**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on   
FFY 2020**

**Ohio**

U.S. Department of Education seal

**PART C DUE   
February 1, 2022**

**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 Individuals with Disabilities Education Act (IDEA) Part C regulations and evidence-based EI practices. Throughout this reporting period, considerations related to the ongoing COVID-19 pandemic continued to involve 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 around virtual service delivery, health and safety considerations for in-person activities, and other pandemic-related issues. Additionally, after passage of the American Rescue Plan Act (ARPA) in the spring of 2021, DODD began an expedited and active engagement process with EI stakeholders and local programs about how best to leverage the unique and significant opportunity these additional funds present. This work has continued into the 2021-2022 reporting period, and DODD looks forward to sharing more details about ARPA-related initiatives in next year’s Annual Performance Report (APR).

Additional information related to data collection and reporting

While the COVID-19 pandemic has had some effect on data collection and reporting in FFY20, it has been relatively limited. DODD’s monitoring schedule that was altered during FFY19 was restored to a more typical schedule in FFY20. Indicator #4 family outcomes percentages did fall slightly for the first time in several years in FFY20. The overall response rate increased significantly and the respondents were also more representative than prior years. Thus, we cannot be sure if these factors, “COVID fatigue,” or some other factors are responsible for the dips in these numbers. Finally, the focus of resources at both the lead agency and local levels on providing high quality EI services during a global pandemic has impeded some progress in the state’s new focus area of its State Systemic Improvement Plan (SSIP). Although the switch in focus to a social-emotional outcome was driven in part by stakeholder concerns about the effect of the pandemic on children’s social-emotional development, the pandemic itself has also imposed constraints in both the resources of time and focus as DODD has worked to create a new plan.

**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%. Finally, all local EI programs have a technical assistance plan that addresses these priorities.

**Technical Assistance System:**

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

Six regional EI program consultants 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 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 heavily focused on supporting local programs in providing services during the COVID-19 pandemic. At the beginning of this reporting period in the summer of 2020, DODD collaborated with other child-serving agencies to draft guidance about best practices when engaging in in-person service delivery. This guidance was an important support for local programs when supporting families for whom virtual service delivery presented challenges. Toward the end of this reporting period, DODD began working with local programs to devise plans to leverage ARPA funding. This work has continued in a significant way into the new reporting period.  
  
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, training opportunities, solicitations for feedback, and links to resources for providers and families. The memo is geared to local EI program leadership, but any interested person can sign up to receive the communication. As of November 2021, the communication has approximately 5700 recipients. 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. Of particular note, DODD began work to transition its multi-module “course” for service coordinators to a fully self-paced format. This work should be completed in FFY21. In FFY20, DODD also completed a revised set professional development standards for developmental specialists, the primary providers of special instruction in the state. Significantly, with the active support of stakeholders, all one-year credentialed developmental specialists will engage in a year of mentoring beginning in FFY20. These professionals will also be required to take a core set of self-paced, foundational trainings already required of EI service coordinators in the state.  
   
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.  
  
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. Indeed, DODD, with stakeholder support, began planning for multi-year targets in the last year of the prior APR package. The SICC and broader stakeholder group 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 for FFY19. 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. The SICC and stakeholder group also discussed targets and baseline data at the August 2020 meeting.  
  
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 at the November 2021 meeting. 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 indicators, provided proposed targets and historical data, 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, other state agency personnel, 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. At the November meeting, the ICC and stakeholder group discussed the targets and most recent baseline data and finalized the targets that are reflected in this APR submission.

**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.   
  
After working with this diverse group of stakeholders to create a draft proposal of targets, DODD sought broader feedback. The proposal, that included relevant historical data and descriptions of targets, was posted on the Ohio EI website and DODD actively publicized this website posting through the biweekly EI newsletter. Approximately 5700 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.

**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. Data from these questions has been incorporated into the SSIP that ended last year and will continue to be used in the new SSIP focused on children’s social-emotional development. During the past two years, DODD asked parents about their experiences with virtual service delivery during the COVID-19 pandemic. 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. This past year, the representativeness of Black and African American respondents increased significantly which is described in greater detail in the narrative accompanying Indicator 4. The full results of the annual family questionnaire, including the open-ended question responses, are shared with local EI programs to support their work. Finally, DODD uses it SICC and stakeholder group to ensure that the diverse feedback is shared with the department. This group has been instrumental in evaluating the state’s Early Intervention infrastructure and identifying activities to improve child outcomes.

**Soliciting Public Input:**

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

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 5700 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 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. In addition, DODD will also post a document that specifically outlines the indicators and 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 2019 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 2019 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 2019 APR in 2021, 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 FFY19 APR is also posted on the EI website. The FFY19 reports were sent to all local EIS programs and posted to the EI website in April 2021. The FFY20 reports will be sent to local programs and added to the EI website by June 2022.

## Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State’s FFY 2019 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 2019 SPP/APR**

DODD posted all documents related to Indicator 11 prior to receiving the determination letter from OSEP. These documents were posted to the Ohio Early Intervention website on April 22, 2021.

