



Department of  
Children & Youth

Department of  
Developmental  
Disabilities

# Ohio Early Intervention Annual Performance Report (APR)

FFY 2023 (July 1, 2023– June 30, 2024)

## Introduction

### 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; and Transition, including Transition Planning Conference 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.

The lead agency monitors all 88 local EI programs annually on one of three compliance indicators: 45-Day timeline; Timely Receipt of Services; and Transition, including Transition Planning Conference 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 used for each compliance analysis, and the timeframe of data for each indicator rotates annually, as well. Each year, 30 local programs are included as part of two of the analyses and 28 as part of the third.

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 on top of 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.
- In situations where an extremely small program does not have sufficient, updated data to demonstrate systemic compliance, alternative methods of verification of correction may be considered, taking into consideration factors such as county size, number of children served, extenuating circumstances, etc. 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 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 areas in which the program needs assistance. 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 that includes their county's determination as well as an explanation of how the state made local program determinations to each local program annually. 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, evidenced based technical assistance and support to early intervention service (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 are effectively providing 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 a 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.

El program leadership meets frequently with El stakeholder organizations and committees. El 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 El service coordination at the local level in Ohio. In addition, El program leadership takes part in numerous state cross-agency initiatives. At these meetings, El program leadership provides updates relevant to the stakeholder group being addressed and seeks stakeholder input about the El program.

## 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 SICCC 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 SICCC, the lead agency actively involved other parents of children with disabilities and representatives from organizations advocating for and representing parents of children with disabilities. In 2023, the state also added a fifth appointed parent member to its SICCC. As stated above in the "Broad Stakeholder Input" section, Ohio has formally augmented its SICCC 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 El website and solicited feedback via its biweekly communication to El 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 El program. Child find and public awareness for El 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 its 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 target setting, 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. When this APR is submitted, DCY will post this APR to the EI website along with the finalized targets. 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 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, 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.

## Indicator 1: Timely Provision of Services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with 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 and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%
Data	99.68%	99.77%	99.71%	99.92%		

### FFY 2023 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 2023 Data
1,193	1,194	99.92%

**Describe 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.

## Correction of Previous Findings of Noncompliance

### *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	0

### *FFY 2022 Findings of Noncompliance 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. This memo was 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.



## Indicator 2: Services in Natural Environments

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 and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	98.00%	98.00%	98.00%	99.00%	99.00%	99.00%
Data	98.52%	98.96%	98.94%	99.23%		

#### 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.

## FFY 2023 Data

<b>Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</b>	<b>Total number of infants and toddlers with IFSPs</b>	<b>FFY 2023 Data</b>
13,955	14,063	99.23%

## Indicator 3: Early Childhood Outcomes

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 and Targets

FFY	2020	2021	2022	2023	2024	2025
<b>A1 Target</b>	52.00%	52.00%	53.00%	53.00%	54.00%	55.00%
<b>A1 Data</b>	52.18%	54.34%	54.61%	52.85%		
<b>A2 Target</b>	54.00%	54.00%	55.00%	55.00%	56.00%	57.00%
<b>A2 Data</b>	54.75%	54.30%	51.91%	51.05%		
<b>B1 Target</b>	59.00%	59.00%	60.00%	60.00%	61.00%	62.00%
<b>B1 Data</b>	59.21%	60.37%	60.18%	59.14%		
<b>B2 Target</b>	45.00%	45.00%	46.00%	46.00%	47.00%	48.00%
<b>B2 Data</b>	45.35%	44.67%	42.33%	40.59%		
<b>C1 Target</b>	62.00%	62.00%	63.00%	63.00%	64.00%	65.00%
<b>C1 Data</b>	62.28%	61.16%	59.52%	58.93%		
<b>C2 Target</b>	48.00%	48.00%	49.00%	49.00%	50.00%	51.00%
<b>C2 Data</b>	48.51%	48.51%	47.00%	46.20%		

### 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.

## FFY 2023 Data

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

	<b>Number of children</b>	<b>Percentage of Total</b>
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%

	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2023 Data</b>
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	52.85%
A2. 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	5,406	10,590	51.05%

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

	<b>Number of Children</b>	<b>Percentage of Total</b>
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%

	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2023 Data</b>
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	59.14%
B2. 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	4,298	10,590	40.59%

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

	<b>Number of Children</b>	<b>Percentage of Total</b>
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%

