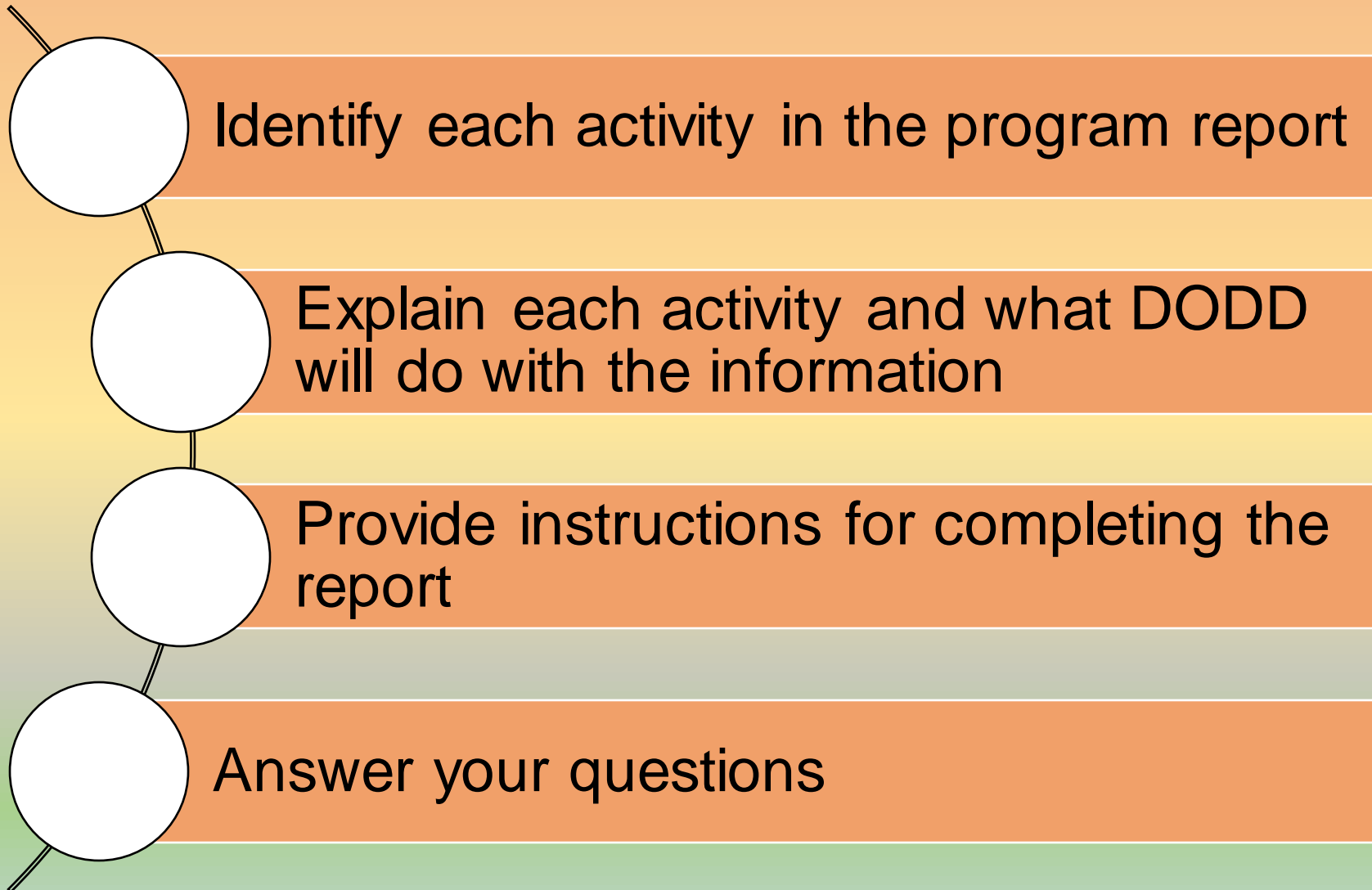


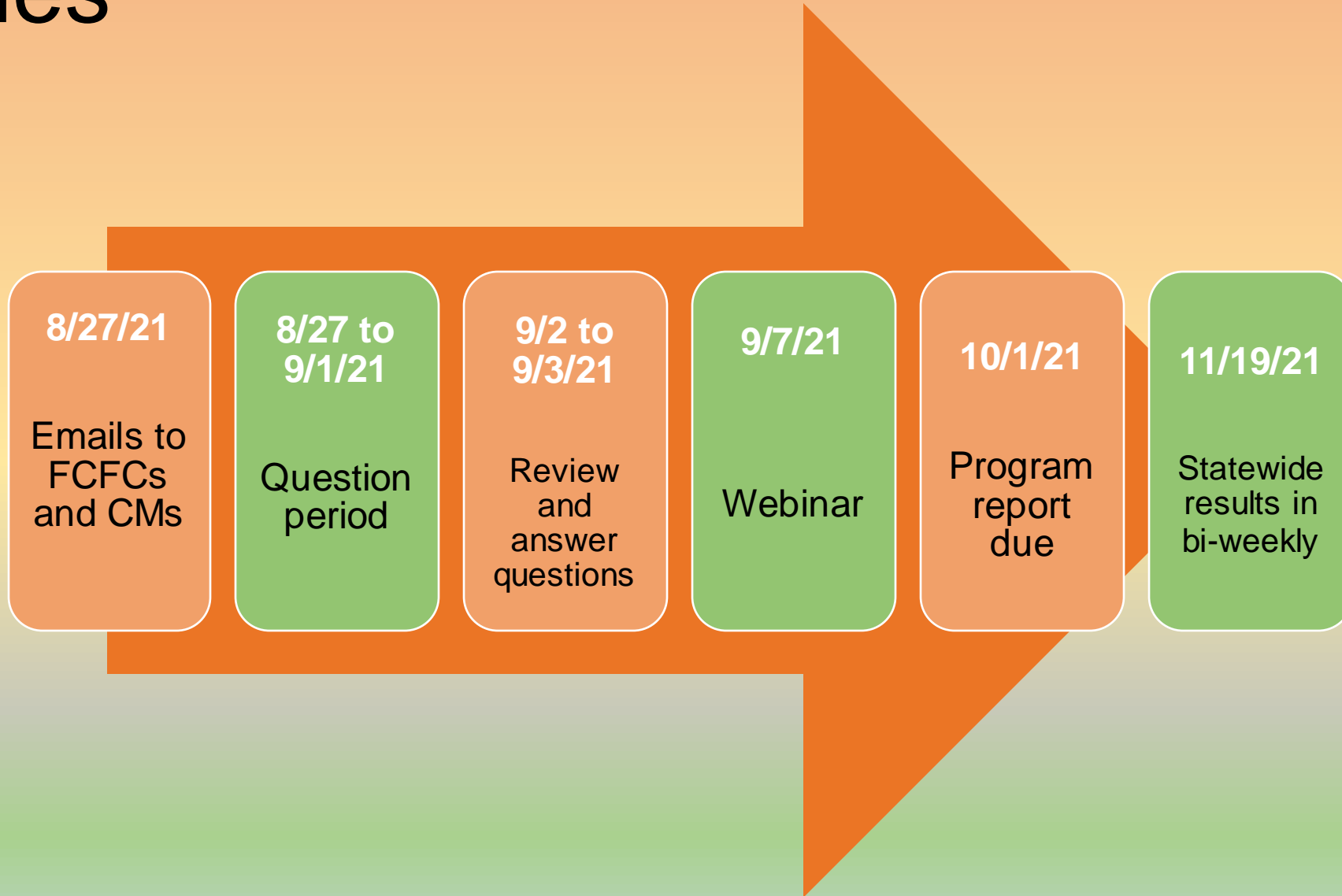
# Program Report Oct 2021

Nathan DeDino, Part C Coordinator  
Diane Fox, EI Program Manager  
Henry Matthews, EI Program Consultant  
Sep 7, 2021