## 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

## Intro - State Attachments



# 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 2020 SPP/APR, the data for FFY 2019), 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.05% | 99.16% | 98.64% | 99.40% | 99.93% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 835 | 939 | 99.93% | 100% | 99.68% | 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.***

101

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

The 936 child records counted as being compliant include 101 that were non-timely due to documented exceptional family circumstances. These 101 child records are included in the numerator and denominator. See below for a breakdown of reasons for untimely receipt of services:  
• Exceptional family circumstances: 101 children  
• Staff error: 3 children

**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).**

In Ohio, services must start within 30 days from the time the parent signs the IFSP and consents to services.

**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 2020. All children among the 30 selected EIS programs who had services due to start between July 1, 2020 and September 30, 2020 were included in Ohio’s FFY20 TRS analysis. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. A total of two findings were issued to two EIS programs upon completion of the baseline analysis; these findings were identified and issued in FFY20 and therefore the status of their correction will be reported in the FFY21 APR.  
  
One TRS finding was due for correction in FFY20. This finding was reported in Ohio’s FFY18 APR based on FFY18 data, but this finding was identified and issued in FFY19. This finding was 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. One noncompliant record was identified in one local program during the FFY19 baseline analysis, but DODD looked at more recent data as part of the analysis, and the local program subsequently corrected the noncompliance and therefore was not issued a finding. 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)**

The baseline year has been adjusted and baseline data has been added for this indicator. 2006 is the baseline year for this indicator. 2005 had been a default value in GRADS and EMAPS, and the actual baseline data had never previously been added in either system.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 1 | 1 | 0 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

One finding for this indicator were due for correction in FFY20, which was corrected in a timely manner. Correction of this 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 program found to be noncompliant with TRS was issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. This memo was issued as soon as possible after noncompliance was identified.  
  
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 program 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:  
  
• Portage: 19 records verified; timelines ending in June and July 2019

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

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

One noncompliant record was identified in one local program during the FFY19 baseline analysis, but DODD looked at more recent data as part of the analysis, and the local program subsequently corrected the noncompliance and therefore was not issued a finding.

## 1 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2006, and OSEP accepts that revision.

## 1 - 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.

# 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 (E*MAPS*)).

**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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 90.00% | 95.00% | 100.00% | 100.00% | 98.00% |
| Data | 94.41% | 98.14% | 98.95% | 98.43% | 98.63% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 98.00% | 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 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 10,218 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 10,371 |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 10,218 | 10,371 | 98.63% | 98.00% | 98.52% | Met target | No Slippage |

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

The baseline year and percentage were updated to reflect the state's current process. In FFY10, DODD began calculating primary service location based on planned service time listed on the IFSP rather than what the Service Coordinator indicated as primary location.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2010, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2020 | Target>= | 61.00% | 62.00% | 63.00% | 64.00% | 63.10% |
| **A1** | 52.18% | Data | 57.97% | 54.26% | 54.04% | 53.94% | 51.06% |
| **A2** | 2020 | Target>= | 68.00% | 69.00% | 70.00% | 71.00% | 67.00% |
| **A2** | 54.75% | Data | 67.17% | 67.87% | 67.72% | 65.40% | 58.59% |
| **B1** | 2020 | Target>= | 61.00% | 62.00% | 63.00% | 64.00% | 62.90% |
| **B1** | 59.21% | Data | 62.69% | 62.08% | 60.73% | 61.63% | 59.05% |
| **B2** | 2020 | Target>= | 62.00% | 63.00% | 64.00% | 65.00% | 63.00% |
| **B2** | 45.35% | Data | 63.24% | 62.68% | 60.81% | 57.59% | 49.78% |
| **C1** | 2020 | Target>= | 66.00% | 67.00% | 68.00% | 69.00% | 63.00% |
| **C1** | 62.28% | Data | 62.78% | 64.87% | 63.82% | 63.80% | 62.42% |
| **C2** | 2020 | Target>= | 66.00% | 67.00% | 68.00% | 69.00% | 63.50% |
| **C2** | 48.51% | Data | 60.22% | 60.16% | 58.10% | 56.16% | 50.64% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 52.00% | 52.00% | 53.00% | 53.00% | 54.00% | 55.00% |
| Target A2>= | 54.00% | 54.00% | 55.00% | 55.00% | 56.00% | 57.00% |
| Target B1>= | 59.00% | 59.00% | 60.00% | 60.00% | 61.00% | 62.00% |
| Target B2>= | 45.00% | 45.00% | 46.00% | 46.00% | 47.00% | 48.00% |
| Target C1>= | 62.00% | 62.00% | 63.00% | 63.00% | 64.00% | 65.00% |
| Target C2>= | 48.00% | 48.00% | 49.00% | 49.00% | 50.00% | 51.00% |

**FFY 2020 SPP/APR Data**

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

8,146

**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 | 57 | 0.70% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,567 | 31.51% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,062 | 13.04% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,801 | 22.11% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 2,659 | 32.64% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 2,863 | 5,487 | 51.06% | 52.00% | 52.18% | N/A | N/A |
| 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 | 4,460 | 8,146 | 58.59% | 54.00% | 54.75% | N/A | N/A |

**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 | 70 | 0.86% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,679 | 32.89% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,703 | 20.91% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,287 | 28.08% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,407 | 17.27% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 3,990 | 6,739 | 59.05% | 59.00% | 59.21% | N/A | N/A |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 3,694 | 8,146 | 49.78% | 45.00% | 45.35% | N/A | N/A |

**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 | 62 | 0.76% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,539 | 31.17% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,593 | 19.56% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,701 | 33.16% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,251 | 15.36% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 4,294 | 6,895 | 62.42% | 62.00% | 62.28% | N/A | N/A |
| 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 | 3,952 | 8,146 | 50.64% | 48.00% | 48.51% | N/A | N/A |

**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 | 11,255 |
| 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. | 3,178 |

| **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).**

Baseline years and percentages were updated to reflect the state's current COS process. The COS process was integrated into child and family assessment process/the IFSP form in January 2015, along with changing the collection mechanism to include statements rather than scores. In FFY19, DODD introduced new rules and forms, at which time the COS section was more closely integrated with the assessment section of the IFSP form and COS statements were added directly to this form. Throughout FFY19 and FFY20, DODD placed a particular emphasis on COS in TA, trainings, and resource development. DODD believes t that while COS percentages have decrease over this time, this emphasis on the COS improved data quality, bringing the COS percentages closer to where they should be.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2015 | Target>= | 96.00% | 98.00% | 99.00% | 100.00% | 95.00% |
| A | 93.84% | Data | 93.84% | 94.82% | 95.43% | 96.46% | 96.45% |
| B | 2015 | Target>= | 98.00% | 99.00% | 100.00% | 100.00% | 95.00% |
| B | 95.17% | Data | 95.17% | 95.42% | 95.92% | 96.82% | 97.24% |
| C | 2015 | Target>= | 97.00% | 98.00% | 99.00% | 100.00% | 94.00% |
| C | 94.48% | Data | 94.48% | 94.50% | 94.89% | 96.14% | 96.53% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 96.00% | 96.00% | 96.00% | 97.00% | 97.00% | 97.00% |
| Target B>= | 96.00% | 96.00% | 96.00% | 97.00% | 97.00% | 97.00% |
| Target C>= | 96.00% | 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 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 10,524 |
| Number of respondent families participating in Part C | 2,189 |
| Survey Response Rate | 20.80% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 2,014 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 2,186 |
| 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 | 2,075 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 2,184 |
| 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 | 2,048 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 2,187 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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) | 96.45% | 96.00% | 92.13% | Did not meet target | 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) | 97.24% | 96.00% | 95.01% | Did not meet target | 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) | 96.53% | 96.00% | 93.64% | Did not meet target | Slippage |

**Provide reasons for part A slippage, if applicable**

DODD has made efforts to increase the state's overall response rate to the Family Questionnaire while working to increase representativeness of respondents. The state emailed survey information and links to the majority of families this year, making it easier for more people to respond and the response rate was much higher this year than it has been in the past several years. DODD suspects this increase included a more representative sample of respondents in regard to their satisfaction and experiences with EI. Additionally, the state suspects that COVID could have impacted responses, as services have primarily been completed virtually over the past couple years, which is a completely different experience for families than in person services. DODD will continue to examine the potential impact of COVID on these data going forward.

**Provide reasons for part B slippage, if applicable**

DODD has made efforts to increase the state's overall response rate to the Family Questionnaire while working to increase representativeness of respondents. The state emailed survey information and links to the majority of families this year, making it easier for more people to respond and the response rate was much higher this year than it has been in the past several years. DODD suspects this increase included a more representative sample of respondents in regard to their satisfaction and experiences with EI. Additionally, the state suspects that COVID could have impacted responses, as services have primarily been completed virtually over the past couple years, which is a completely different experience for families than in person services. DODD will continue to examine the potential impact of COVID on these data going forward.

**Provide reasons for part C slippage, if applicable**

DODD has made efforts to increase the state's overall response rate to the Family Questionnaire while working to increase representativeness of respondents. The state emailed survey information and links to the majority of families this year, making it easier for more people to respond and the response rate was much higher this year than it has been in the past several years. DODD suspects this increase included a more representative sample of respondents in regard to their satisfaction and experiences with EI. Additionally, the state suspects that COVID could have impacted responses, as services have primarily been completed virtually over the past couple years, which is a completely different experience for families than in person services. DODD will continue to examine the potential impact of COVID on these data going forward.

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | NO |
| 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 and 2021 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. EI Program consultants also had conversations with local programs regarding response rates and representativeness of respondents.  
  
Despite these new efforts in 2019 and 2020, Ohio’s response rate and representativeness remained similar to past years. After the 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, although they remain underrepresented. In October 2021, 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** | **2019** | **2020** |
| Survey Response Rate | 831.63% | 20.80% |

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

This reporting year, DODD began to require collection of caregiver email addresses in the state’s Early Intervention Data System (EIDS) and emailed information about and links to the Family Questionnaire directly to families. This proved 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 were identified this year, so the state will also 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 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 get closer to representativeness across the board.

**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 10,550 families who were identified as having children being served on June 1, 2021, a total of 10,524 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). DODD received completed questionnaires from 2,189 families, which is a response rate of 20.80%. 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 Asian, Black or African American, and Hispanic 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 this year’s response rate. DODD will continue to work with its local EI programs to identify strategies to increase the response rate and ensure representative responses from under-represented respondents. In October 2021, DODD required all local programs to respond to questions about the steps they took to increase their family questionnaire response rates for the 2021 family questionnaire. DODD will use this information and response rate data to provide targeted technical assistance to those local programs with lower response rates to further increase response rates in 2022.

**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.**

In an effort to increase representativeness of respondents, Ohio communicated with local programs in a targeted manner regarding encouraging families, especially those in typically underrepresented categories, to respond to the questionnaire. Specifically, DODD:  
• Frequently included information about Ohio’s EI Family Questionnaire in the state’s bi-weekly EI Program Updates newsletter  
• Reached out to EI Contract Managers in local programs that have a high density of families in underrepresented categories, asking them to encourage these families to respond to the questionnaire  
  
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, 2021 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 improved significantly from previous years: In FFY19, Black or African American families made up about 6% of total respondents compared to approximately 14% of families who received the questionnaire. In FFY20, the percentage of Black or African American respondents compared to the total had increased by approximately 50% to nearly 9% of respondents (compared to approximately 14% of families who received the questionnaire). Asian and Hispanic 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 underrepresented respondents with future questionnaires with a particular focus on technical assistance to local EI programs that had the lowest response rates.

**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 Hispanic, Asian, and Black or African American 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 to be at a 5th grade reading level.  
• 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 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.  
  
Administration of the Questionnaire  
Families served in Early Intervention on June 1, 2021 were identified as potential recipients. For all primary caregivers identified as recipients, those who had a valid email address listed in the state’s data system were emailed information about the questionnaire and the Survey Monkey link to complete the survey. If the primary caregiver did not have a valid email address listed in EIDS, the questionnaire and an information sheet about the questionnaire were mailed to the family.  
  
Questionnaires and links were distributed in early August and accepted through late September 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 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 Spanish and distributed to families whose primary caregiver was identified as primarily Spanish-speaking 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.  
  
NOTE: The numbers for the FFY19 response rate were inadvertently flipped. The correct numbers are as follows: 1,271 (Number of respondent families participating in Part C)/ 10,570 (The number of families to whom surveys were distributed) = 12.02% response rate.

## 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 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.

**Response to actions required in FFY 2019 SPP/APR**

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. White families continued to be overrepresented and Black or African American families were underrepresented among respondents; however, representativeness of Black or African American families improved from previous years (nearly 9% of respondents to the FFY20 questionnaire had children who were Black or African American compared to approximately 6% in FFY19 and FFY18). Hispanic and Asian respondents were somewhat underrepresented. Other race and ethnicity group respondents were similar to the overall group receiving the questionnaire. Ohio will continue to make efforts to further increase response rates from underrepresented groups with future questionnaires.   
  
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 and 2021 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. EI Program consultants also had conversations with local programs regarding response rates and representativeness of respondents.  
  
Despite these new efforts in 2019 and 2020, Ohio’s response rate and representativeness remained similar to past years. After the 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, 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.

## 4 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2015, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 4 - 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.

## 4 - State Attachments



# 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 E*DFacts* Metadata and Process System (E*MAPS*)) 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.30% | 1.30% | 1.40% | 1.40% | 1.40% |
| Data | 0.97% | 0.96% | 0.92% | 0.99% | 0.99% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.90% | 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 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 1,080 |
| 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, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 132,316 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,080 | 132,316 | 0.99% | 0.90% | 0.82% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The slippage is presumed to be related to COVID, as the state's referrals to EI decreased significantly during this time, leading to decreases in the total number of children served.

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

The baseline data and year were updated to reflect the state's current process. In early 2012, the state gave guidance to to exit children from caseloads when the no longer needed services (at the time most children stayed on caseloads until age three). Additionally, new rules were implemented in the fall of 2012, including more stringent eligibility requirements. Child Count numbers decreased steadily and evened out at the end of 2013/throughout 2014.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2013, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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 (E*MAPS*)) 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.80% | 2.80% | 2.90% | 2.90% | 2.70% |
| Data | 2.45% | 2.45% | 2.53% | 2.70% | 2.94% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.70% | 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 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 10,371 |
| 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, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 404,275 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 10,371 | 404,275 | 2.94% | 2.70% | 2.57% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The slippage is presumed to be related to COVID, as the state's referrals to EI decreased significantly during this time, leading to decreases in the total number of children served.

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

The baseline data and year were updated to reflect the state's current process. In early 2012, the state gave guidance to to exit children from caseloads when the no longer needed services (at the time most children stayed on caseloads until age three). Additionally, new rules were implemented in the fall of 2012, including more stringent eligibility requirements. Child Count numbers decreased steadily and evened out at the end of 2013/throughout 2014.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2013, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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 2020 SPP/APR, the data for FFY 2019), 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.06% | 97.23% | 99.00% | 96.29% | 99.68% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 798 | 1,174 | 99.68% | 100% | 99.40% | Did not meet target | No Slippage |

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

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

369

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

The 1,167 child records counted as being compliant include 369 that were non-timely due to documented exceptional family circumstances. These 369 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: 369 children  
• Staff error: 7 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 FFY20. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 28 selected EIS programs who had 45-Day timelines ending between October 1, 2020 and December 31, 2020 were included in Ohio’s FFY20 45-Day 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 45-Day timelines ending between July 1, 2020 and September 30, 2020 were examined). Of the 1,174 child records examined, 1,167 (99.40 percent) were compliant. A total of four findings were issued to four EIS programs upon completion of the baseline analysis. These findings were identified and issued in FFY20 and therefore due for correction in FFY21 and the status of correction will be reported in the FFY21 APR.  
  
Seven findings for this indicator were due for correction in FFY20. Six of these findings were reported in the FFY18 APR and based on FFY18 data, but not identified and issued until FFY19. One finding was reported in the FFY19 APR and based on FFY19 data, and also identified and issued in FFY19. 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).**

The baseline year has been adjusted and baseline data has been added for this indicator. 2006 is the baseline year for this indicator. 2005 had been a default value in GRADS and EMAPS, and the actual baseline data had never previously been added in either system.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **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 2019 Findings of Noncompliance Verified as Corrected**

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

Seven findings for this indicator were due for correction in FFY20. Six of these findings were reported in the FFY18 APR and based on FFY18 data, but not identified and issued until FFY19. One finding was reported in the FFY19 APR and based on FFY19 data, and also identified and issued in FFY19. 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 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:  
  
• Allen: 22 records verified; timelines ending in November and December 2019  
• Jackson: 2 records verified; timelines ending in September and October 2020  
• Muskingum: 8 records verified; timelines ending in September October 2019  
• Perry: 7 records verified; timelines ending September and October 2019  
• Ross: 6 records verified; timelines ending in November and December 2019  
• Trumbull: 15 records verified; timelines ending in September and October 2019  
• Tuscarawas: 12 records verified; timelines ending in March and April 2020

**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 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

A total of one finding was issued to one EIS program upon completion of the FFY19 baseline analysis. This finding was identified and issued in FFY19 and therefore due for correction in FFY20 and the status of correction is reported in this APR.

## 7 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2006, and OSEP accepts that revision.

## 7 - 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.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# 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 untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

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

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

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

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

Indicator 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 2020 SPP/APR, the data for FFY 2019), 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.53% | 99.04% | 95.05% | 98.27% | 97.74% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 492 | 579 | 97.74% | 100% | 98.27% | 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.**

77

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

The 569 child records counted as being compliant include 77 that were non-timely due to documented exceptional family circumstances. These 77 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: 77 children  
• Staff error/System reason: 10 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 FFY20. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 30 selected EIS programs who had IFSPs with Transition Steps and Services due between October 1, 2020 through December 31, 2020 were included in Ohio’s FFY20 Transition Steps and Services analysis (with the exception of two EIS programs that had no applicable data for the time period, for which a representative sample of children with Transition Steps and Services due dates between July 1, 2020 and September 30, 2020 were examined). Of the 579 child records examined, 569 (98.27 percent) were compliant. A total of five findings were issued to five EIS programs upon completion of the baseline analysis; these findings were identified and issued in FFY20 and therefore the status of their correction will be reported in the FFY21 APR.  
  
No Steps and Services findings were due for correction in FFY20. One finding was reported in the FFY19 APR. This finding was based on FFY19 data, but was not identified and issued until FFY20, so the correction of this finding will be reported in the FFY21 APR.

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

The baseline year has been adjusted and baseline data has been added for this indicator. 2006 is the baseline year for this indicator. 2005 had been a default value in GRADS and EMAPS, and the actual baseline data had never previously been added in either system.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **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 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

A total of two findings were issued to two EIS programs upon completion of the FFY19 baseline analysis; these findings were identified and issued in FFY20 and therefore the status of their correction will be reported in the FFY21 APR.

## 8A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2006, and OSEP accepts that revision.

## 8A - 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.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# 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 untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

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

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

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

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

Indicator 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 2020 SPP/APR, the data for FFY 2019), 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 99.61% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,795 | 5,553 | 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.**

758

**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, 2021 were generated using Ohio’s statewide data system of all children turning three between February 1, 2021 and January 31, 2022 who were potentially eligible for Part B, excluding toddlers whose families opted out from notification (758 families opted out, which are not included in the numerator or denominator). The LEAs were informed in a timely manner for all 4,795 (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 4,795 children for the February 1, 2021 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 FFY20 data.   
  
There were no LEA/SEA findings due for correction in FFY20.

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

YES

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

YES

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

State monitoring

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

Ohio created a data set from reports distributed to LEAs from local EI programs. Reports due February 1, 2021 were generated using Ohio’s statewide data system of all children turning three between February 1, 2021 and January 31, 2022 potentially eligible for Part B, excluding toddlers whose families opted out of notification (758 families opted out, which are not included in the numerator or denominator). Currently, counties are required to send quarterly reports to the LEA (due February 1st, May 1st, August 1st, and November 1st each year) that include all children who will be turning three within a year from the report due date, as long as the family provides consent to share information. Counties are then required to submit proof of doing so to DODD for the February 1 report, which is used for the APR compliance analysis. The LEAs were informed in a timely manner for all 4,795 (100%) toddlers turning three in the referenced time frame and whose families did not opt out of notification. DODD ensured the SEA was notified of all 4,795 children for the February 1, 2021 reporting date in a timely manner, as well as for each quarterly reporting date throughout the fiscal year. As the requirements for the indicators are always the same, a sample of the data from one of the required quarterly reports within the fiscal year is presumed to represent the counties’ compliance for the entire fiscal year.

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

The baseline year and data have been updated as 2006 is the baseline year for this indicator. 2005 had been a default value in GRADS and EMAPS, and the actual baseline data had never previously been added in either system.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **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 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2006, and OSEP accepts that revision.

## 8B - Required Actions

## 8B - State Attachments



# 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 untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

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

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

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

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

Indicator 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 2020 SPP/APR, the data for FFY 2019), 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.65% | 98.09% | 97.44% | 97.95% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 449 | 579 | 100.00% | 100% | 97.65% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

While the percentage for this indicator was less than last year, the slippage is believed to be within a normal range for year-to-year fluctuation.

**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.**

25

**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.**

92

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

The 541 child records counted as being compliant include 92 that were non-timely due to documented exceptional family circumstances. These 92 child records are included in the numerator and denominator. See below for a breakdown of reasons for missed TPC timelines:  
• Exceptional family circumstances: 92 children  
• Staff error/System reason: 13 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 FFY20. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 30 selected EIS programs who had Transition Planning Conferences due between October 1, 2020 and December 31, 2020 were included in Ohio’s FFY20 Transition Planning Conference analysis (with the exception of two EIS programs that had no applicable data for the time period, for which a representative sample of children with Transition Planning Conferences due dates between July 1, 2020 and September 30, 2020 were examined). Of the 554 child records examined, 541 (97.65% percent) were compliant. Six findings were issued to six EIS programs upon completion of the baseline analysis; these findings were identified and issued in FFY20 and therefore the status of their correction will be reported in the FFY21 APR.  
  
There were no TPC findings due for correction in FFY20.

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

The baseline year has been adjusted and baseline data has been added for this indicator. 2007 is the baseline year for this indicator. 2005 had been a default value in GRADS and EMAPS, and the actual baseline data had never previously been added in either system.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **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 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

None

## 8C - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2007, and OSEP accepts that revision.

## 8C - 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.

# 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 (E*MAPS*)).

**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.**

NO

**Select yes to use target ranges.**

**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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/03/2021 | 3.1 Number of resolution sessions | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/03/2021 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

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

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  |  |  |
| Data |  |  |  | 100.00% |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

**Targets**

| **FFY** | **2020 (low)** | **2020 (high)** | **2021 (low)** | **2021 (high)** | **2022 (low)** | **2022 (high)** | **2023 (low)** | **2023 (high)** | **2024 (low)** | **2024 (high)** | **2025 (low)** | **2025 (high)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Target |  |  |  |  |  |  |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2019 Data** | **FFY 2020 Target (low)** | **FFY 2020 Target (high)** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  |  | N/A | N/A |

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

## 9 - Required Actions

# 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 (E*MAPS*)).

**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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 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 due process complaints and therefore does not need to set targets for this indicator.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 2020. 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 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

***Phase III: Implementation and Evaluation***

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)**

YES

**Provide a description of the system analysis activities conducted to support changing the SiMR.**

In the last SSIP cycle, Ohio Part C focused on substantially increasing the rate of growth in improving children’s acquisition and use of knowledge and skills. The state made significant progress in this area, as well as in the broader EI system in implementing the steps and activities needed to achieve the state’s identified outcomes in the first cycle. As DODD completed all of these steps and activities identified in first SSIP cycle, the state began to consider the next SSIP cycle, including selecting a new SIMR area in which to focus the state’s SSIP efforts.   
  
Both data and anecdotal evidence collected over the past several years suggest that Ohio needs to place additional emphasis on social-emotional development. In this timeframe, the percentage of children served in Part C in Ohio who substantially increased their rate of growth was lower in regard to positive social-emotional skills than the other two child outcomes areas. In rating IFSP outcomes over the last several years as part of the previous SSIP, the lead agency staff also recognized that IFSP outcomes addressing social-emotional development generally meet fewer criteria for high quality IFSP outcomes than other outcomes. Further, stakeholders have expressed increased interest in more closely focusing on social-emotional development among children served in Early Intervention. Finally, addressing social-emotional needs has become considerably more pressing as children and families experience challenges related to the COVID-19 pandemic.

**Please list the data source(s) used to support the change of the SiMR**.

• Child Outcomes Summary (COS) statements entered into the Early Intervention Data System (EIDS)  
• IFSPs entered into EIDS  
• Annual IFSP outcome ratings  
• Anecdotal information from conversations with stakeholders  
• Anecdotal information about the impact of COVID on social-emotional skills and mental health

**Provide a description of how the State analyzed data to reach the decision to change the SiMR.**

As indicated above, Ohio utilized ongoing data analyses completed for the APR and SSIP as well as anecdotal data to reach the decision to change the state’s SIMR. Particularly, DODD took the results of the state’s child outcomes indicators as well as several years of IFSP outcome ratings into consideration. Additionally, the state took broad stakeholder input and the impact of the COVID-19 pandemic into account and ultimately determined to focus on improving social-emotional outcomes as the state’s new SIMR.

**Please describe the role of stakeholders in the decision to change the SiMR.**

DODD had discussions about the SSIP and SIMR at each Early Intervention Advisory Council (EIAC) and Stakeholder Group (Ohio’s Interagency Coordinating Council (ICC) and a broader group of stakeholders) meeting. The state’s EI stakeholders expressed increasing interest in more formally addressing children’s social-emotional needs over the past several years. This change also aligns with other initiatives outside of EI in which many of these stakeholders are involved. DODD had a discussion and formally proposed the new SIMR at the February 2021 meeting and the group overwhelmingly supported focusing the new SSIP cycle work on this SIMR area.

**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)**

YES

**Please provide a description of the changes and updates to the theory of action.**

The state created a new Theory of Action to go along with the newly selected SIMR, focusing on three improvement strategy areas:   
• Improve the identification of children’s social-emotional strengths and needs through the assessment process, including the COS   
• Improve the quality of IFSP outcomes addressing social-emotional skills   
• Improve the delivery of evidence-based EI services and families’ ability to support social-emotional development  
The Theory of Action describes and illustrates how, in all three improvement strategy areas, activities implemented at the state level will lead to improvement in practice at the local program level and increased knowledge and improved ability among families. Together, these will ultimately result in improvements in the state’s selected SIMR area. Additional details about each improvement strategy are included in the Theory of Action which can be accessed at the link included in the next section.

**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** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 52.00% | 52.00% | 53.00% | 53.00% | 54.00% | 54.00% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| APR Indicator 3ASS1 Numerator | APR Indicator 3ASS1 Denominator | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 2,863 | 5,487 | 51.06% | 52.00% | 52.18% | N/A | N/A |

**Provide the data source for the FFY 2020 data.**

Ohio extracted the FFY20 SIMR data, along with all COS data, from the state EI data system. COS data for all children who were exited in FFY20, 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’s 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 FFY20 SIMR data, along with all COS data, were extracted from the state EI data system including all children who were exited in FFY20, served in EI at least six months, and had entry and exit COS scores. Since Ohio’s SIMR data encompasses the entire population included in the COS, the SIMR percentage was calculated in the same manner as all COS percentages: all children whose entry COS score was greater than 1 and whose exit COS score was higher than the entry score, divided by all children whose entry or exit COS score was below 6.

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

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, 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, this 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 two reporting years, the EI TA 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. Because the state intends to continue placing substantial emphasis on the COS and expects local programs to continue to make improvements in the COS process, Ohio acknowledges that these percentages could continue to decline 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.**

While COVID-19 may not have directly impacted the collection of the SIMR data, DODD recognizes that completing assessments, including the COS, virtually likely impacted these data. Because of the pandemic, local programs quickly transitioned from completing assessments and COS in person to conducting these activities almost exclusively virtually. As indicated by local programs and families, completing assessments in this manner proved to be challenging in some circumstances and may have been less effective; however, completing the assessments virtually also facilitated the use of observation, interviewing, and the review of other relevant information about the child in the assessment process rather than relying primarily on the tool. The pandemic also created many unique hurdles for families that likely ultimately impacted children’s development across the board, but particularly in the social-emotional area. Because COS has been a significant focus of TA and training efforts in Ohio EI over the past several years, it is difficult to determine how much changes in COS data, including the SIMR, are due to these efforts versus the impact of the pandemic. DODD will keep this in mind while analyzing and interpreting data over the next several years and continue to examine and tease out the impact of the pandemic.

Section B: Implementation, Analysis and Evaluation

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

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

Because Ohio selected a new SIMR to proceed with the state's SSIP work going forward, DODD also identified new broad improvement strategies and outcomes to improve the SIMR. As such, DODD also created a new evaluation plan that reflects data identified as needed to measure progress in the implementation of these newly selected outcomes. The evaluation plan follows a structure similar to the state’s previous SSIP and is aligned with and streamlined to address the new SIMR. The improvement strategies are centered around making improvements in the assessment process, IFSP outcome development, and delivery of evidence-based EI services. In each of these improvement strategy areas, the short-term outcomes focus on ensuring the needed resources, trainings, and data are available to local programs and families. The intermediate outcomes are centered around increased knowledge and improved practice among local programs and increased understanding and participation among families in each of these three areas. Finally, the long-term outcome across the board is Ohio’s newly selected SIMR area, which focuses on substantially increasing children’s rate of social-emotional growth. The new evaluation plan can be found on the Ohio EI website:  
  
https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Ohio-SSIP-Evaluation-Plan-FFY20-through-FFY25.pdf

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

Ohio did not implement any infrastructure improvement strategies this reporting year. Much of the focus among lead agency staff and local programs was on analyzing data, providing TA, and creating resources related to the COVID-19 pandemic, including the distribution of American Rescue Plan Act (ARPA) funds. Additionally, Ohio completed all the activities included in the previous SSIP cycle and selected a new SIMR for this cycle. As such, DODD focused on completing data and infrastructure analyses, selecting new improvement strategies, and developing a new Theory of Action and evaluation plan over the past year. The implementation plan is still in progress, and the state will continue to work over the next several months to finalize the activities needed to address short-term, intermediate, and long-term outcomes.

**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 has 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 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  
  
As indicated in the previous section, the state focused on developing the plan to make progress in the state’s newly selected SIMR area this reporting year. Some of the activities needed to achieve short-term and intermediate outcomes are in progress, as the state is analyzing data and creating resources and trainings related to social-emotional development. The state will continue to execute activities needed to achieve these outcomes over the next several years. DODD will establish timelines for completing the state’s short-term, intermediate, and long-term outcomes as the implementation plan is finalized over the next several months.   
  
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.  
  
These outcomes are necessary for achievement of the SIMR and sustainability of systems improvement efforts as they lay the foundation for achieving the intermediate and long-term outcomes. In order to facilitate increased knowledge and improve practices, which will be attained via activities to achieve the intermediate and long-term outcomes, the state must first provide and implement 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 have discussions about additional activities needed to achieve the state’s identified outcomes and make progress in the SIMR area. The state will finalize its implementation plan including identifying associated infrastructure areas, applicable evidence-based practices, and timelines for completion of each selected activity. DODD also expects to achieve or make substantial progress in the short-term outcomes over the next year by ensuring the needed training, resources, and data are available to local programs and families.

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

Ohio primarily focused on gathering information and developing a new plan over the past year, but did ensure each local program has access to an Early Childhood Mental Health (ECMH) consultant this reporting year, which is related to the state’s new SIMR. Over the course of this SSIP cycle, the state will implement the following DEC Recommended Practices (DEC RPs) related to the SIMR along with activities needed to achieve outcomes over the next several years:  
• RP A4  
• RP A7  
• RP F4  
• RP F5   
• RP TC1

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

• 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 - 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 newly developed Theory of Action 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 will be integrated into the activities that are part of the state’s implementation plan, the data collected as part of the state’s evaluation plan will be utilized to monitor the fidelity of implementation to assess practice change. As part of the evaluation plan, DODD will collect 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.

**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.**

N/A

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

As DODD finalizes the activities needed to achieve each outcome identified as needed to make improvements in the SIMR area, the next steps for each evidence-based practice will also be established. The state will make progress toward achieving short-term outcomes this year by first identifying areas where additional information or professional development is needed related to social-emotional strengths, needs, and development in the assessment process, development of IFSP outcomes, and service delivery. Using this information, DODD will then determine which trainings and resources need to be revised or created.  
  
Additionally, DODD will continue to offer existing trainings and other TA and professional development opportunities related to these improvement strategy areas including trainings covering the RBI, Newborn Behavioral Observations (NBO), motivational interviewing, the Battelle Developmental Inventory, the Bayley Scales of Infant and Toddler Development, the Devereux Early Childhood Assessment (DECA), and Ecomapping.

**Describe any changes to the activities, strategies, or timelines described in the previous submission 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.**

While Ohio is focusing its SSIP work on the same three broad improvement strategy areas as the previous plan, the state’s identified outcomes now focus on social-emotional development, consistent with the newly selected SIMR. As such, the activities needed to achieve these outcomes are also changing and will be streamlined to address social-emotional needs and improve social-emotional development. Because this is a new plan, DODD is establishing timelines for completing each of these activities as part of the state’s implementation plan. Activities needed to achieve short-term outcomes include the state creating and providing resources and trainings; those needed to achieve intermediate outcomes focus on local programs and families gaining knowledge and skills; and long-term activities center around making improvements at the child level. These activities will be implemented in all three improvement strategy areas and will be focused on the state’s SIMR area.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

DODD values the feedback from families when implementing activities to improve outcomes for children with disabilities and their families. The state solicits feedback broadly from its EI field through its bi-weekly newsletter, in a more targeted manner from its ICC and broader stakeholder group at quarterly meetings, and directly from families via the state’s annual Family Questionnaire. Additional details regarding stakeholder input in selecting a new SIMR are included in section A and 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 addition to extensive involvement in the selection of the state’s new SIMR (as described in Section A), the EIAC and stakeholder group have been, and continue to be, heavily involved in all aspects of Ohio’s new SSIP. The group participated in the infrastructure analysis at the May 2021 meeting, identifying strengths and opportunities for growth related to Governance; Professional Development; Technical Assistance; Quality Standards; Accountability/Monitoring; Finance; and Data. At the November EIAC and stakeholder meeting, the group was given a link to provide input regarding activities and potential data related to each of the three improvement strategy areas. Additionally, the stakeholders were engaged in multiple conversations over several years around Ohio’s APR targets, including the targets selected for the state’s SIMR area. DODD has shared the state’s new Theory of Action and evaluation plan with the state’s EI field and will collaborate with stakeholders in finalizing the activities to be included in the implementation plan.

**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.**

As a new SIMR was chosen, Ohio will be finalizing the short-term, intermediate, and long-term activities to be implemented in this SSIP cycle over the next few months. More details regarding these activities will be included in next year’s report.

**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 established over the next few months as the activities are finalized. 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.

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

N/A

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

N/A

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

## 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.**

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Diane Fox

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**Submitted on:**

04/25/22 2:07:08 PM

# ED Attachments

  