EI Breakfast Club

August 31, 2026

Department of Children & Youth

MIKE DEWINE
GOVERNOR OF OHIO

Ohio THE HEART OF IT ALL™

AGENDA

EI Updates

- EI Updates
- Presenter: Ann Probasco- Safe Sleep
- Reminder slides

UPDATES

GENERAL PROGRAM
UPDATES

EARLY IDENTIFICATION, INCLUSION & HOME VISITING SUBCOMMITTEE

Upcoming Meetings

- Monday, September 21, 10:00 AM to 12:00 PM - *Please note this meeting date changed from September 14 and will be held 100% virtually*
- Monday, November 9, 10:00 AM to 12:00 PM

September 21 Meeting Information

Microsoft Teams meeting

Join: https://teams.microsoft.com/meet/26156357735157?p=Onv8wMop5OxZ95i6oK
Meeting ID: 261 563 577 351 57
Passcode: Di7sL2DC

Dial in by phone

Call: +1 614-721-2972
Phone conference ID: 927 276 172#

https://ohioearlyintervention.org/advisory-council-schedule

EISC GRANT REPORTING REQUIREMENTS

- Final SFY26 Program Reports, Final SFY26 Public Awareness and Outreach Reports, SFY27 Program Narratives submitted timely
  - Copies of documents distributed to counties on August 7

- Starting in SFY27, documentation related to all deliverables in the EISC grants must be uploaded into DCY's GMS
  - Contact sheets
  - SFY27 Program Narratives
  - County TA and Training Plans
  - EI Contract Manager Training
  - Mid-year program reports and local awareness and outreach reports
  - Final program reports and local awareness and outreach reports

DEVELOPMENTAL SPECIALIST CERTIFICATION RULE

- Public hearing September 3
- JCARR September 8
- Currently planning for October 1 implementation

2026 EI FAMILY QUESTIONNAIRE

- Quantitative reports sent August 17, to be posted on EI website in the coming weeks
- De-identifying open ended responses – county files to be sent upon completion, will not be posted publicly
- Response rate 29.31%
- Positive responses increased across the board
- More detailed information to be shared on September 28 EI Breakfast Club

UPCOMING TRANSFER OF EI COURSEWORK FROM MYLEARNING TO THE OPR

By the end of the 2026 calendar year, the EI coursework currently housed in DODD MyLearning will transfer to the Ohio Professional Registry (OPR).

What you can expect:

- Reminders and updates in the EI Biweekly Program Updates.
- Reminders on MyLearning course pages.
- Guidance document for locating and completing EI courses in the OPR.
- Direct support through contacting eitraining@childrenandyouth.ohio.gov.

Action Steps You Can Take Now to Prepare:

- If you have not already done so, create an OPR profile.
- Plan to complete any EI coursework you have started in MyLearning by early December. *Exact deadlines will be communicated at a later date.*

Infant and Toddler Coordinators Association (ITCA) Return on Investment (ROI) Study

OVERVIEW OF ITCA ROI STUDY

- This study examined recent trends in Part C enrollment and exiting reasons, Part B enrollment, Part C lead agency funding sources, and national public education expenditures.

- Data sources:
  - Individuals with Disabilities Education Act (IDEA) Section 618 State Level Data Files published by the Office of Special Education Programs (OSEP)
  - ITCA Finance Survey
  - National Public Education Financial Survey (NPEFS) conducted by the National Center for Education Statistics (NCES) and the U.S. Census Bureau

- Access the full report on the ITCA website.

KEY TAKEAWAYS FROM ITCA ROI STUDY

- Federal IDEA Part C funds make up a small portion of total funds for Early Intervention (12.5% in the most recent year data were available)
- Inflation-adjusted funding available per child served in EI nationally decreased from a peak of $14,880 in FFY14 to $8,063 in FFY24
- Approximately 18% of children nationally exit prior to or at age three no longer needing services
- The national cost avoidance for FFY20 through FFY23 is estimated at $1.54 to $2.19 million per 1,000 children exiting Part C ($1,540 to $2,190 per child)
- Across the board, states report insufficient funding and staffing shortages for EI

Early Intervention and Infant Safe Sleep

08/31/2026

Ann Probasco, Public Health Consultant,
Every Baby Sleeps Safe

Department of Children & Youth

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AGENDA

1. Welcome and Introductions
2. Why Safe Sleep Matters in Early Intervention
3. Ohio Infant Safe Sleep Data
4. Overview of Every Baby Sleeps Safe Program
5. Safe Sleep Resources for Early Intervention Providers
6. Guide to Talking With Families
7. Summary and Key Takeaways
8. Questions

SUDDEN UNEXPECTED INFANT DEATH (SUID)

- Sudden Unexpected Infant Death (SUID) refers to the sudden and unexpected death of an infant under one (1) year of age, in which the cause is not immediately obvious prior to investigation. These deaths often occur during sleep or in the infant's sleep area. SUID includes deaths from:
  - Sudden Infant Death Syndrome (SIDS)
  - Accidental suffocation and strangulation in bed (ASSB)
  - Unknown causes

Centers for Disease Control and Prevention. (2023). Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. https://www.cdc.gov/sids/about/index.htm

WHY INFANT SAFE SLEEP EDUCATION MATTERS

- According to the American Academy of Pediatrics, Sudden Unexpected Infant Death (SUIDs) is the leading cause of death for infants one (1) month to one (1) year. This includes sleep related deaths and SIDS.
  - Families often know safe sleep basics but struggle to apply them.
  - Early Intervention providers see real home environments and can coach early.

UNSAFE SLEEP ENVIRONMENTS DRIVE DEATHS

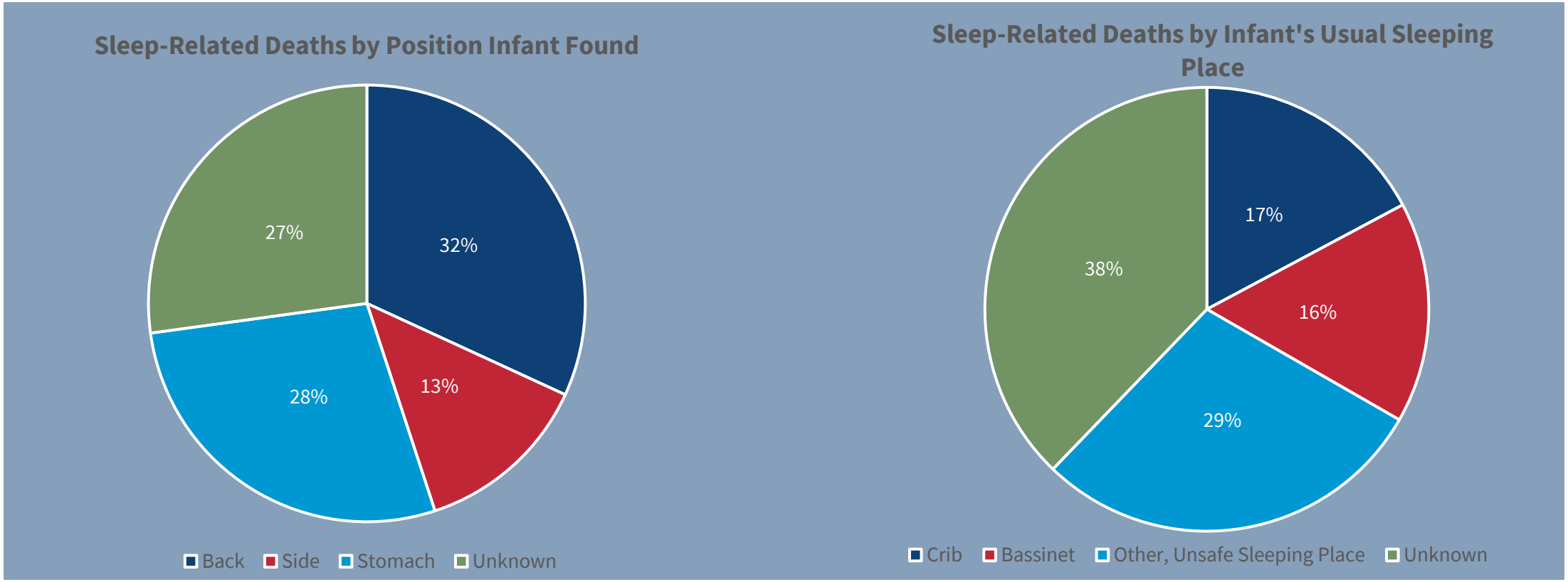
Unsafe sleep environments appear in nearly all reviewed deaths, making caregiver behavior and sleep setting central to prevention.

Hazards may include:

- Blankets
- Toys
- Boppy pillows
- Bumper pads
- Bed-sharing

ROUTINE SLEEP LOCATION SHOWS PREVENTABLE RISK

Routine sleep location and infant position point to repeated household practices that safe sleep education can directly address



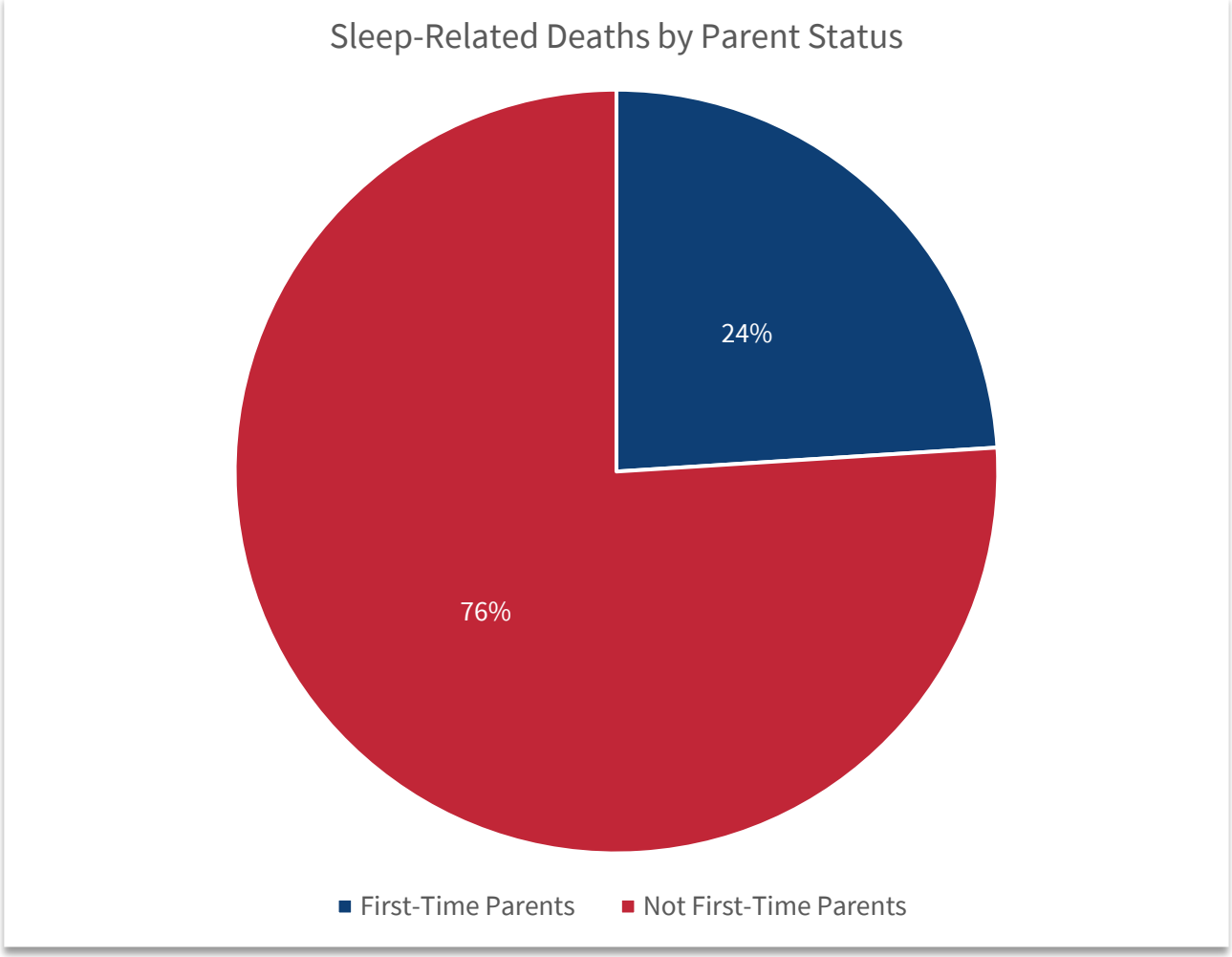
The safest sleep setup is Alone, on their Back, in a Crib

Ohio Department of Children & Youth

PARENTS OF MULTIPLE CHILDREN HAVE INCREASED RISK

Competing demands may make safe sleep routines harder to maintain

Families with multiple children may face competing demands, so practical support and simplified safe sleep guidance remain important.



Safe Sleep Indicators: 2024 Ohio Pregnancy Assessment Survey (OPAS)

3/12/26

Bria Oden-Latham, MPH
Epidemiology Investigator 3

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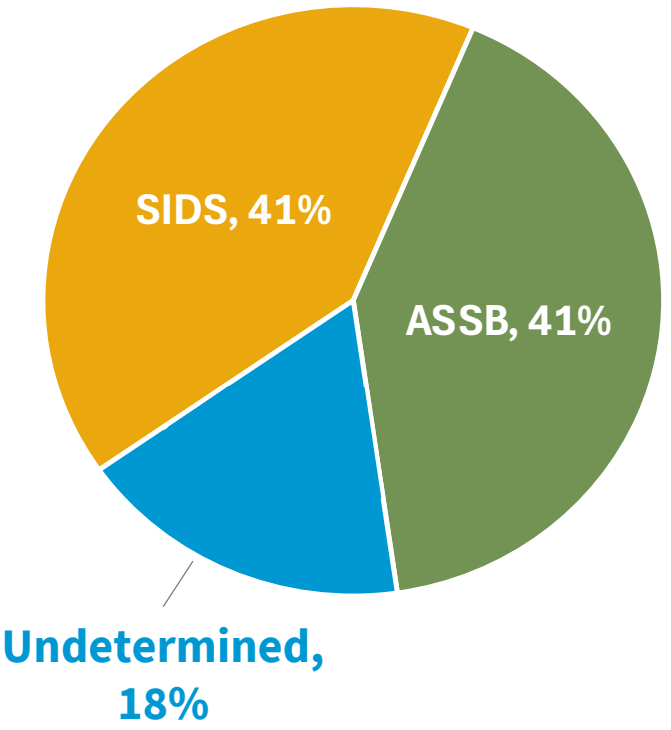
SLEEP-RELATED INFANT DEATHS: SUDDEN UNEXPECTED INFANT DEATH (SUID)

- SUID deaths include deaths due to **sudden infant death syndrome (SIDS)**, **accidental suffocation and strangulation in bed (ASSB)**, and **deaths with undetermined cause**.
- From **2020 to 2024**, there were **1,536 SUID deaths in Ohio**, accounting for **one-in-six infant (18%) deaths** during the surveillance period.
- SIDS and ASSB each accounted for about two-in-five (41% each) SUID deaths, with 18% of SUID deaths being undetermined.
- In 2024, non-Hispanic Black infants experienced a SUID-specific infant mortality rate 2.7 times that of non-Hispanic White infants (2.4 per 1,000 live births and 0.9 per 1,000 live births, respectively).

Proportion of SUID deaths in Ohio, 2020-2024



ABCS OF SAFE SLEEP

- The 2024 OPAS is based on CDC Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 questionnaire, resulting in some changes to the measures of safe sleep from previous iterations of the survey 2016-2022.
- Ohio unfortunately **did not** surpass the national **Healthy People 2030 target** of increasing the proportion of infants who are put to **sleep on their backs** to **88.9%.**
- Of the ABCs, **sleeping alone** is practiced the most.
- Of the ABCs, **sleeping in a crib, bassinet, or play yard** is practiced the least.

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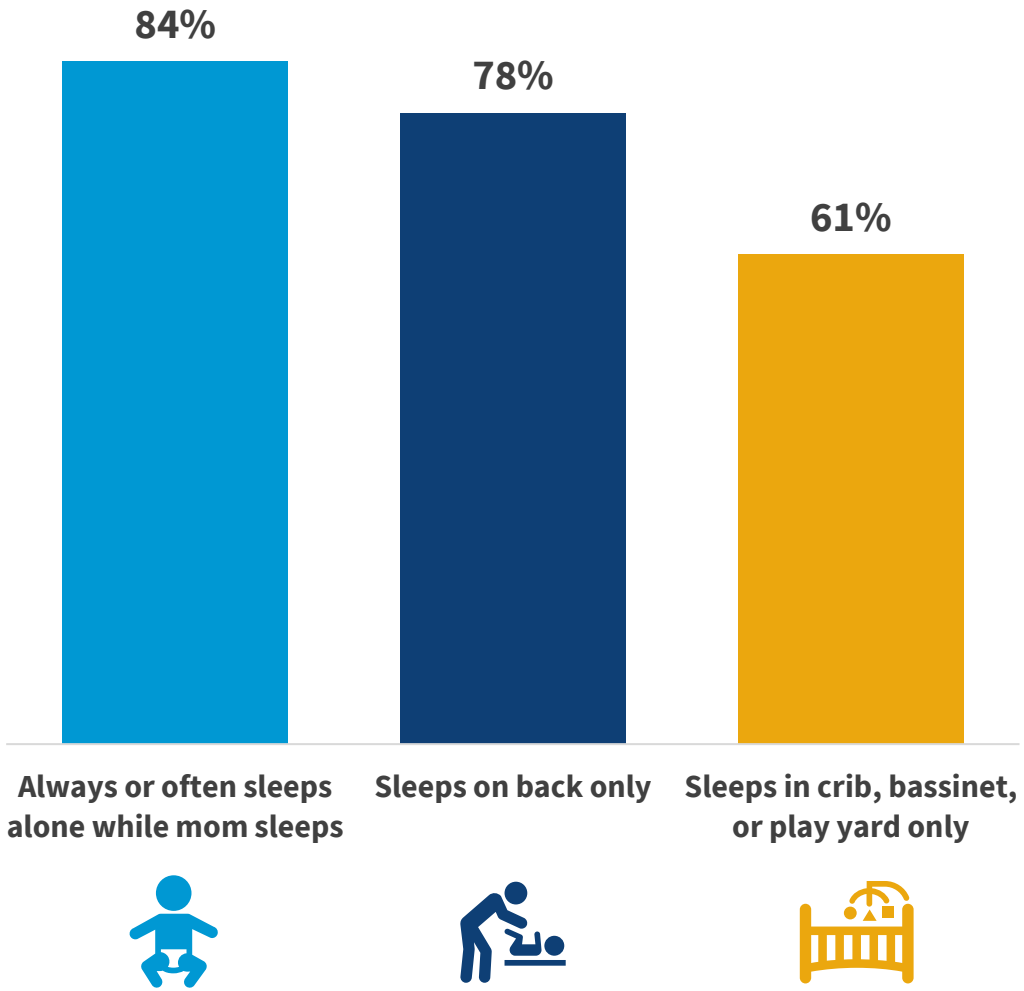


Data Source: 2024 Ohio Pregnancy Assessment Survey (OPAS)

ABCS OF SAFE SLEEP: BLACK MOTHERS AND INFANTS

- Overall, **always/often placing the infant to sleep alone while mom was sleeping** was the ABC of Safe Sleep **practiced the most** among Ohio Black mothers at 82%.
- Placing the infant to **sleep in a crib, bassinet, or play yard only** is the ABC of Safe Sleep practiced the least among Ohio Black mothers at 60%.
- But Black mothers consistently have the lowest percentage of practicing the ABCs of safe sleep when compared to White mothers.

Alone

82% for Black mothers in Ohio.

Back

69% for Black mothers in Ohio.

Crib

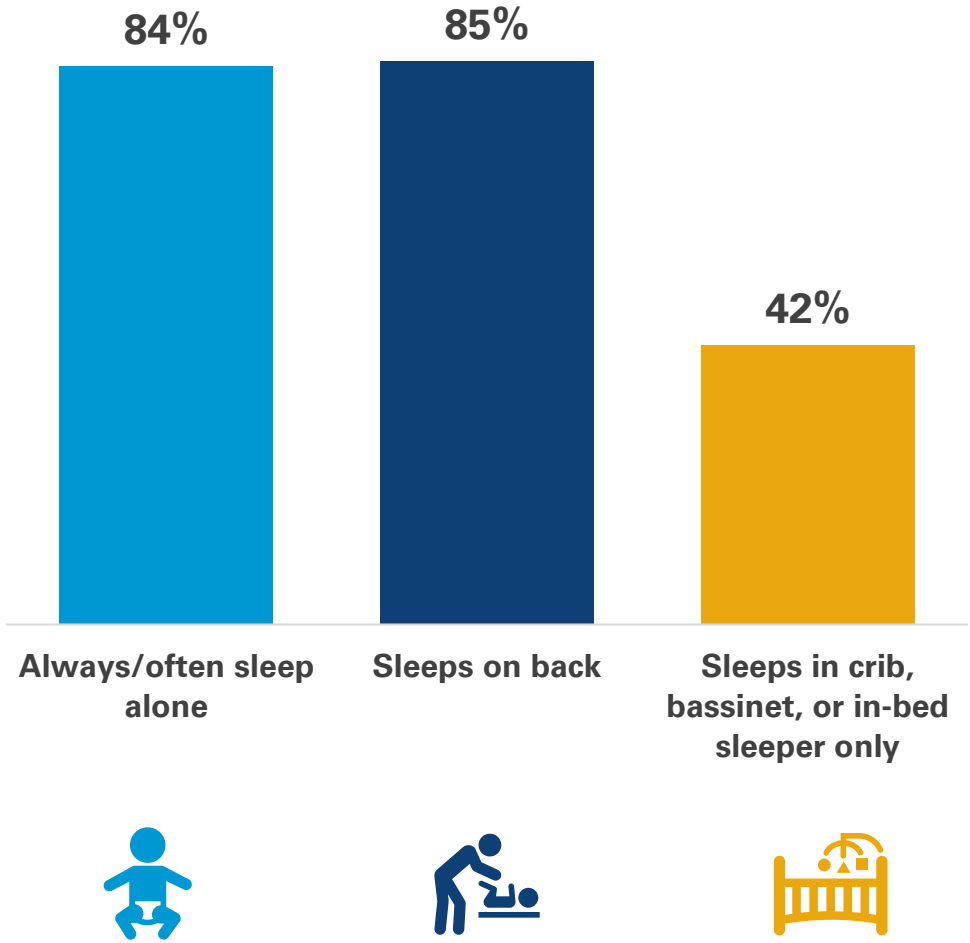
56% for Black mothers in Ohio.

Data Source: 2024 Ohio Pregnancy Assessment Survey (OPAS)

ABCS OF SAFE SLEEP: OHIO FATHERS

- Data comes from the **2023 Ohio Fatherhood Survey**, which is a modified version of CDC's Pregnancy Risk Assessment Survey (PRAMS) for Dads.
- **Target population:** All fathers who were residents of Ohio and delivered a live-born infant in Ohio and were either
  - (a) married to the mother at time of birth or
  - (b) named in an Acknowledgment of Paternity form
- **Sleeping alone** and **sleeping on the back only** is practiced the most by Ohio fathers.

Of the ABCs, **sleeping in a crib, bassinet, or in-bed sleeper only** is practiced the least.



Department of Children & Youth

Data Source: 2023 Ohio Fatherhood Survey (OFS)

INFANT SLEEP POSITION: OHIO FATHERS

- **Overall, about 85% of Ohio fathers put their infant to sleep on their back**
- But racial disparities exist for this safe sleep measure. Non-Hispanic **Black fathers** were more likely to put their infant to sleep on their side or stomach (**28%**) than non-Hispanic **White fathers** (**12%**).

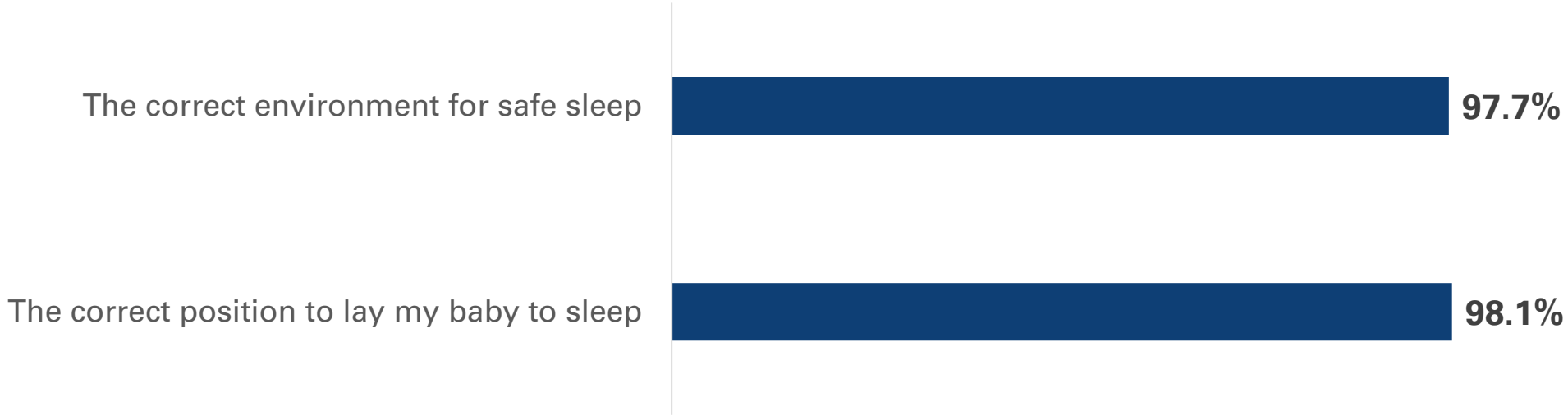
Black infants were less likely to be placed alone, on their back by their father.

Department of Children & Youth

Data Source: 2023 Ohio Fatherhood Survey (OFS)

FATHER'S KNOWLEDGE ON SAFE SLEEP

Most fathers felt that they had knowledge on the correct sleep environment and correct sleep position for their infant.



Data Source: 2023 Ohio Fatherhood Survey (OFS)

UNDERSTANDING THE CHALLENGE

- Most parents know the “ABC’s (Alone, Back, Crib) but struggle to consistently practice these.
  - ABCs feel unrealistic when severely sleep-deprived.
  - Non-recommended positions help babies sleep better.
  - Parents feel confident getting baby to sleep, but less so keeping them asleep safely.
  - Some prioritize fall-prevention or closeness over SUID risk.
  - Many rely on swings, car seats, carriers not approved for sleep.

[The Tension Between AAP Safe Sleep Guidelines and Infant Sleep | Pediatrics | American Academy of Pediatrics]

Early Intervention Providers Can Make a Difference

By building trusting relationships, EI providers can:

- Understand each family's lived environment
- Identify meaningful, realistic solutions
- Connect families to resources like the DCY crib program
- Offer ongoing support that helps safe sleep become achievable

Together, we can reduce unsafe sleep practices and protect Ohio's infants.

DCY SUPPORT FOR SAFE SLEEP

- DCY offers statewide safe sleep resources to support families and providers.
  - The crib distribution program helps to ensure infants have a safe sleep environment.
  - Additional tools and materials are available on the DCY webpage.
  - Resources complement EI and home visiting efforts to reinforce safe sleep practices.

OVERVIEW OF EVERY BABY SLEEPS SAFE

- The goal of the DCY's Every Baby Sleeps Safe Program is to decrease infant mortality by ensuring infants have a safe sleep environment.
- DCY provides funding to organizations to promote safe sleep practices and distribute portable cribs and safe sleep kits in their county.
- Every Baby Sleeps Safe partners collaborate with EI and home visiting programs
    - They ask about home visiting enrollment and make referrals to EI and home visiting programs to support families holistically
    - Each crib or safe sleep kit in SFY27 comes with the HMG System of Supports Flyer providing information on EI, home visiting, Sparkler App, and Community Resources! QR Code provided!

"A safe sleep environment can lower the chances of an infant dying of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes."— National Institute for Children's Health Quality (NICHQ)

WHY EVERY BABY SLEEPS SAFE MATTERS

Safe sleep products: Cribs provide a safe sleep space for families who need one

Safe sleep programs: DCY partners with local organizations across Ohio to reach eligible families

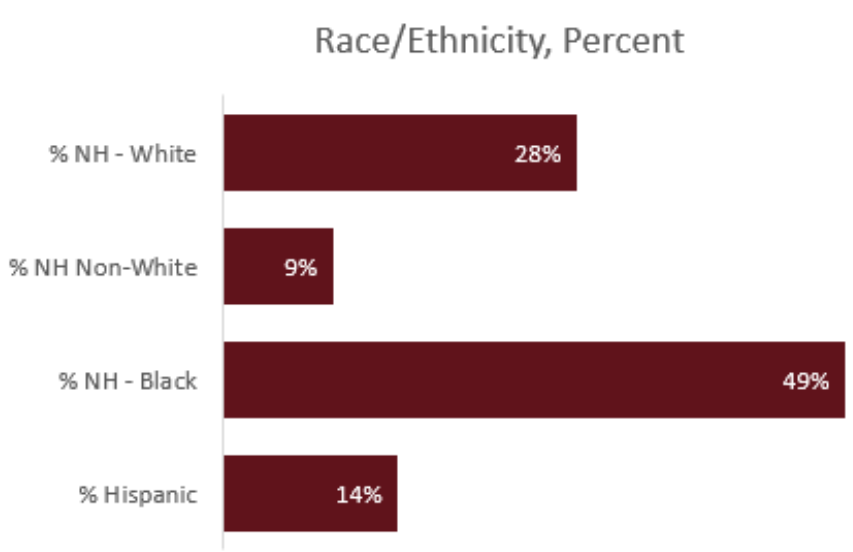
Safe sleep education: Families receive on infant safe sleep practices and proper Crib use

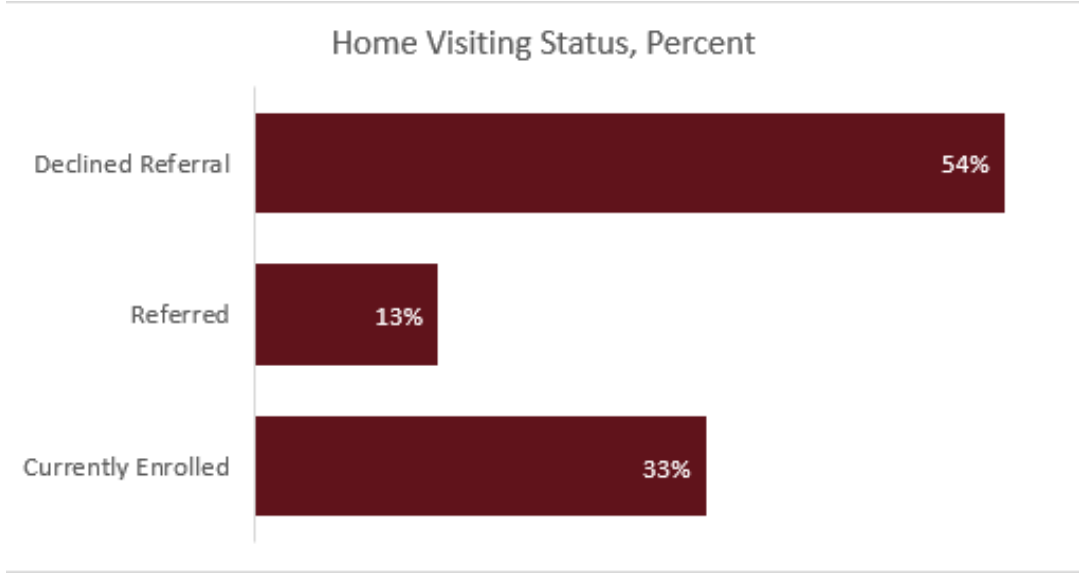
PROGRAM IMPACT

- From July 1, 2025-June 30, 2026
  - 30 Cribs for Kids grantees served 71 Ohio counties.
  - Provided safe sleep education and distributed 11,668 cribs to 11,372 families.
    - 5,010 cribs were distributed to Black/African American infants.
  - Safe sleep education was additionally provided to 2,707 individuals who did not receive a crib.
  - 1,714 families were referred to home visiting programs for additional support.

As of July 31st, EBSS has distributed 321 cribs to 310 families in Ohio

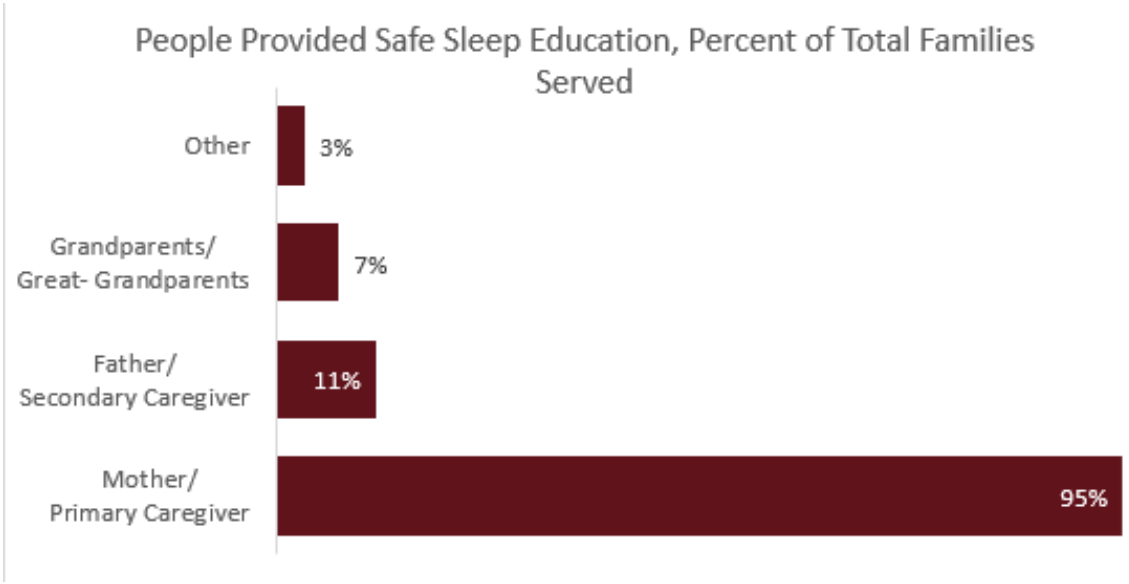
- Almost 50% of the families served by EBSS identify as Non-Hispanic Black/African American
- A third of the families served by EBSS were enrolled in Home Visiting at the time they received a crib
    - 61% of those already enrolled in home visiting were pregnant

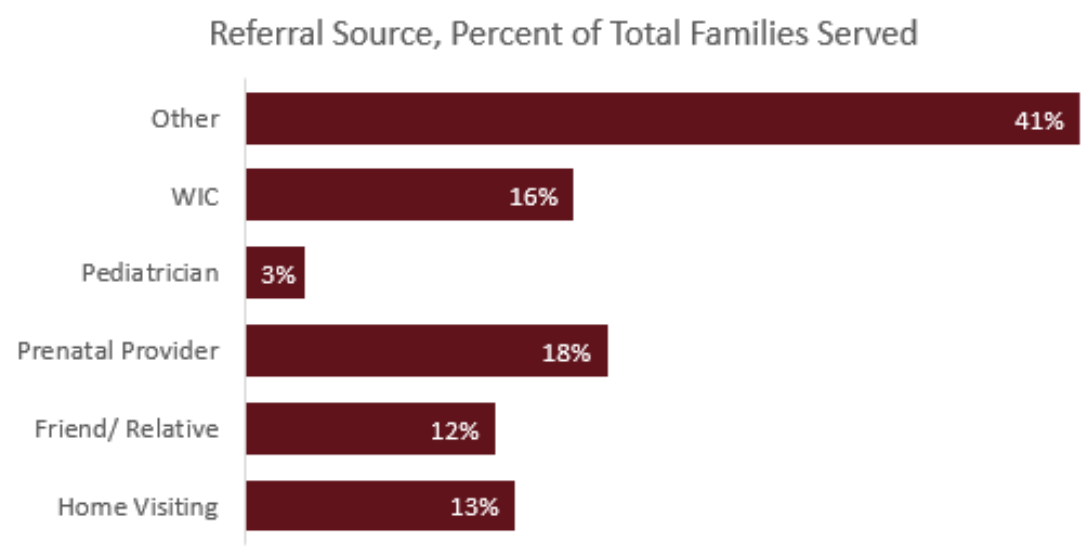




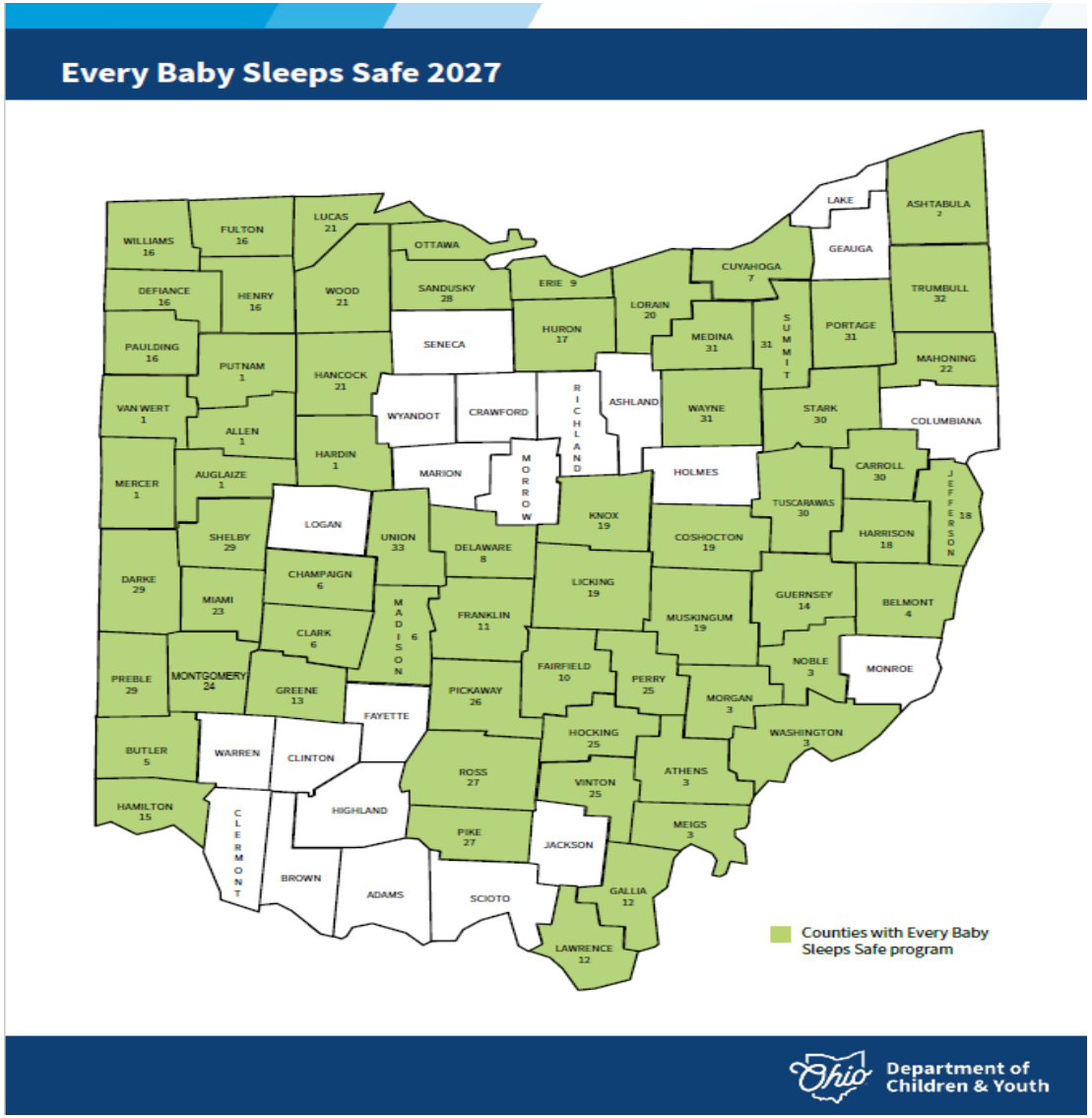
As of July 31st, EBSS has distributed 321 cribs to 310 families in Ohio

- In 11% of families served, the father/secondary caregiver received safe sleep education
  - Other people who received safe sleep education included: siblings, aunts & friends
- 13% of families were referred to EBSS through HMG home visiting
  - An additional 7% were referred by other home visiting programs





EVERY BABY SLEEPS SAFE COUNTIES SERVED



DCY INFANT SAFE SLEEP RESOURCES

- Every Baby Sleeps Safe | Department of Children and Youth
- The Infant Safe Sleep printed materials currently being ordered and shipped through Forms Central. (Ordering will be moving to this site in September 2026 Forms | Department of Children and Youth)
  - To order you will need to go to that page then search for "Sleep" or by the form number.
- The following items are available now to order through Forms Central:
  - DCY 00098 CRYING HAPPENS - KNOW WHAT TO DO: SHAKEN BABY SYNDROME & SAFE SLEEP (English and Spanish)
  - DCY 00100 SAFE SLEEP FOR YOUR BABY FACT SHEET (English and Spanish)
  - DCY 00104 SLEEP BABY SAFE AND SNUG (English and Spanish)
  - DCY 00114 ABCS OF SAFE SLEEP BROCHURE
    - Brochures are now available to **order** in English, Spanish (SPA), Haitian Creole (HAT), Nepali (NEP), and Arabic (ARA).
    - Brochures are also available to be **downloaded** in French (FRA), Kinyarwanda (KIN), Burmese (MYA), Dari (PRS), Sudanese (SUN), Pashto (PUS), Chinese (ZHO), Russian (RUS), Somali (SOM), Ukrainian (UKR), and Vietnamese (VIE).
  - DCY 00115 POSTER: WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE? (English and Spanish)
  - DCY 00116 INFANT SAFE SLEEP FOR DADS FACT SHEET (English and Spanish)

ADDITIONAL SAFE SLEEP RESOURCES

- American Academy of Pediatrics Safe Sleep
- Cribs for Kids Cribs for Kids – Helping every baby sleep safer
- Charlie's Kids Home | Charlies Kids
- Safe to Sleep Homepage | Safe to Sleep
- Safe Kids Worldwide Sleep Safety and Suffocation Prevention Tips | Safe Kids Worldwide
- First Candle First Candle: Committed to ending Sudden Infant Death Syndrome (SIDS)

GUIDE TO TALKING WITH FAMILIES

- **Start with empathy and validation**: Acknowledge parents' concerns, cultural practices, and the challenges of sleep deprivation before introducing safety information.
- **Use open-ended questions** to understand their current practices and concerns, such as:
  "Where does your baby sleep?"
  "What worries or questions do you have about safe sleep?"
  "What have you heard about ways to keep your baby safe while they sleep?"
- **Avoid yes/no questions** to encourage honest dialogue and problem-solving .
- **Be culturally sensitive**: Recognize and respect family traditions, then discuss ways to adapt them to reduce risk.
- **Share evidence-based information** in a non-judgmental way.
- **Encourage shared understanding** by involving all caregivers in the conversation.
- **Invite caregivers to talk about any challenges** they anticipate with safe sleep and work together to create a plan that feels realistic and supportive.

(Source; Home — The National Institute for Children's Health Quality)

PROTECTING INFANT LIVES THROUGH SHARED ACTION

- Reducing sudden unexpected infant death rates relies on two key strategies: consistent family education and strong community partnerships.
- When healthcare providers, home visitors, community organizations, faith-based partners, and other stakeholders work together, each plays a vital role in preventing sleep-related infant deaths.

UPDATES

SYSTEM OF PAYMENT AND
ASSISTIVE TECHNOLOGY

SYSTEM OF PAYMENT – ASSISTIVE TECHNOLOGY

- Extending process for AT approval when utilizing DCP (formerly known as POLR) funds. This process will be in effect until June 30, 2027.

- There are only 3 approved vendors for AT when using DCP funds
  - Hanger
  - Miller's Adaptive Equipment
  - PRC Saltillo

- DCY has the ability to help counties access IPads; these requests will be sent to Lindsay Morrison.

- Reminder that National Seating & Mobility (previously Motion Mobility) is not an approved vendor and cannot be used when accessing DCP funds for AT.