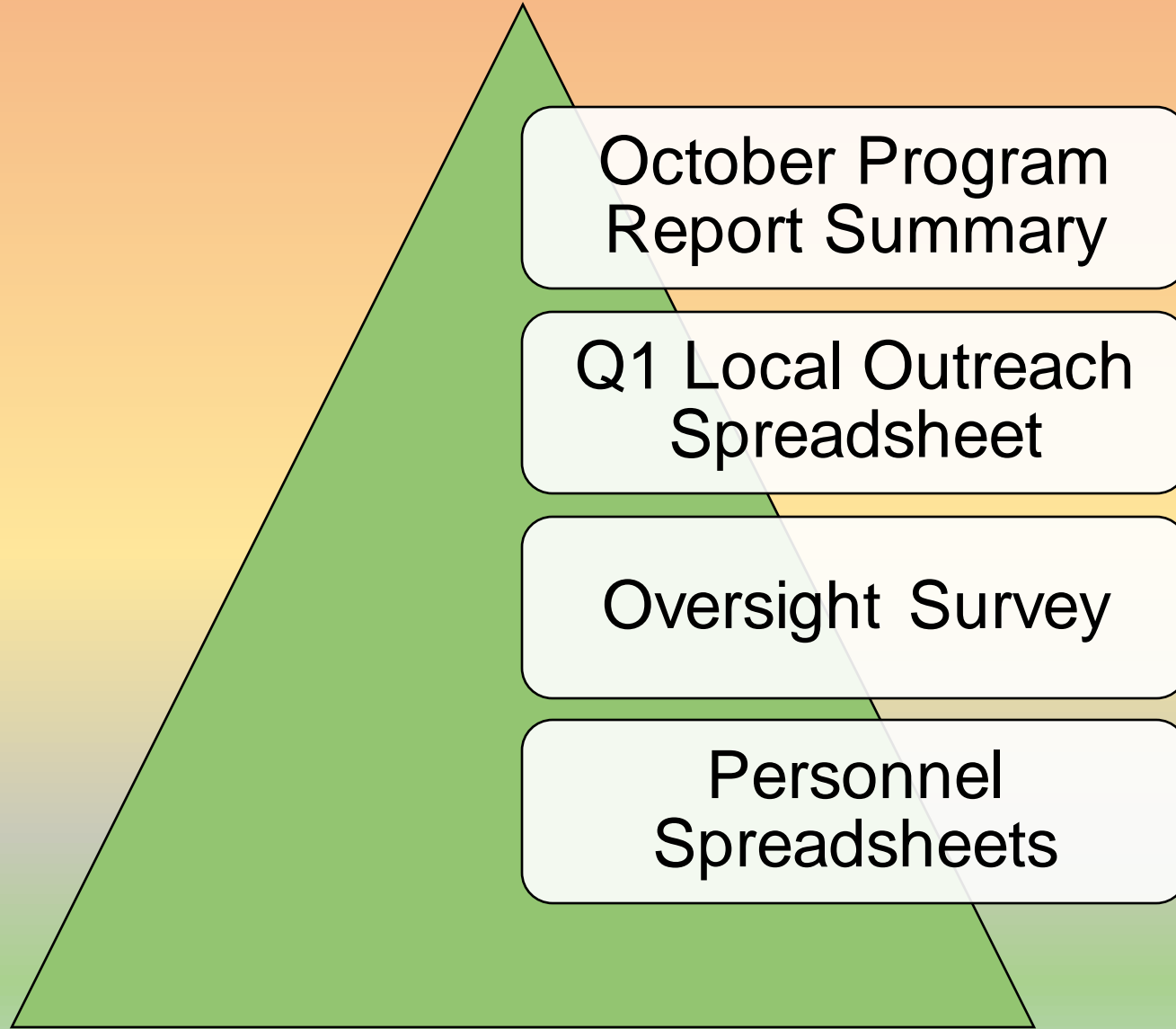
# Objectives

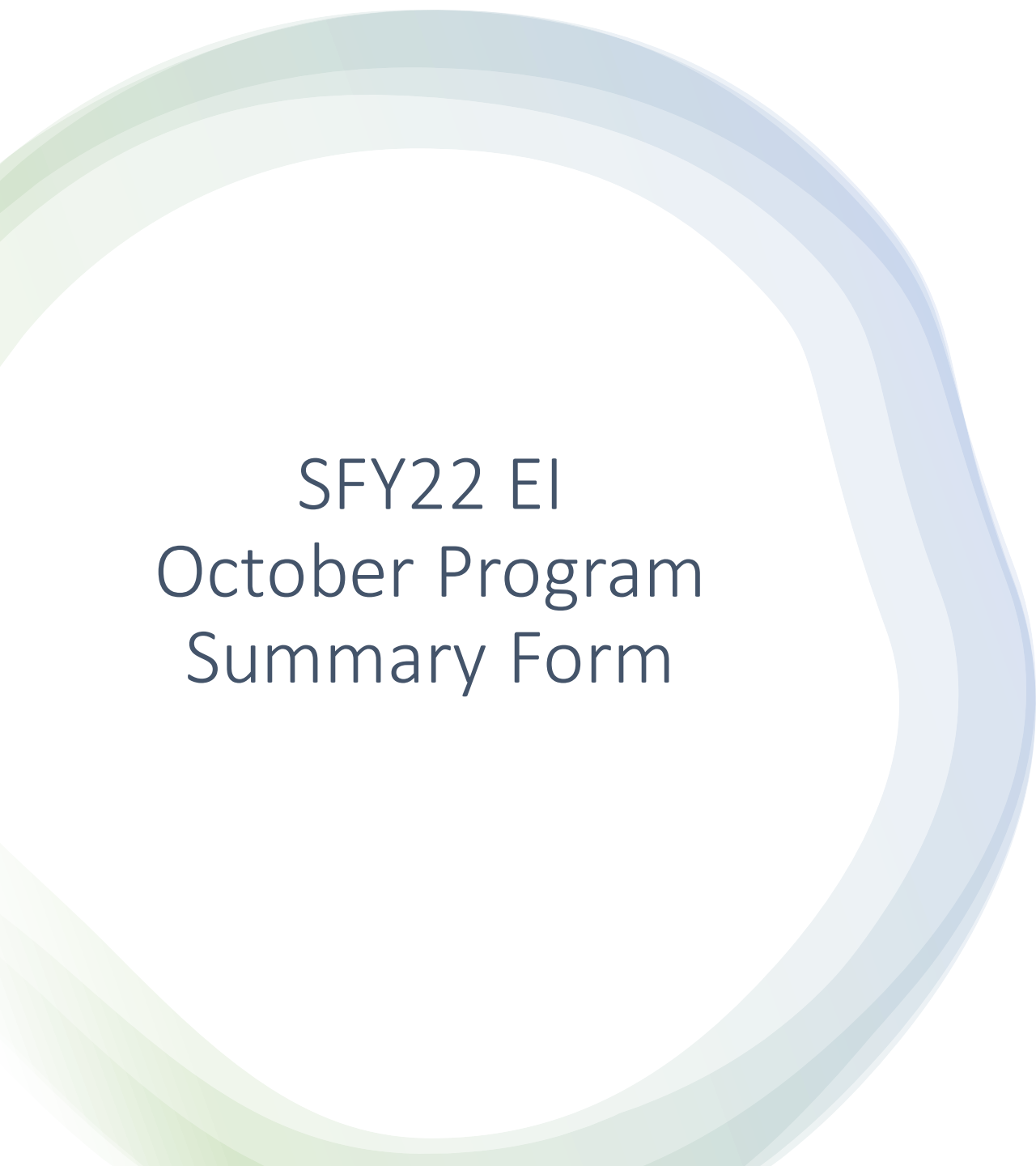


# Timelines



# Activities





# SFY22 EI October Program Summary Form

## **SFY22 EI October Program Report Summary Form**

### **FAMILY QUESTIONNAIRE**

Summarize the strategies that your county used to engage families of color to participate in the family questionnaire.

What worked:

What didn't work:

What you plan to do differently next year to increase family questionnaire participation for all families:

### **OUTREACH**

Summarize at least one successful public awareness/outreach strategy that your county used for local child find efforts to increase referrals for children with either NAS or elevated blood lead level:

### **EISC CREDENTIAL SELF-ASSESSMENT**

Please review your *SFY21* program narrative section that references how your county monitors EISC credentials.

What was listed as your county protocol regarding monitoring of EISC credentials?

What worked?

What didn't work?

Is the information still accurate? If it is not, please update and submit your county's new plan to monitor EISC credentials:

# Family Questionnaire

<b>Early Intervention has helped me to:</b>	
1. Know my rights in the program	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Communicate my child's needs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Help my child learn and develop	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>I am satisfied with:</b>	
4. The respect shown to my family by Early Intervention Service Coordinators and Service Providers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. My family's participation in the development of our Individualized Family Service Plan (IFSP)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. The assistance that Early Intervention has given my family	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. My child's progress	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Early Intervention has made me better able to:</b>	
8. Understand the importance of my role in helping my child learn and develop	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Understand my child's strengths and needs in learning new things and gaining new skills	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# Oct. Program Report Summary Form: *Family Questionnaire*

Engaging families of  
color

Strategies for all families

## **FAMILY QUESTIONNAIRE**

Summarize the strategies that your county used to engage families of color to participate in the family questionnaire.

What worked:

What didn't work:

What you plan to do differently next year to increase family questionnaire participation for all families:

A woman with dark hair, wearing a black patterned shirt, is sitting on the floor and looking at a baby. The baby is wearing a blue t-shirt with the text "Pastor... I want to take a SELF..." and grey pants. The background shows a wooden cabinet and a colorful toy table.

# Family Questionnaire Questions?



# Q1 SFY22 Local Outreach Report

## Service Coordination Grant Agreements

### SFY22 Service Coordination Grant Agreement Materials

**UPDATE 4/15/21:** Below follows the SFY22 service coordination agreement and accompanying documents. You can find all materials and exhibits in Section 3 of the grant agreement.

[Early Intervention Service Coordination Agreement for July 2021-June 2022](#)

[Addendum A: Award Information and Allocation Table](#)

[Addendum B: EI Personnel Contact Sheet](#)

[Addendum C: Federal Funding Accountability and Transparency Act \(FFATA\) Information](#)

[Addendum D: Supplemental Funding Amendment](#)

[Addendum E: Offshore Standard Affirmation & Disclosure Form](#)

[Exhibit A: Allowable Costs](#)

[Exhibit B: Indirect Cost Worksheet](#)

[Exhibit C: Budget Justification Instructions](#)

[Exhibit D: Fixed Asset Schedule](#)

[Exhibit E: Early Intervention Grants System \(EIGS\)](#)

[Exhibit F: Early Intervention Data System \(EIDS\)](#)

[Exhibit G: Early Intervention Contract Manager Training Requirements](#)

[SFY22 Service Coordination Agreement Process Overview Memo – March 26, 2021](#)

[Local EI Outreach SFY22 Q1](#)

	A	B	C	D
1		Please determine the type of activity that you are reporting on. Enter information about Public Awareness activities in the Public Awareness tab below. Enter information about Outreach activities in the Outreach tab below.		
2				
3				
4		<b>Type of Activity</b>		
5		<b>Public Awareness</b>	<b>Outreach</b>	
6		Often indirect contact with intended audience.	Direct interaction with intended audience.	
7		No targeted, specific recipients of the information; intended for the general public.	Specific, targeted individuals meant to receive the information.	
8		Continuous, ongoing activities, ordinarily without a specific time or place (e.g. Billboard ads placed throughout the county over the course of a month).	Discrete events that occur at a specific time and location (e.g. Physician's office on Tuesday).	
9				
10		<b>Description of cost</b> is broad and includes any use of DODD local outreach funds related to staff time, travel, printing charges, etc.		
11				
12				
13				
14				
15				
16				
17				
18				

# Oct. Program Report Summary Form: *Outreach*



## **OUTREACH**

Summarize at least one successful public awareness/outreach strategy that your county used for local child find efforts to increase referrals for children with either NAS or elevated blood lead level:

Outreach

Questions?



# Oct. Program Report Summary Form: *EISC Credential Self- Assessment*

## EISC CREDENTIAL SELF-ASSESSMENT

Please review your *SFY21* program narrative section that references how your county monitors EISC credentials.

What was listed as your county protocol regarding monitoring of EISC credentials?

What worked?

What didn't work?

Is the information still accurate? If it is not, please update and submit your county's new plan to monitor EISC credentials:

## Exhibit C Program Narrative & Budget Justification

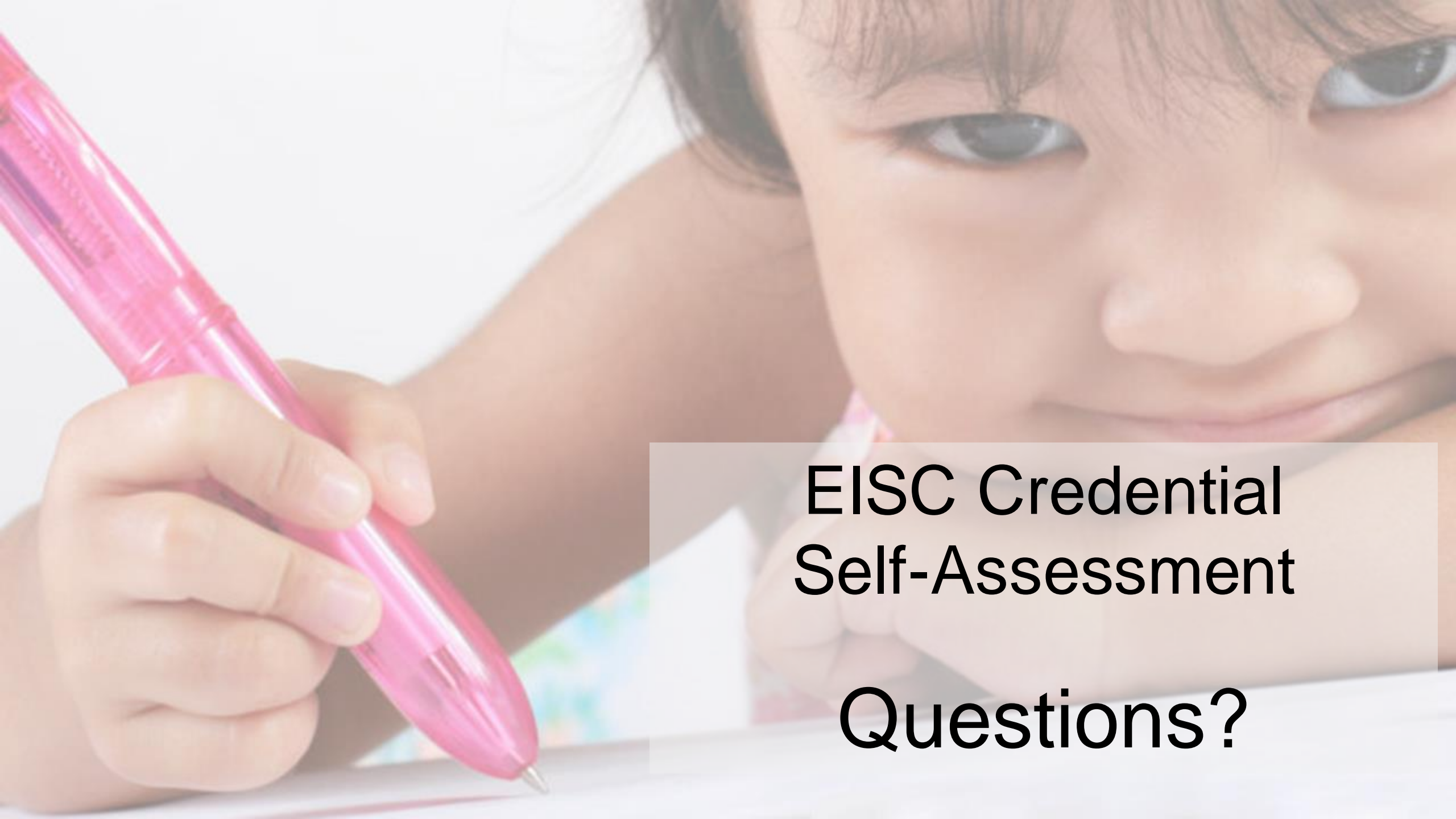
The July 2020-June 2021 (SFY21) Early Intervention Service Coordination agreement funds service coordination services, evaluation, assessment, local child find outreach, as well as oversight and supervision of these activities. DODD will support recipients of this funding by providing training and technical assistance (TA) through the county's TA and training plan.

All sub recipients are required to submit a program narrative and budget justification with their budget request in EIGS. The document shall not exceed fifteen pages and must include ALL of the elements below. If answering for multiple counties, sub recipients may combine information across counties or break out separately depending on what makes the most sense for the local structure and circumstance. DODD is providing a template below for the Budget Justification and Program Narrative that must be utilized when responding to the Budget Justification and Program Narrative questions. Submissions that do not use the template will be rejected and required to be entered using the template.

Describe how the EISC Supervisor monitors each EISC credential and professional development requirements to ensure that all credentials are current and each EISC is able to renew credentials timely.

Describe how EISC Supervisors monitor each EISC credential:

Describe how EISC Supervisors monitor each EISC professional development requirements:



**EISC Credential  
Self-Assessment  
Questions?**

# Oversight Survey

## Oversight survey 2021

\* 1. Select the county in which you are an FCFC Coordinator and/or EISC Contract Manager. (If you have positions with multiple counties, please note that a separate survey needs to be completed for each county)

\* 2. What is your role in this county? (choose one)

- Family and Children First Council (FCFC) Coordinator
- Early Intervention Service Coordination (EISC) Contract Manager
- Both FCFC Coordinator **and** EISC Contract Manager

Prev

Next

Powered by



See how easy it is to [create a survey](#).

<https://www.surveymonkey.com/r/RX3ZLLK>

A close-up photograph of a baby with light skin and blue eyes, wearing a white headband with a bow and a blue denim shirt. The baby is holding a wooden toy car in their mouth with both hands. A circular wooden tag is attached to the car, with the word "Car" printed on it. The background is a blurred outdoor setting with trees and foliage.

Oversight Survey

Questions?





# Evaluator & Assessor Tracking Sheet

	A	B	C	D	E	F	G	H
1	<b>Evaluator &amp; Assessor License/Certification Tracking Sheet</b>							
2	Identify personnel who serve as evaluators and/or assessors on your team for <i>Initial</i> IFSPs. Input each evaluator/assessor's license/certification, along with their number and expiration date. If an individual evaluator/assessor has multiple applicable credentials, please list each credential on separate lines. Add or delete extra lines as needed.							
3	<b>County/Counties Served:</b>							
4	<b>Role</b>	<b>Name</b>	<b>Agency</b>	<b>Type of License/Certification</b>	<b>License/Certification #</b>	<b>License/Certification Expiration Date</b>	<b>E-mail</b>	<b>Phone</b>
5	Evaluator/Assessor							
6	Evaluator/Assessor							
7	Evaluator/Assessor							
8	Evaluator/Assessor							
9	Evaluator/Assessor							
10	Evaluator/Assessor							
11	Evaluator/Assessor							
12	Evaluator/Assessor							
13	Evaluator/Assessor							
14	Evaluator/Assessor							
15	Evaluator/Assessor							
16	Evaluator/Assessor							
17								
18								
19								
20								
21								
22								
23								

*Attached to Nathan's "October EISC Grant Reporting Requirements" Email sent on 8/27*

# Looking Up DS Certifications

**Ohio** | Department of Developmental Disabilities

DODD Certification/Registration Verification

County Board

Last Name

9/7/2021 9:36:20 AM

**Online Certification/Registration Verification**

Welcome to the Ohio Department of Developmental Disabilities Online Certification/Registration Verification.

To verify the status of an individual's certification or registration, please enter the individual's last name and click on "Search." To narrow your query, select the name of the county board with which the individual is affiliated.

To view a list of applicants/credential holders affiliated with a specific county board, select the name of that county board and click on "Search." Please note that the county board affiliation was entered at the time of the most recent application for certification or registration and may not reflect the individual's current affiliation.

Applications that have been received but have not yet been processed and approved will reflect a date under the heading "Application Received by DODD," but will not reflect dates under the headings "Effective Date" and "Expiration Date."

If you need more information or assistance, please contact:

Office of Provider Certification  
Division of Medicaid Development and Administration  
Ohio Department of Developmental Disabilities  
30 E. Broad St., 13th Floor  
Columbus, OH 43215  
(800) 617-6733, Option 3

# of Searches: 236413

[Go back](#)

# E-License

Looking up Ohio Licenses

elicense.ohio.gov/OH\_HomePage



HOME

LICENSE LOOK-UP

# E-License

## Verifying Individual Licenses

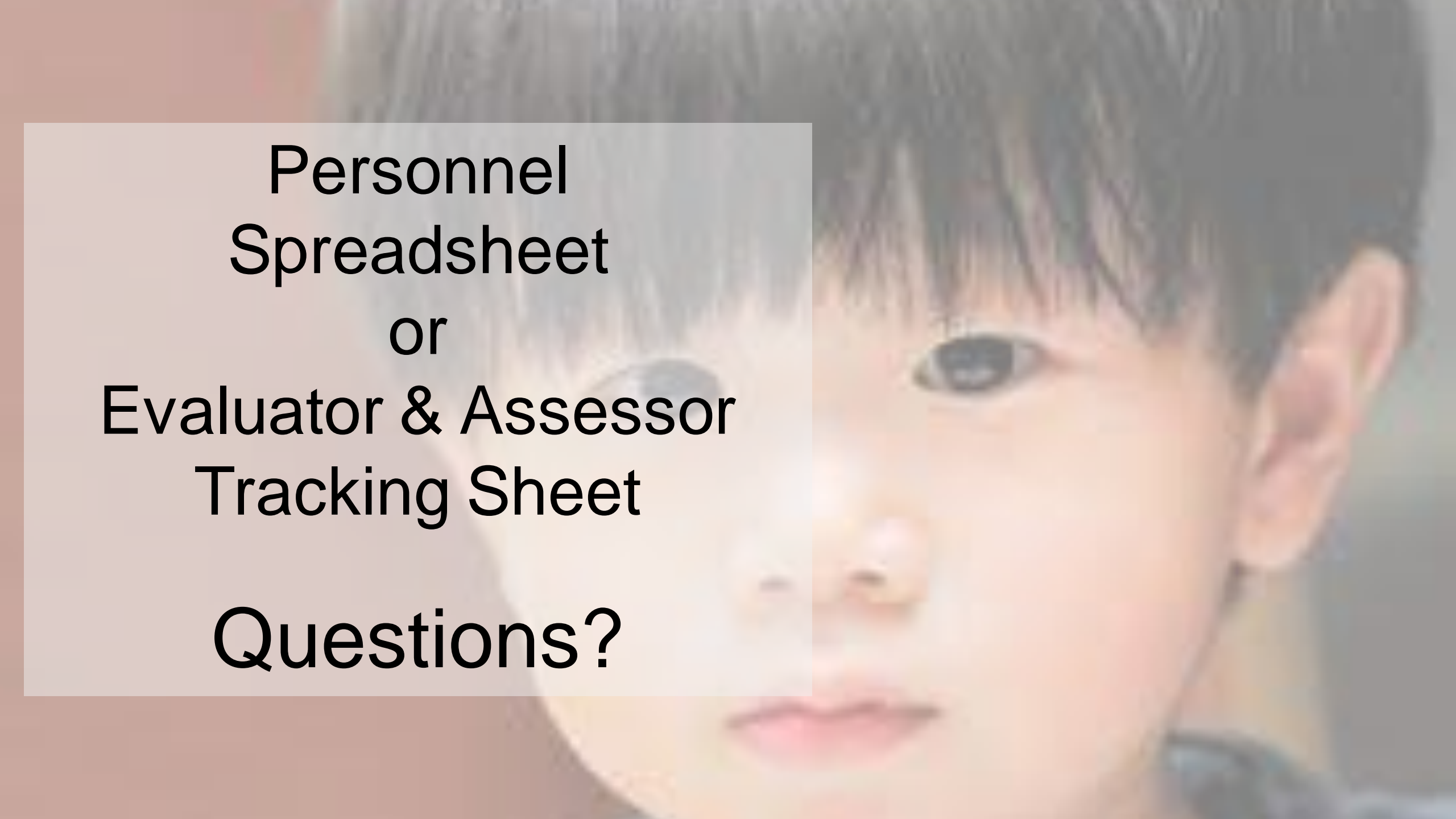
elicense.ohio.gov/oh\_verifylicense

### Search

[INDIVIDUAL](#) [BUSINESS](#)

**Note:** When searching for a licensee or certificate holder it is recommended to start by selecting the Board and enter the name or partial name of the licensee. If you are unsure on the spelling of a name, you can search using a % as a wildcard (ex. A search with "BR%" in last name could return last name results such as Brown, Brady, Britton). The entry of more search criteria will help to narrow down your search results.

Last Name	First Name	Middle Name	Alias
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	County	
<input type="text"/>	<input type="text" value="---Select--"/>	<input type="text" value="--None--"/>	
Board	License Type		
<input type="text" value="--None--"/>	<input type="text" value="--None--"/>		
Enter License or Endorsement Number			
<input type="text"/>			



**Personnel  
Spreadsheet  
or  
Evaluator & Assessor  
Tracking Sheet  
Questions?**

# October Program Report Checklist

## October EI Grant Program Requirements – Due October 1, 2021

✓	Reporting Activity	Format	Person(s) Completing EICM and FCFC coordinator will discuss and assign who is responsible for completing each piece of the program report	Method of Submission
<input type="checkbox"/>	EI October program report summary	Attached “SFY22 EI October Program Report Summary Form” covering— <ul style="list-style-type: none"> <li>• Family questionnaire representativeness</li> <li>• Outreach related to NAS and elevated blood lead levels</li> <li>• EISC credential monitoring</li> </ul>	EI Contract Manager <i>or</i> FCFC coordinator	E-mail your EI program consultant
<input type="checkbox"/>	Evaluator/assessor license and certification tracking	Attached “Evaluator & Assessor License/Certification Tracking Sheet”	EI Contract Manager <i>or</i> FCFC coordinator	E-mail your EI program consultant
<input type="checkbox"/>	Updated personnel spreadsheet	Addendum B: <a href="https://ohioearlyintervention.org/service-coordination-grant-agreements">https://ohioearlyintervention.org/service-coordination-grant-agreements</a>	EI Contract Manager <i>or</i> FCFC coordinator	E-mail your EI program consultant
<input type="checkbox"/>	Local EI outreach	SFY22 Q1 Local EI Outreach spreadsheet: <a href="https://ohioearlyintervention.org/service-coordination-grant-agreements">https://ohioearlyintervention.org/service-coordination-grant-agreements</a>	EI Contract Manager <i>or</i> FCFC coordinator	E-mail your EI program consultant
<input type="checkbox"/>	EI oversight survey	Survey Monkey: <a href="https://www.surveymonkey.com/r/RX3ZLLK">https://www.surveymonkey.com/r/RX3ZLLK</a>	EI Contract Manager <i>and</i> FCFC coordinator	Online survey

# Developmental Specialist Certification Resources

<https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/dodd-apps/online-certification-registration-verification>

## Resources

Training on the certification rule: [Obtaining and Maintaining Early Intervention Developmental Specialist Certification: Rule 5123-10-5 Explained](#)

[Developmental Specialist certification At-A-Glance](#)

[DS certification flow chart \(web\)](#)

[Developmental Specialist One \(1\) Year Certification Application \(initial and renewal\)](#)

[Developmental Specialist Five \(5\) Year Certification Application \(initial and renewal\)](#)

[Application for DODD Continuing Professional Development Units](#)

[Developmental Specialist CPDU Checklist](#)

---

## Coursework/Seminar requirements

If an applicant is missing coursework in any area, they may choose to take a department approved seminar, or an approved college course (totaling at least 30 hours). Please refer to the [checklist](#) for details

## Approved Seminars

To find DODD-approved seminars for Developmental Specialists, please see the [Trainings](#) page under Providers - Professional Development and Trainings. Under Continuing Education Options, click the box for DODD Developmental Specialist Seminar/Course and then click Submit to view a list of seminars.

Thank you!