	Numerator	Denominator	FFY 2023 Data
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	58.93%
C2. 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	4,893	10,590	46.20%

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

Measure	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	10590

**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.

## Indicator 4: Family Involvement

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 and Targets

FFY	2020	2021	2022	2023	2024	2025
A Target	96.00%	96.00%	96.00%	97.00%	97.00%	97.00%
A Data	92.13%	92.25%	92.68%	93.66%		
B Target	96.00%	96.00%	96.00%	97.00%	97.00%	97.00%
B Data	95.01%	94.96%	95.20%	95.58%		
C Target	96.00%	96.00%	96.00%	97.00%	97.00%	97.00%
C Data	93.64%	93.68%	94.42%	94.38%		

#### 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.

### FFY 2023 Data

Number of respondent families participating in Part C who report that early intervention services have helped the family:	# of Positive Responses	Total Respondents	Percent
4A. Know their rights	3,735	3,988	93.66%
4B. Effectively communicate their children's needs	3,807	3,983	95.58%
4C. Help their children develop and learn	3,764	3,988	94.38%

### 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

***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 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<sup>1</sup>. 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.

**Table 1: Distribution of Questionnaire Respondents’ Response Type**

<b>Response Method</b>	<b>Number</b>	<b>Percent</b>
Email	30	0.75%
Mail	156	3.91%
Online	3,806	95.34%
<b>Total</b>	<b>3,992</b>	<b>100.00%</b>

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

The 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.

<sup>1</sup> Ingram DD, Franco SJ. 2013 NCHS urban–rural classification scheme for counties. National Center for Health Statistics. Vital Health Stat 2(166). 2014.

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

The following tables 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.

**Table 2: Race and Ethnicity Comparison**

Race/Ethnicity	Non-Respondents #	Non-Respondents %	Respondents #	Respondents %	Total #	Total %	Response Rate
Hispanic	866	9.20%	290	7.26%	1,156	8.62%	25.09%
American Indian or Alaska Native	5	0.05%	1	0.03%	6	0.04%	16.67%
Asian	201	2.14%	84	2.10%	285	2.13%	29.47%
Black or African American	1,485	15.78%	469	11.75%	1,954	14.58%	24.00%
Native Hawaiian or Other Pacific Islander	12	0.13%	3	0.08%	15	0.11%	20.00%
White	6,237	66.27%	2,919	73.12%	9,156	68.31%	31.88%
Two or More Races	606	6.44%	226	5.66%	832	6.21%	27.16%
<b>Total</b>	<b>9,412</b>	<b>100.00%</b>	<b>3,992</b>	<b>100.00%</b>	<b>13,404</b>	<b>100.00%</b>	<b>29.78%</b>

**Table 3: CDC County Classification Comparison**

CDC County Classification	Non-Respondents #	Non-Respondents %	Respondents #	Respondents %	Total #	Total %	Response Rate
Large Central Metro	2,368	25.16%	1,195	29.93%	3,563	26.58%	33.54%
Large Fringe Metro	2,139	22.73%	779	19.51%	2,918	21.77%	26.70%
Medium Metro	2,692	28.60%	841	21.07%	3,533	26.36%	23.80%
Small Metro	408	4.33%	175	4.38%	583	4.35%	30.02%
Micropolitan	1,489	15.82%	739	18.51%	2,228	16.62%	33.17%
Non-core	316	3.36%	263	6.59%	579	4.32%	45.42%
<b>Total</b>	<b>9,412</b>	<b>100.00%</b>	<b>3,992</b>	<b>100.00%</b>	<b>13,404</b>	<b>100.00%</b>	<b>29.78%</b>

**Table 4: Child Age Range Comparison**

Age Range	Non-Respondents #	Non-Respondents %	Respondents #	Respondents %	Total #	Total %	Response Rate
0 to 1	880	9.35%	399	9.99%	1,279	9.54%	31.20%
1 to 2	2,628	27.92%	1,208	30.26%	3,836	28.62%	31.49%
2 to 3	5,904	62.73%	2,385	59.74%	8,289	61.84%	28.77%
<b>Total</b>	<b>9,412</b>	<b>100.00%</b>	<b>3,992</b>	<b>100.00%</b>	<b>13,404</b>	<b>100.00%</b>	<b>29.78%</b>



**Table 5: Gender Comparison**

Gender	Non-Respondents #	Non-Respondents %	Respondents #	Respondents %	Total #	Total %	Response Rate
Female	3,557	37.79%	1,506	37.73%	5,063	37.77%	29.75%
Male	5,855	62.21%	2,486	62.27%	8,341	62.23%	29.80%
<b>Total</b>	<b>9,412</b>	<b>100.00%</b>	<b>3,992</b>	<b>100.00%</b>	<b>13,404</b>	<b>100.00%</b>	<b>29.78%</b>

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.

