	NO	1
SS2/Outcome A: Positive Social Relationships	9,663	51.91%	10,590	51.05%	-0.86	0.0070	-1.2249	0.2206	NO	1
SS2/Outcome B: Knowledge and Skills	9,663	42.33%	10,590	40.59%	-1.74	0.0069	-2.5120	0.012	YES	0
SS2/Outcome C: Actions to meet needs	9,663	47.00%	10,590	46.20%	-0.80	0.0070	-1.1401	0.2543	NO	1

Total Points Across SS1 and SS2	4
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Your State's Performance Change Score	1
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Data Rubric
Ohio

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	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	1	1

APR Score Calculation

Subtotal	13
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) =	18

(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: 3/5/25	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	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
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) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 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 *EDFacts* 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	EDFacts 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	3/5/2025
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
Ohio
Year 2023-24

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

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

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

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

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



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

Final Determination Letter

June 18, 2025

Honorable Kimberly Hauck
Director
Ohio Department of Developmental Disabilities
30 East Broad Street, 12th Floor
Columbus, OH 43215

Dear Director Hauck:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Ohio meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Ohio's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Ohio's 2025 determination is based on the data reflected in Ohio's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Ohio and consists of:

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

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2025: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2025, as it did for Part C determinations in 2016-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Ohio.) For the 2025 IDEA Part C determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 12. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part C Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations. For 2025, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

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

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of Ohio's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Ohio's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that Ohio is required to take. The actions that Ohio is required to take are in the "Required Actions" section of the indicator.

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

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

- (1) Ohio's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Ohio's 2025 determination is Meets Requirements. A State's 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. States will not be able to resubmit their IDEA Section 618 data after the due date. The 2024-25 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Ohio must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Ohio on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Ohio's submission of its FFY 2023 SPP/APR. In addition, Ohio must:

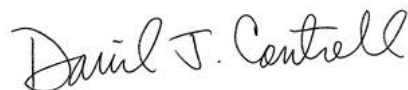
- (1) review EIS program performance against targets in Ohio's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action;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

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

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

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

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator