

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2021

Ohio



**PART C DUE**  
**February 1, 2023**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

DODD has continued its focus on the delivery of high-quality technical assistance and professional development opportunities to Early Intervention (EI) service providers to support the effective and appropriate implementation of the Individuals with Disabilities Education Act (IDEA) Part C regulations and evidence-based EI practices. Throughout this reporting period, considerations related to the COVID-19 pandemic and staffing challenges involved significant resources at both the lead agency and local levels. Lead agency staff were actively engaged in providing technical assistance and other supports to local programs, including supporting local programs in new American Rescue Plan Act (ARPA) initiatives. During 2023, DODD will be focused on its five-year administrative rule review process. Lead agency staff have been planning this process throughout 2022 and begun initial engagement with Ohio's State Interagency Coordinating Council (SICC). DODD is planning for and, looks forward to engaging with, an extensive group of diverse stakeholders.

#### Additional information related to data collection and reporting

DODD has no relevant additional information to report related to data collection and reporting.

#### General Supervision System

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

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, and DODD is directly responsible for overseeing the implementation of these rules.

In addition to these rules, Ohio utilizes its website, guidance documents, memos, conference calls, and newsletters to provide technical assistance around the requirements of Part C of IDEA. 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. The lead agency monitors all EI programs annually on a rotating schedule through three compliance indicators: 45-Day timeline; Timely Receipt of Services; and Transition, including Transition Planning Conference and Transition Steps and Services. Local Education Agency (LEA) notification is monitored for every program annually. Any EI program with less than 100% compliance on any of these indicators is issued a finding and provided with targeted technical assistance, as needed. Data for the program are monitored monthly until compliance is verified at 100%. 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, conduct record reviews, and provide support to local EI programs in implementing the requirements of IDEA. Finally, every local EI program has a technical assistance and training plan that addresses these priorities.

#### Technical Assistance System:

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

Four regional EI program consultants and technical assistance team lead work at DODD and 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 site visits and 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 needs and strengths and serves as a roadmap for implementation of IDEA and evidence-based EI practices. During this reporting period, the EI program consultants have been focused heavily on supporting many local programs facing significant staffing challenges. Relatedly, many local programs also needed support as they grappled with a disproportionate number of new staff. To that end, in early 2022, DODD embarked on a multi-year process to reinforce the EI eligibility process. This work has been informed by data DODD obtained via data analyses, record reviews, and a skills assessment of all EI service coordinators and their supervisors at the end of 2021 and beginning of 2022.

DODD continues to communicate 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, and training opportunities. The memo is geared to local EI program leadership, but any interested person can sign up to receive the communication. Approximately 6000 individuals are on the distribution list. The communications are also archived on the EI program's website.

#### 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. DODD also encouraged local EI programs to leverage ARPA funding opportunities to support professional development around evidence-based EI practices. During this rating period, in collaboration with stakeholders, DODD approached finalization of an extensive professional development plan. This plan will be shared statewide in December 2022. During this reporting period, DODD also began implementation of an evidence-based coaching requirement for individuals who hold a one-year developmental specialist certification.

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 DODD-created trainings.

#### Broad Stakeholder Input:

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

Active, meaningful stakeholder involvement in all aspects of Ohio's Early Intervention program is a strong priority of the Department of Developmental Disabilities (DODD). 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, discussion, planning, and more while providing additional insight and feedback to DODD staff and appointed SICC members. These additional members provided invaluable feedback over the past several years as DODD 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 providers of EI services 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, DODD leverages its annual family questionnaire to learn more about family's 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.

The lead agency invites public comment on the APR, annual application for Part C IDEA funds, and any rule or form changes. The public is invited to provide comment for a minimum of thirty calendar days for any document submitted to the USDOE/OSEP. All documents are posted on the program website (<https://ohioearlyintervention.org/>) for a minimum of sixty calendar days. Solicitations for feedback are made via the biweekly communication to the EI field and stakeholders, which has approximately 6000 recipients.

DODD made no changes to the targets shared in last year's APR. DODD did share with the SICC and larger stakeholder group that OSEP had accepted the targets that they and other Ohio Early Intervention stakeholders had set the prior year. Members were 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, DODD 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, DODD 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, DODD 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 DODD 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, DODD created a document for public posting that explained each indicator, provided baseline data, and a proposed target. DODD put this document on the EI website and solicited feedback via its biweekly communication to EI stakeholders that includes parents, providers, and other stakeholders.

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

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, DODD 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.

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

NO

**Number of Parent Members:**

4

**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 four parent members of the SICC were actively involved over an extended period of time in analyzing data, considering improvement strategies and evaluating progress, and ultimately finalizing targets in the SPP/APR. In addition to these four appointed members of the SICC, DODD actively involved other parents of children with disabilities and representatives from organizations advocating for and representing parents of children with disabilities. As stated above in the "Broad Stakeholder Input" section, Ohio has formally augmented its SICC with approximately 25 additional members. These members include parents of children with disabilities, a representative from the state's Parent Training and Information Center (who also acts as multicultural information specialist), and other advocacy groups for early childhood and disability initiatives. The stakeholder group also includes representation from an Ohio initiative dedicated to engaging, empowering, and supporting families and leadership. As described above, DODD engaged in a lengthy target-setting process over the course of many months. By discussing targets over an extended period of time, DODD 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 DODD 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, DODD sought broader feedback. DODD created a document for public posting that explained each indicator, provided baseline data, and a proposed target. DODD put this document on the EI website and solicited feedback via its biweekly communication to EI stakeholders that includes parents, providers, and other stakeholders. Approximately 6000 people are subscribed to this EI newsletter and recipients include families of children with disabilities, advocates, and local EI partners. Feedback was shared with the broad stakeholder group, additional data were discussed, and targets were finalized at the November 2021 meeting.

How best to evaluate progress has been discussed extensively at these broad stakeholder meetings especially in the context of improving data quality related to child outcomes and the effects of the COVID-19 pandemic on child counts. In addition, the group is actively involved in considering improvement strategies for the EI program. Child find and public awareness for EI are discussed regularly. These stakeholders are actively involved in identifying improvement strategies as part of Ohio's SSIP and data to inform future discussions. Finally, Ohio has prioritized hearing directly from families

as part of the annual family questionnaire. Comments and data from the questionnaire are used to inform improvement strategies and to evaluate progress on existing initiatives. DODD, in collaboration with stakeholders, did not make any changes to targets for FY21.

#### **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.**

DODD 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. During this reporting period, DODD included questions related to Ohio's new social-emotional-focused SiMR in its 2022 family questionnaire to gain insights directly from families. DODD has also taken steps in recent years to increase both the overall response rate and the representativeness of the respondents of the family questionnaire. In FY20, the representativeness of Black and African American respondents increased significantly. DODD was able to maintain this level of representativeness in FY21. Finally, DODD 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.**

As lead agency, DODD actively seeks stakeholder input. DODD uses 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, DODD 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. DODD used its biweekly newsletter to publicize the draft proposal and seek feedback. The biweekly newsletter was sent to approximately 6000 recipients. Stakeholders are also very involved in developing improvement strategies and evaluating progress. DODD 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, DODD 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). Families are asked annually as part of the EI family questionnaire a series of questions about their EI services beyond those required in Indicator 4 of the APR. DODD uses this information to develop new strategies to improve child outcomes and evaluate progress. Finally, DODD 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 his contact information. Because of this, he has received feedback from local EI leaders, early childhood stakeholders, EI providers, and families. 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.**

DODD has used the EI website to post all federally required documents, and DODD has also maintained a historical archive of many materials. Although this is not required, DODD believes it is important to make these materials freely available to members of the public so they can be active partners in shaping the state's EI program. Thus, copies of the state's APR and SSIP submissions through FFY13 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. DODD 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 DODD 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, DODD will post this APR to the EI website along with the finalized targets. DODD 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.

#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 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 2020 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 2020 APR in 2022, is available.**

DODD 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 FFY21 reports were sent to all local EIS programs and posted to the EI website in March 2022. The FFY21 reports will be sent to local programs and added to the EI website by June 2023.

#### **Intro - Prior FFY Required Actions**

None

#### **Intro - OSEP Response**

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

#### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	72.37%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.16%	98.64%	99.40%	99.93%	99.68%

### Targets

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

### FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,101	1,308	99.68%	100%	99.77%	Did not meet target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

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

204

**Provide reasons for delay, if applicable.**

The 1,305 child records counted as being compliant include 204 that were non-timely due to documented exceptional family circumstances. These 1,305 child records are included in the numerator and denominator. See below for a breakdown of reasons for untimely receipt of services:

- Exceptional family circumstances: 204
- Staff error: 3

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

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

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. DODD 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 #7 of the FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR).

Thirty EIS programs were scheduled to have their data for this indicator monitored for FFY 2021. All children among the 30 selected EIS programs who had services due to start between January 1, 2022 and March 31, 2022 were included in Ohio's FFY21 TRS 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 TRS due dates between October 1, 2021 and December 31, 2021 was examined). 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 to EIS programs upon completion of the baseline analysis. A total of three noncompliant records were identified across two local programs during the FFY21 baseline analysis, but DODD 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. DODD 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.

Two TRS findings were due for correction in FFY21. These findings were reported in Ohio's FFY20 APR, based on FFY20 data, and identified and issued in FFY20. These findings were corrected in a timely manner and verified in accordance with OSEP Memorandum 09-02. DODD 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. Additionally, Ohio reported less than 100% compliance in its FFY19 APR for this indicator.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Two findings for this indicator were due for correction in FFY21, which were corrected in a timely manner. Correction of each finding was verified in accordance with OSEP Memorandum 09-02. DODD 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 TRS were issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local programs 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:
- DODD 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 two consecutive months of data at 100% face value, at which point DODD 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. A month with no applicable records, however, will not impact two consecutive months that occur immediately prior to and following the null month.

Using the above approach, the state verified a randomly selected, representative sample of child records from the local programs to ensure that for each child, all new services began within thirty days of the signed IFSP 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 TRS 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 programs as follows:

- Crawford: 5 records reviewed; timelines ending February and March 2021
- Fulton: 10 records reviewed; timelines ending February and March 2021

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

Ohio ensured the local programs 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**1 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

As reported in the Indicator Data section, the two findings of noncompliance identified in FFY20 were corrected in a timely manner. In accordance with OSEP Memorandum 09-02. DODD 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.

**1 - OSEP Response**

**1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2010	83.33%

FFY	2016	2017	2018	2019	2020
Target>=	95.00%	100.00%	100.00%	98.00%	98.00%
Data	98.14%	98.95%	98.43%	98.63%	98.52%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	98.00%	98.00%	99.00%	99.00%	99.00%

### Targets: Description of Stakeholder Input

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, DODD 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, DODD 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. DODD 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. DODD also publicized the solicitation for feedback in its biweekly newsletter about EI. This communication is sent to more than 5700 recipients and includes providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. DODD accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	11,746



Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	11,870

**FFY 2021 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
11,746	11,870	98.52%	98.00%	98.96%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, DODD 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, DODD 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. DODD 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. DODD also publicized the solicitation for feedback in its biweekly newsletter about EI. This communication is sent to more than 5700 recipients and includes providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. DODD 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.

#### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2020	Target>=	62.00%	63.00%	64.00%	63.10%	52.00%
A1	52.18%	Data	54.26%	54.04%	53.94%	51.06%	52.18%
A2	2020	Target>=	69.00%	70.00%	71.00%	67.00%	54.00%
A2	54.75%	Data	67.87%	67.72%	65.40%	58.59%	54.75%
B1	2020	Target>=	62.00%	63.00%	64.00%	62.90%	59.00%
B1	59.21%	Data	62.08%	60.73%	61.63%	59.05%	59.21%
B2	2020	Target>=	63.00%	64.00%	65.00%	63.00%	45.00%
B2	45.35%	Data	62.68%	60.81%	57.59%	49.78%	45.35%
C1	2020	Target>=	67.00%	68.00%	69.00%	63.00%	62.00%
C1	62.28%	Data	64.87%	63.82%	63.80%	62.42%	62.28%
C2	2020	Target>=	67.00%	68.00%	69.00%	63.50%	48.00%
C2	48.51%	Data	60.16%	58.10%	56.16%	50.64%	48.51%

#### Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	52.00%	53.00%	53.00%	54.00%	55.00%
Target A2>=	54.00%	55.00%	55.00%	56.00%	57.00%
Target B1>=	59.00%	60.00%	60.00%	61.00%	62.00%
Target B2>=	45.00%	46.00%	46.00%	47.00%	48.00%
Target C1>=	62.00%	63.00%	63.00%	64.00%	65.00%

Target C2>=	48.00%	49.00%	49.00%	50.00%	51.00%
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**FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

8,324

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	21	0.25%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,614	31.40%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,169	14.04%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,967	23.63%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,553	30.67%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,136	5,771	52.18%	52.00%	54.34%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	4,520	8,324	54.75%	54.00%	54.30%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	40	0.48%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,754	33.09%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,812	21.77%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,445	29.37%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,273	15.29%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,257	7,051	59.21%	59.00%	60.37%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they	3,718	8,324	45.35%	45.00%	44.67%	Did not meet target	No Slippage

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
turned 3 years of age or exited the program							

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

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	33	0.40%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,721	32.69%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,532	18.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,804	33.69%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,234	14.82%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,336	7,090	62.28%	62.00%	61.16%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	4,038	8,324	48.51%	48.00%	48.51%	Met target	No Slippage

**Provide reasons for C1 slippage, if applicable**

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

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	12,000
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.	3,847

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

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

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

- Relative to same age peers, child has the skills that we would expect of his age in regard to this outcome; however, there are concerns
- Relative to same age peers, child has all of the skills that we would expect of a child his age in the area of this outcome

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

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

**Provide additional information about this indicator (optional).**

### **3 - Prior FFY Required Actions**

None

### **3 - OSEP Response**

### **3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2015	Target>=	98.00%	99.00%	100.00%	95.00%	96.00%
A	93.84%	Data	94.82%	95.43%	96.46%	96.45%	92.13%
B	2015	Target>=	99.00%	100.00%	100.00%	95.00%	96.00%
B	###C04BBA SEDA TA###	Data	95.42%	95.92%	96.82%	97.24%	95.01%
C	2015	Target>=	98.00%	99.00%	100.00%	94.00%	96.00%

C	94.48 %	Data	94.50%	94.89%	96.14%	96.53%	93.64%
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**Targets**

FFY	2021	2022	2023	2024	2025
Target A>=	96.00%	96.00%	97.00%	97.00%	97.00%
Target B>=	96.00%	96.00%	97.00%	97.00%	97.00%
Target C>=	96.00%	96.00%	97.00%	97.00%	97.00%

**Targets: Description of Stakeholder Input**

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, DODD 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, DODD 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. DODD 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. DODD also publicized the solicitation for feedback in its biweekly newsletter about EI. This communication is sent to more than 5700 recipients and includes providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. DODD accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

**FFY 2021 SPP/APR Data**

The number of families to whom surveys were distributed	12,464
Number of respondent families participating in Part C	2,743
Survey Response Rate	22.01%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,524
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,736
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	2,602
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,740
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	2,566
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,739

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	92.13%	96.00%	92.25%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	95.01%	96.00%	94.96%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	93.64%	96.00%	93.68%	Did not meet target	No Slippage



Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	YES
If your collection tool has changed, upload it here.	
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	NO

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

DODD 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, DODD 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. DODD again distributed informational flyers to recipient families prior to collecting questionnaire responses in 2020, 2021, and 2022 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. DODD monitored and provided updates to local programs regarding the response rates throughout the data collection period.

Despite these new efforts in 2019 and 2020, Ohio's response rate and representativeness remained similar to past years. After the data collection period was over, DODD 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, DODD 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 did improve significantly in 2021 and 2022, although they remain underrepresented. DODD 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 will be useful information as the state continues to make efforts to improve representativeness going forward.

**Survey Response Rate**

FFY	2020	2021
Survey Response Rate	20.80%	22.01%

**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 June 1, 2022 were identified as potential recipients of Ohio's 2022 EI Family Questionnaire. 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, DODD 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, with the option to complete the English version of the questionnaire online. All other families were emailed a Survey Monkey link to the questionnaire, with the same information that was included in the one page sheet mailed to families in the body of the email.

Questionnaires and links were distributed in mid-August and responses were accepted through early October 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:

- Questionnaire recipients were emailed information or mailed an information sheet explaining why DODD 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.
- DODD provided local programs a list of questionnaire recipients and the questionnaire links so they could encourage families to respond.
- DODD included all families served at a point in time close to the questionnaire distribution in the population receiving the questionnaire.
- The questionnaire was translated into Amharic, Arabic, Chinese, French, Gujarati, Hindi, Nepali, Pennsylvania Dutch (Amish), Portuguese, Russian, Somali, Spanish, and Tamil and the pertinent questionnaire was distributed to families whose primary caregiver was identified as primarily speaking each language in Ohio's Early Intervention Data System (EIDS).
- The questionnaire was highlighted in several editions of the Part C Coordinator's bi-weekly communication to Ohio's EI field.
- DODD 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.

Last reporting year, DODD also began to require collection of caregiver email addresses in the state's Early Intervention Data System (EIDS) and started emailing information about and links to the Family Questionnaire directly to the majority of 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, DODD 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. A substantial number of invalid email addresses have been identified, so the state will also continue to work with local programs to ensure that the email addresses entered into the data system are accurate and up to date. 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, DODD will specifically work 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. DODD 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 2023.

**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.**

Of the 12,497 families who were identified as having children being served on June 1, 2022, a total of 12,464 received questionnaires (with those not receiving questionnaires being due to a deceased child or not having 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. DODD received completed questionnaires from 2,743 families, which is a response rate of 22.01% (which is an increase from the 20.8% response rate in FFY20). Eighty-seven of Ohio's eighty-eight counties were represented in the responses to the Family Questionnaire. Table 1 in the attachment outlines the methods families used to respond to the questionnaire. DODD looked at potential nonresponse bias across race and ethnicity, child age, and gender. DODD did not identify potential nonresponse bias based on child age or gender; DODD did identify potential nonresponse bias for American Indian or Alaska Native, Asian, and Black or African American respondents. 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 a significant increase in last year's response rate and another increase in this year's response rate. DODD 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, DODD will 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 decreasing non-response bias.

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

Tables 2, 3, and 4 included in the attachment in this section provide a comparison of the race/ethnicity categories, 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 June 1, 2022 whose families received the questionnaire. See the attachment for comparisons of respondents, non-respondents, and the total group.

Age categories and gender of children in respondent families were comparable to non-respondents and all children served on June 1, 2021 whose families received questionnaires. Black or African American families were underrepresented among respondents; however, representativeness of Black families the past two years improved from previous years (nearly 9% of respondents to the FFY21 and FFY20 questionnaires had children who were Black or African American compared to approximately 6% in FFY19 and FFY18 and while still far below the total response rate, the response rate for Black or African American families was again closer to the overall response rate than in previous years). Asian and American Indian or Alaska Native families were also underrepresented among respondents in a similar manner to previous years. Other race and ethnicity group respondents were similar to the overall group receiving the questionnaire. Ohio will continue to make efforts to further increase representativeness of Black respondents with future questionnaires.

**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).**

DODD examined the response rate by race/ethnicity categories, 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 American Indian or Alaska Native, Asian, and Black or African American respondents. It should be noted, though, that the total number of American Indian or Alaska Native families is too small to draw meaningful conclusions about the percentage of respondents.

**Provide additional information about this indicator (optional).**

Baseline years and percentages were updated to reflect the state's current process. Several versions of the Family Questionnaire have been used over the years. The survey was initially re-worked and a shortened version was introduced in 2013, which was used for the FFY12 reporting. The most recent version was first introduced in 2016, which was used for the FFY15 reporting. Additional information about Ohio's Family Questionnaire follows.

**Overview**

The Ohio Department of Developmental Disabilities 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 verbiage of the survey was adjusted in some cases.
- 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.
- DODD added additional quantitative and open-ended questions to obtain input from families regarding their experiences receiving EI services virtually during the COVID pandemic, for use in Ohio's State Systemic Improvement Plan, and to conduct a more in-depth qualitative analysis of the survey data.

#### **4 - Prior FFY Required Actions**

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 4 attachment(s) included in the State's FFY 2020 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

#### **Response to actions required in FFY 2020 SPP/APR**

Information regarding the representativeness of respondents is included in the Indicator Data section.

Verification that the attachments included in the FFY 2020 SPP/APR submission are in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), as required by Section 508 has now been uploaded in EMAPS for the documents associated with Indicator 4. The document is titled "508 All Uploaded Documents."

#### **4 - OSEP Response**

#### **4 - Required Actions**

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

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

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	1.03%

FFY	2016	2017	2018	2019	2020
Target >=	1.30%	1.40%	1.40%	1.40%	0.90%
Data	0.96%	0.92%	0.99%	0.99%	0.82%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	0.90%	1.00%	1.00%	1.10%	1.10%

### Targets: Description of Stakeholder Input

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, DODD 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, DODD 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. DODD 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. DODD also publicized the solicitation for feedback in its biweekly newsletter about EI. This communication is sent to more than 5700 recipients and includes providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. DODD accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	1,243
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More	06/28/2022	Population of infants and toddlers birth to 1	127,649

Source	Date	Description	Data
Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021			

**FFY 2021 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,243	127,649	0.82%	0.90%	0.97%	Met target	No Slippage

Provide additional information about this indicator (optional)

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

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

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2013	2.49%

FFY	2016	2017	2018	2019	2020
Target >=	2.80%	2.90%	2.90%	2.70%	2.70%
Data	2.45%	2.53%	2.70%	2.94%	2.57%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	2.70%	2.80%	2.80%	2.90%	2.90%

#### Targets: Description of Stakeholder Input

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, DODD 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, DODD 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. DODD 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. DODD also publicized the solicitation for feedback in its biweekly newsletter about EI. This communication is sent to more than 5700 recipients and includes providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. DODD accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	11,870
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	395,455

#### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
11,870	395,455	2.57%	2.70%	3.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	73.80%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	97.23%	99.00%	96.29%	99.68%	99.40%

### Targets

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

### FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
588	1,034	99.40%	100%	98.84%	Did not meet target	No Slippage

### Number of documented delays attributable to exceptional family circumstances

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

434

Provide reasons for delay, if applicable.



The 1,022 child records counted as being compliant include 434 that were non-timely due to documented exceptional family circumstances. These 434 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: 434 children
- Staff error/System reason: 12 children

**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. DODD 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 #7 of the FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR).

Thirty EIS programs were scheduled to have their data for this indicator monitored for FFY21. 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 45-Day timelines ending between July 1, 2021 and September 30, 2021 were included in Ohio's FFY21 45-Day analysis. Of the 1,034 child records examined, 1,022 (98.84 percent) were compliant. A total of three findings were issued to three EIS programs upon completion of the baseline analysis. These findings were identified and issued in FFY21 and therefore due for correction in FFY22 and the status of correction will be reported in the FFY22 APR.

Four findings for this indicator were due for correction in FFY21. These findings were reported in the FFY20 APR, based on FFY20 data, and identified and issued in FFY20. All four findings were corrected in a timely manner and verified in accordance with OSEP Memorandum 09-02. DODD ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Four findings for this indicator were due for correction in FFY21. These findings were reported in the FFY20 APR, based on FFY20 data, and identified and issued in FFY20. All four findings were corrected in a timely manner and verified in accordance with OSEP Memorandum 09-02. DODD 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:

- DODD 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 DODD 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:

- Fayette: 7 records reviewed; timelines ending April and May 2021
- Morrow: 5 records reviewed; timelines ending April and May 2021
- Pickaway: 10 records reviewed; timelines ending April and May 2021
- Wyandot: 2 records reviewed; timelines ending December 2021 and January 2022

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

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**7 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

As reported in the Indicator Data section, the four findings of noncompliance identified in FFY20 were corrected in a timely manner. In accordance with OSEP Memorandum 09-02. DODD 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.

**7 - OSEP Response**

**7 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	94.03%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.04%	95.05%	98.27%	97.74%	98.27%

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
629	707	98.27%	100%	99.72%	Did not meet target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

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

76

**Provide reasons for delay, if applicable.**

The 705 child records counted as being compliant include 76 that were non-timely due to documented exceptional family circumstances . These 76 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: 76 children
- Staff error: 2 children

**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. DODD 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 #7 of the FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR).

Twenty-eight EIS programs were scheduled to have their data for this indicator monitored for FFY21. 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 IFSPs with Transition Steps and Services due between October 1, 2021 and December 31, 2021 were included in Ohio's FFY21 Transition Steps and Services analysis. Of the 707 child records examined, 705 (99.72 percent) were compliant. A total of one finding was issued to one EIS program upon completion of the baseline analysis; this finding was identified and issued in FFY21 and therefore the status of correction will be reported in the FFY22 APR.

Seven Steps and Services findings were due for correction in FFY21. Two findings were reported in the FFY19 APR and based on FFY19 data, but not identified and issued until FFY20. Five were reported in the FFY20 APR, based on FFY20 data, and identified and issued in FFY20. All seven findings were corrected in a timely manner and verified in accordance with OSEP Memorandum 09-02. DODD ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	0	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Seven Steps and Services findings were due for correction in FFY21. Two findings were reported in the FFY19 APR and based on FFY19 data, but not identified and issued until FFY20. Five were reported in the FFY20 APR, based on FFY20 data, and identified and issued in FFY20. All seven findings were corrected in a timely manner and verified in accordance with OSEP Memorandum 09-02. DODD 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 Transition Steps and Services 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:

- DODD 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 DODD 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, an IFSP within the required timeframe included Transition Steps and Services 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 Transition Steps and Services 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:

- Champaign: 4 records reviewed; timelines ending in September and October 2020
- Williams: 5 records reviewed; timelines ending in August and September 2020
- Lawrence: 6 records reviewed; timelines ending June and July 2021
- Lucas: 23 records reviewed; timelines ending June and July 2021
- Monroe: 2 records reviewed; timelines ending May and June 2021
- Ottawa: 3 records reviewed; timelines ending June and July 2021
- Vinton: 2 records reviewed; timelines ending June and September 2021

**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 for all children potentially eligible for Part B, an IFSP contained Transition Steps and Services, albeit late, or that the child was subsequently exited from EI.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

As reported in the Indicator Data section, the five findings of noncompliance identified in FFY20 were corrected in a timely manner. In accordance with OSEP Memorandum 09-02. DODD 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.

**8A - OSEP Response**

**8A - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.



## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	97.48%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.61%	100.00%	100.00%	100.00%	100.00%

**Targets**

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

**FFY 2021 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,877	6,639	100.00%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

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

762

Provide reasons for delay, if applicable.

**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 DODD 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 #7 of the FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR).

Ohio created a data set from reports distributed to LEAs from EIS programs. Reports due February 1, 2022 were generated using Ohio's statewide data system of all children turning three between February 1, 2022 and January 31, 2023 who were potentially eligible for Part B, excluding toddlers whose families opted out from notification (762 families opted out, which are not included in the numerator or denominator). The LEAs were informed in a timely manner for all 5,877 (100%) toddlers turning three in the referenced timeframe and whose families did not opt out of notification. DODD also ensured the SEA was notified of all 5,877 children for the February 1, 2022 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 FFY21 data.

There were no LEA/SEA findings due for correction in FFY21.

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

YES

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

YES

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Ohio created a data set from reports distributed to LEAs from EIS programs. Reports due February 1, 2022 were generated using Ohio's statewide data system of all children turning three between February 1, 2022 and January 31, 2023 who were potentially eligible for Part B, excluding toddlers whose families opted out from notification (762 families opted out, which are not included in the numerator or denominator). The LEAs were informed in a timely manner for all 5,877 (100%) toddlers turning three in the referenced timeframe and whose families did not opt out of notification. DODD also ensured the SEA was notified of all 5,877 children for the February 1, 2022 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 FFY21 data.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2020**

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



**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2007	89.32%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.09%	97.44%	97.95%	100.00%	97.65%

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
571	707	97.65%	100%	99.40%	Did not meet target	No Slippage

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

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

39

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

93

**Provide reasons for delay, if applicable.**

The 664 child records counted as being compliant include 93 that were non-timely due to documented exceptional family circumstances. These 93 child records are included in the numerator and denominator. See below for a breakdown of reasons for missed TPC timelines:

- Exceptional family circumstances: 93
- Staff error: 4

**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. DODD 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 #7 of the FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR).

Twenty-eight EIS programs were scheduled to have their data for this indicator monitored for FFY21. 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 Transition Planning Conferences due between October 1, 2021 and December 31, 2021 were included in Ohio's FFY21 Transition Planning Conference analysis. Of the 668 child records examined, 664 (99.40 percent) were compliant. Three findings were issued to three EIS programs upon completion of the baseline analysis; these findings were identified and issued in FFY21 and therefore the status of their correction will be reported in the FFY22 APR.

There were six TPC findings due for correction in FFY21. These findings were included in the FFY20 APR, based on FFY20 data, and identified and issued in FFY20. All of these findings were corrected in a timely manner and verified in accordance with OSEP Memorandum 09-02. DODD ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	0	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

There were six TPC findings due for correction in FFY21. These findings were included in the FFY20 APR, based on FFY20 data, and identified and issued in FFY20. All of these findings were corrected in a timely manner and verified in accordance with OSEP Memorandum 09-02. DODD 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 Timely Transition Planning Conferences were issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local programs 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:

- DODD 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 DODD 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 Timely Transition Planning Conferences occurred for each child. The state continued to examine data and request records to verify until all TPC 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:

- Lawrence: 6 records reviewed; timelines ending June and July 2021
- Lorain: 23 records reviewed; timelines ending May and June 2021
- Lucas: 21 records reviewed; timelines ending May and June 2021
- Monroe: 2 records reviewed; timelines ending May and June 2021
- Ottawa: 3 records reviewed; timelines ending June and July 2021
- Vinton: 1 record reviewed; timeline ending in September 2021

**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 TPCs were held for all children potentially eligible for Part B, albeit late, or that the child was subsequently exited from EI.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

As reported in the Indicator Data section, the six findings of noncompliance identified in FFY20 were corrected in a timely manner. In accordance with OSEP Memorandum 09-02. DODD 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.

**8C - OSEP Response**

**8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that

each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

Ohio has adopted Part C due process procedures.

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	0

**Targets: Description of Stakeholder Input**

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

**Historical Data**

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target>=					
Data					

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=					

**FFY 2021 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

**Targets:** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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



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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

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

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

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

NO

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

NO

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

NO

**Please provide a link to the current theory of action.**

<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Ohio-SSIP-Theory-of-Action-FFY20-through-FFY25.pdf>

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2020	52.18%

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=	52.00%	53.00%	53.00%	54.00%	54.00%

**FFY 2021 SPP/APR Data**

APR Indicator 3A SS1 Numerator	APR Indicator 3A SS1 Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,136	5,771	52.18%	52.00%	54.34%	Met target	No Slippage

**Provide the data source for the FFY 2021 data.**

Ohio extracted the FFY21 SiMR data, along with all COS data, from the state EI data system. COS data for all children who were exited in FFY21, served in EI at least six months, and had entry and exit COS scores were included the analysis. As the SiMR reflects data for the entire population of children included in the COS analyses, this percentage corresponds to Indicator 3A, Summary Statement 1 in Ohio's Annual Performance Report. Further details about data collection and analysis are included subsequently.

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

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

- Relative to same age peers, child's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in this outcome area
- Relative to same age peers, child is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome)
- Relative to same age peers, child is not yet using skills expected of his age. He does however use many important and immediate foundational skills to

build upon in the area of this outcome

- Relative to same age peers, child shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of this outcome
- Relative to same age peers, child shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome
- Relative to same age peers, child has the skills that we would expect of his age in regard to this outcome; however, there are concerns
- Relative to same age peers, child has all of the skills that we would expect of a child his age in the area of this outcome

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

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

As described in the previous section, COS data for the FFY21 SIMR data, along with all COS data, were extracted from the state EI data system including all children who were exited in FFY21, served in EI at least six months, and had entry and exit COS scores. Since Ohio's SIMR data encompass the entire population included in the COS, the SIMR percentage was calculated in the same manner as all COS percentages: all children whose entry COS score was greater than 1 and whose exit COS score was higher than the entry score, divided by all children whose entry or exit COS score was below 6.

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

YES

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

The collection and analyses of data related to the evaluation plan and other data related to social emotional development is described in Section B and summarized in the appendices.

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

YES

**Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.**

Ohio integrated COS into the child and family assessment process in 2015 and transitioned from collecting COS ratings to COS statements at that time. DODD recognized the data quality challenges and concerns as this significant process transition occurred. While the implications regarding data quality became less significant over time, FFY18 was the first reporting year where all included COS data were collected using the new process.

In addition to the implementation of the new COS process, DODD provided a significant amount of technical assistance (TA), created numerous resources, and made available a considerable amount of data related to the COS process to the state's EI field over the last several years. Ohio implemented a new IFSP form in July 2019 that more prominently emphasized the assessment process, including completing the COS. The COS descriptor statements were placed directly on the IFSP form, and DODD required more active involvement of evaluation and assessment teams in documenting the evaluation and assessment results—including the COS statements—on the IFSP form. Additionally, last reporting year, DODD made significant updates to the COS resources page on the Ohio EI website, including posting a new, Ohio-specific decision tree for selecting COS statements. This updated page also includes a recording of a COS webinar, a COS "cheat sheet," resources for engaging families in the COS process, a program guide for monitoring the COS process, and national COS resources. Finally, the last several reporting years, the EI regional program consultants placed a particularly substantial emphasis on the COS process in the local EI programs' TA and training plans.

With this increased focus on the COS, Ohio believes the percentage for Ohio's SIMR, along with the percentages for other COS indicators, now more accurately reflect child outcomes. The percentages for these indicators have begun to even out; however, Ohio acknowledges that with continued emphasis on and improvements in the COS process, there may be some instability in the data for some additional period of time.

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

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

COVID-19 may not have had a direct effect on SIMR data, but certainly continued to impact EI processes and families, more generally. While less common, some parts of the EI process are still being completed virtually in some parts of the state due to or as a residual effect of the pandemic, which continues to have an impact on the way data and information are collected in some capacity. Though many children birth to age three during the height of the pandemic are now over the age three, DODD recognizes that the social-emotional impact of the pandemic on these children and their families likely also continues to be a factor both in EI and beyond in school settings. DODD continues to examine and tease out the impact of the pandemic, including in the interpretation of data.

## **Section B: Implementation, Analysis and Evaluation**

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

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

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

NO

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

Ohio is still in the early phases of this plan and the implementation of improvement strategies. Some short-term and intermediate activities have been completed or are underway as the state has begun to provide resources, trainings, and data related to social-emotional strengths, needs, and development. However, this reporting year, the state primarily collected data to inform decisions on what activities are needed to achieve intermediate and long-term outcomes. Activities related to the short-term and intermediate outcomes, associated evidence-based practices, and data collected and analyzed as part of the state's evaluation plan are described in more detail in the subsequent sections.

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

Ohio developed the following short-term outcomes as part of the state's new evaluation plan:

- Local programs and families have increased access to resources, trainings, and data related to assessing social-emotional strengths and needs through the assessment process, including the COS
- Local programs and families have increased access to resources, trainings, and data about their role in the team development of IFSP outcomes supporting social-emotional development
- Local programs and families have increased access to resources, trainings, and data related to supporting social-emotional development through evidence-based service delivery

The short-term outcomes focus on identifying needs and making needed trainings, resources, and TA available. As such, these outcomes involve many aspects of the systems framework. Issues and needs will be identified via the data, accountability/monitoring, quality standards, and technical assistance areas. The implementation of new resources and trainings involves the professional development area, which also involves the finance area in some cases in order to make these trainings and resources available.

This reporting year, the state made progress toward achieving short-term and intermediate outcomes. In the previous reporting year, the state collaborated with its Central Intake and Outreach vendor, Bright Beginnings, to add information specific to social-emotional development to the state's existing developmental wheel, which previously only listed broader developmental milestones. The added information, aligned with CDC's Act Early initiative, includes key social-emotional milestones and tips parents can use to enhance development in each six-month increment until age three. Local EI programs, as well as other early childhood partners, child care programs, health professionals, and community organizations, can request the wheels at no cost through the EI website. In October 2022, Bright Beginnings also began to offer the ASQ and ASQ-SE online as a child find effort to help families understand how their children are developing. More than 170 screenings were completed online through the end of 2022 and referrals for families who completed them were made to both Early Intervention and Home Visiting. Bright Beginnings also created in 2022 area of delay-specific outreach materials. One of these outreach materials is oriented around social-emotional development.

In addition to continuing to offer trainings that involve EI topics and development more broadly, the state also continued to offer trainings covering social-emotional development more in depth. DODD again offered trainings on The Newborn Behavioral Observations (NBO) system™, which is an infant-focused, family centered, relationship-based tool, designed to foster positive parent-infant interactions and contribute to the development of a positive parent-infant relationship from the very beginning. Additionally, through an interagency agreement (IAA) with The Ohio Department of Mental Health and Addiction Services (OhioMHAS), Hopewell Health Centers conducted numerous trainings related to social-emotional development which were offered statewide to all EI personnel, including:

- Social Emotional Development as a Foundation for Learning
- Perinatal Mood and Anxiety Disorders
- Building Your Bounce: Adult Resilience
- FLIP-IT! Overview and Four- Step Strategy
- Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T)

DODD and OHMAS also enhanced their existing IAA to ensure: EI teams have access to an Early Childhood Mental Health (ECMH) consultant; parents served by EI teams have access to an ECMH consultant; and Development Specialists become more confident and competent in providing interventions to caregivers with infants and toddlers experiencing social-emotional delays. The role of the ECMH consultants includes attending team meetings, providing mental health expertise, providing child/family consultation, sharing resources, assisting with identifying appropriate referrals, and providing trainings. Additionally, DODD and OHMAS are launching a pilot in early 2023 for ECMH consultants to participate in evaluation and assessment teams in and in IFSP meetings in 18 of Ohio's 88 local programs, with the ultimate goal of increasing efficiency in providing families with needed services and supports.

Finally, DODD gathered data directly from families and providers related to social-emotional skills and development via the state's annual family questionnaire and a newly developed provider survey. DODD also continued to complete IFSP outcome ratings, focusing on outcomes addressing social-emotional development. These data are discussed in additional detail subsequently in the section regarding data collection to monitor fidelity of implementation and to assess practice change. DODD will use these data along with information obtained via the ECMH pilot to determine additional activities needed to achieve outcomes and make improvement in the state's SiMR.

Activities related to the short-term outcomes are necessary in order to ultimately achieve the SiMR, and in the sustainability of systems improvement efforts as they lay the foundation for achieving the intermediate and long-term outcomes. To facilitate increased knowledge and improve practices, which will be attained via activities to achieve the intermediate and long-term outcomes, the state is necessarily first gathering data and implementing applicable information, resources, and trainings to address needs identified in each improvement strategy area.

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

NO

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

Over the next reporting year, Ohio will continue to offer trainings related to assessing social-emotional strengths and needs and supporting social-emotional development; collect and analyze data included in the state's evaluation plan to determine whether progress is being made toward achieving outcomes; and examine and discuss data obtained through the family questionnaire, provider survey, and IFSP outcome ratings. Additionally, DODD will provide technical assistance and training for ECMH consultants working in EI; have discussions to determine what is working well and what could be improved with the ECMH pilot; and, if the pilot is successful, make plans for and begin to implement the participation of ECMH consultants on evaluation,

assessment, and IFSP teams statewide. Finally, DODD will collaborate with other early childhood entities to address infant and toddler social-emotional needs. Through these discussions, data analyses, and collaborations, the state will continue to determine additional activities needed to achieve the state's identified outcomes and make progress in the SIMR area, including identifying associated infrastructure areas, applicable evidence-based practices, and timelines for completion of each selected activity.

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

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

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

#### **Provide a summary of each evidence-based practice.**

A description of each of the EBPs Ohio follows:

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

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

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

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

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

- Of 2,702 respondent families, 2,373 (87.82%) reported they agree or strongly agree that EI has helped them better understand the child's social-emotional strengths and needs (on a five-point scale)
- Of 640 IFSP outcomes rated that were identified as addressing social-emotional development, 244 (38%) met all six of the ECTA six-step criteria
- Of 1,914 respondent families, 1,732 (90.49%) reported they agree or strongly agree that during their time in EI, they actively participated in developing IFSP outcomes that support their child's social-emotional development (on a five-point scale)
- Of 383 respondent EI providers, 276 (72.06%) rated their ability to deliver evidence-based EI services to support social-emotional development as a 4 or 5 on a five-point scale
- Of 2,696 respondent families, 2,416 (89.61%) reported they agree or strongly agree that EI has helped them better support their child's social-emotional development (on a five-point scale)

Please note data regarding how well social-emotional strengths and needs are being identified through the assessment process have not yet been collected, but DODD plans to begin reviewing assessments to collect baseline data for this outcome later this year.

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

DODD collected additional baseline data related to social-emotional development through the state's family questionnaire, provider survey, and IFSP outcome rating process. The additional data collected in each of these ways are described below and along with the data that are part of the evaluation plan, summarized in Appendix B, Appendix C, and Appendix D, respectively.

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

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

In addition to data collected as part of the evaluation plan, EI providers responded to items on the provider survey regarding their:

- Involvement in the assessment process to identify children's social-emotional strengths and needs;
- Participation in identifying IFSP outcomes to support social-emotional development;
- Confidence in comparing children's positive social-emotional skills to same-age peers;
- Confidence in identifying children's social-emotional strengths and needs;
- Understanding of children's social-emotional skills/development;
- Confidence in developing outcomes to address social-emotional needs; and
- Confidence in delivering evidence-based EI services to address social-emotional development.

In addition to data collected as part of the evaluation plan, DODD analyzed the following data related to IFSP outcomes addressing social-emotional development:

- The number of outcomes that met each of the six criteria
- The number of outcomes that met one, two, three, four, and five criteria

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

DODD will continue to disseminate resources, offer trainings, provide TA, examine data, and implement activities to make improvements in each of the EBP areas listed and summarized previously. Further, the state will continue to identify activities needed to achieve outcomes, and ultimately, the SIMR, in each of these EBP areas over the next reporting year and beyond. DODD expects to achieve short-term outcomes and make progress toward intermediate outcomes this reporting year.

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

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

DODD selected a new SIMR for the state's SSIP work during the last reporting year as well as new broad improvement strategies and short-term, intermediate, and long-term outcomes that would facilitate progress in the chosen SIMR area. The state also developed a new evaluation plan including measures to track progress in the each of the intermediate and long-term outcomes. DODD is continuing its SSIP work with the same SIMR, improvement strategies, and outcomes and collected baseline data for most of the intermediate outcomes this reporting year. Over the next reporting year, DODD will collect baseline data for the outstanding intermediate outcome. DODD will continue to collect and analyze data through the evaluation plan to determine if any changes to the activities or strategies are needed, but anticipates continuing to implement the current plan without any modifications.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

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

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

In the previous reporting year, DODD collaborated with the state's Early Intervention Advisory Council (EIAC) and stakeholder group to select the state's new SIMR and complete a new infrastructure analysis. The state also engaged stakeholders in the process to select APR targets for FFY20 through FFY25, including the target for the state's new SIMR. Finally, DODD shared the new Theory of Action and evaluation plan, last year's full report, and a summary of last year's report with Ohio's EI field.

This reporting year, DODD obtained input from the EIAC and stakeholder group when developing items related to social-emotional development for the state's annual family questionnaire and inaugural provider survey. DODD used these surveys to collect baseline data for the state's evaluation plan and to receive additional input directly from families and providers in the state's EI system. The specific data collected are described in earlier sections of this report and summarized in Appendices B and C. The state shared summary data from the family questionnaire and intends to share high level summary data from the provider survey with local programs. The state also obtained feedback from EI Administrators, ECMH consultants, and local EI leaders to develop ECMH pilot this reporting year, and continues to involve ECMH consultants more meaningfully in the evaluation and assessment process through the pilot implementation.

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

NO

### **Additional Implementation Activities**

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

N/A

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

Timelines for completion of activities will be considered in the coming months as the state continues to have discussions about the data and determine activities needed to achieve outcomes. The data collection measures and outcomes are included in the state's evaluation plan and a link for this plan is provided in Section B of this document. The state collected baseline data related to families' understanding of their children's social-emotional strengths and needs; quality of outcomes addressing social-emotional development; family participation in developing outcomes addressing social-emotional development; practitioners' ability to deliver evidence-based EI services; and families' ability to support their children's social-emotional development this reporting year. Aside from practitioners' ability to deliver evidence-based EI services, which likely will not be examined again until the final year of this plan, DODD plans to collect, analyze, and report on other data on an annual basis. Ohio will collect and analyze baseline data regarding the

identification of social-emotional strengths and needs through the assessment process in the coming months and will determine the schedule for collecting and analyzing these assessment data going forward.

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

N/A

**Provide additional information about this indicator (optional).**

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## **Certification**

### **Instructions**

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

### **Certify**

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

### **Select the certifier's role**

Designated Lead Agency Director

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

### **Name:**

Diane Fox

### **Title:**

Deputy Director

### **Email:**

Diane.Fox@dodd.ohio.gov

### **Phone:**

380-234-0759

### **Submitted on:**

04/25/23 12:18:19 PM

## Determination Enclosures

### RDA Matrix

# 2023 Part C Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
87.50%	Meets Requirements

#### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	14	14	100.00%

#### 2023 Part C Results Matrix

##### I. Data Quality

###### (a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	8,324
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	12,000
Percentage of Children Exiting who are Included in Outcome Data (%)	69.37
<b>Data Completeness Score<sup>2</sup></b>	2

###### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score<sup>3</sup></b>	2
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##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

<b>Data Comparison Score<sup>4</sup></b>	1
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###### (b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

<b>Performance Change Score<sup>5</sup></b>	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2021	54.34%	54.30%	60.37%	44.67%	61.16%	48.51%
FFY 2020	52.18%	54.75%	59.21%	45.35%	62.28%	48.51%

<sup>1</sup> For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

<sup>2</sup> Please see Appendix A for a detailed description of this calculation.

<sup>3</sup> Please see Appendix B for a detailed description of this calculation.

<sup>4</sup> Please see Appendix C for a detailed description of this calculation.

<sup>5</sup> Please see Appendix D for a detailed description of this calculation.



2023 Part C Compliance Matrix

Part C Compliance Indicator <sup>6</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	99.77%	YES	2
Indicator 7: 45-day timeline	98.84%	YES	2
Indicator 8A: Timely transition plan	99.72%	YES	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	99.40%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

<sup>6</sup> The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)

## Appendix A

### I. (a) Data Completeness:

#### The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

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

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e<sup>7</sup>. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

<sup>7</sup> Numbers shown as rounded for display purposes.

<sup>8</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
Outcome A\Category a	1.43	1.62	-0.19	3.05
Outcome B\Category a	1.26	2.27	-1.01	3.53
Outcome C\Category a	1.14	1.59	-0.45	2.73

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b	23.62	8.94	5.75	41.49
Outcome A\ Category c	20.32	12.69	-5.05	45.69
Outcome A\ Category d	27.33	9.46	8.42	46.24
Outcome A\ Category e	27.3	15.11	-2.92	57.52
Outcome B\ Category b	25.16	9.76	5.65	44.68
Outcome B\ Category c	28.73	12.11	4.5	52.95
Outcome B\ Category d	31.76	8.06	15.64	47.87
Outcome B\ Category e	13.09	8.56	-4.02	30.21
Outcome C\ Category b	20.27	8.49	3.29	37.26
Outcome C\ Category c	23.01	13.08	-3.16	49.17
Outcome C\ Category d	34.09	8.09	17.9	50.28
Outcome C\ Category e	21.49	15.06	-8.62	51.6

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

**Anomalies in Your State's Outcomes Data FFY 2021**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>8,324</b>
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	21	2,614	1,169	1,967	2,553
<b>Performance (%)</b>	0.25%	31.40%	14.04%	23.63%	30.67%
<b>Scores</b>	1	1	1	1	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	40	2,754	1,812	2,445	1,273
<b>Performance (%)</b>	0.48%	33.09%	21.77%	29.37%	15.29%
<b>Scores</b>	1	1	1	1	1

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	33	2,721	1,532	2,804	1,234
<b>Performance (%)</b>	0.40%	32.69%	18.40%	33.69%	14.82%
<b>Scores</b>	1	1	1	1	1

	<b>Total Score</b>
<b>Outcome A</b>	5
<b>Outcome B</b>	5
<b>Outcome C</b>	5
<b>Outcomes A-C</b>	15

<b>Data Anomalies Score</b>	2
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Appendix C

II. (a) Data Comparison:

**Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement<sup>9</sup>. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

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

**Your State's Summary Statement Performance FFY 2021**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	54.34%	54.30%	60.37%	44.67%	61.16%	48.51%
Points	1	1	1	1	1	1

<b>Total Points Across SS1 and SS2(*)</b>	6
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<b>Your State's Data Comparison Score</b>	1
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<sup>9</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

## Appendix D

### II. (b) Performance Change Over Time:

#### Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

#### Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g.,  $C3A \text{ FFY}2021\% - C3A \text{ FFY}2020\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on<sup>10</sup>

$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021N] + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N)] = \text{Standard Error of Difference in Proportions}$

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

<sup>10</sup>Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	5,487	52.18%	5,771	54.34%	2.16	0.0094	2.2994	0.0215	YES	2
SS1/Outcome B: Knowledge and Skills	6,739	59.21%	7,051	60.37%	1.17	0.0084	1.3969	0.1624	NO	1
SS1/Outcome C: Actions to meet needs	6,895	62.28%	7,090	61.16%	-1.12	0.0082	-1.3630	0.1729	NO	1
SS2/Outcome A: Positive Social Relationships	8,146	54.75%	8,324	54.30%	-0.45	0.0078	-0.5798	0.562	NO	1
SS2/Outcome B: Knowledge and Skills	8,146	45.35%	8,324	44.67%	-0.68	0.0078	-0.8788	0.3795	NO	1
SS2/Outcome C: Actions to meet needs	8,146	48.51%	8,324	48.51%	0.00	0.0078	-0.0055	0.9956	NO	1

Total Points Across SS1 and SS2	7
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Your State's Performance Change Score	1
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Data Rubric

FFY 2021 APR<sup>11</sup>

Part C Timely and Accurate Data -- SPP/APR Data		
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
	<b>Subtotal</b>	12
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	17

<sup>11</sup> In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

		618 Data <sup>12</sup>		
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			<b>Subtotal</b>	9
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 2) =	18.00

Indicator Calculation	
A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	35.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

<sup>12</sup> In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

### SPP/APR Data

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

### Part C 618 Data

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

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 <sup>st</sup> Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 <sup>st</sup> Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November

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

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

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