***If respondents were not representative of the demographics of infants, toddlers, and families enrolled in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.***

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.

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

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

### Data and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	0.90%	0.90%	1.00%	1.00%	1.10%	1.10%
Data	0.82%	0.97%	1.04%	1.11%		

### 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.

## FFY 2023 Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data
1,416	128,059	1.11%

***Provide results of the root cause analysis of child find identification rates, if applicable***

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.

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

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

### Data and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	2.70%	2.70%	2.80%	2.80%	2.90%	2.90%
Data	2.57%	3.00%	3.46%	3.64%		

### 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.

## FFY 2023 Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data
14,063	386,801	3.64%

***Provide results of the root cause analysis of child find identification rates, if applicable***

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.

## Indicator 7: 45-day timeline

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 and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%
Data	99.40%	98.84%	99.38%	99.40%		

### FFY 2023 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 2023 Data
1,496	1,505	99.40%

**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.

## Correction of Previous Findings of Noncompliance

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

**Describe how the State verified that the source of noncompliance is correctly implementing the source of noncompliance is 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 two consecutive months 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. A month with no applicable records, however, will not impact two consecutive months that occur immediately prior to and following the null month.

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.

## Indicator 8: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

### 8A Data and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%
Data	98.27%	99.72%	99.69%	98.47%		

### 8A FFY 2023 Data

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data
838	851	98.47%

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.

## 8A Correction of Previous Findings of Noncompliance

### *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

## 8B Data and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%
Data	100%	100%	100%	100%		

## 8B FFY 2023 Data

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 2023 Data
6,759	6,759	100%

### 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.

**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.

**8B Correction of Previous Findings of Noncompliance**

***Correction of Findings of Noncompliance Identified in FFY 2022***

<b>Findings of Noncompliance Identified</b>	<b>Findings of Noncompliance Verified as Corrected Within One Year</b>	<b>Findings of Noncompliance Subsequently Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
0	0	0	0

## 8C Data and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%
Data	97.65%	99.55%	100%	99.01%		

## 8C FFY 2023 Data

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2023 Data
804	812	99.01%

**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.

## 8C Correction of Previous Findings of Noncompliance

### *Correction of Findings of Noncompliance Identified in FFY 2022*

<b>Findings of Noncompliance Identified</b>	<b>Findings of Noncompliance Verified as Corrected Within One Year</b>	<b>Findings of Noncompliance Subsequently Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
0	0	0	0



## Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

### Data and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	N/A	N/A	N/A	N/A	N/A	N/A
Data	N/A	N/A	N/A			

### Targets: Description of Stakeholder Input

N/A

### FFY 2022 Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data
N/A	N/A	N/A

## Indicator 10: Mediation

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 and Targets

FFY	2020	2021	2022	2023	2024	2025
Target	N/A	N/A	N/A	N/A	N/A	N/A
Data	N/A	N/A	N/A			

### Targets: Description of Stakeholder Input

N/A

### FFY 2022 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
0	0	0	N/A

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	80%

### 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 (A+B) – (C1+C2)
1	0	0	N/A	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***

<b>Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)</b>	<b>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</b>	<b>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)</b>	<b>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)</b>	<b>Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected (A+B) – (C1+C2)</b>
3	0	3	N/A	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 (A+B) – (C1+C2)
0	0	N/A	N/A	N/A

*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

**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 (A+B) – (C1+C2)
0	0	N/A	N/A	N/A

*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

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 (A+B) – (C1+C2)
0	0	N/A	N/A	N/A

*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

**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**

<b>Number of findings of Noncompliance that were timely corrected (C1 + C2)</b>	<b>Number of findings of Noncompliance that were identified FFY 2022 (A+B)</b>	<b>FFY 2022 Data</b>	<b>FFY 2023 Target</b>	<b>FFY 2023 Data</b>	<b>Status</b>	<b>Slippage</b>
4	5	N/A	100%	80%		N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	20%
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**Provide reasons for slippage, if applicable**

N/A

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	N/A
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	N/A
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	N/A
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	N/A
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	N/A
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	N/A
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	N/A

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