

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2024

Ohio



**PART C DUE  
February 2, 2026**

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) and early intervention service (EIS) providers and EIS programs 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

This reporting year, much of Ohio's EI work focused on identifying and implementing strategies and initiatives to address statewide fiscal constraints and provider shortages to ultimately ensure sustainability of the state's EI system; continuing to update materials, guidance, and trainings related to the state's new program rules implemented July 4, 2024; reviewing and updating the program's processes and protocols to ensure consistency with OSEP's general supervision expectations; and continuing to update and communicate changes to protocols and processes related to the program's transition to the Ohio Department of Children and Youth (DCY). While these undertakings were a primary focus, the state EI team continued to prioritize engaging and soliciting feedback from a broad array of stakeholders; analyzing and utilizing data to make data-informed decisions; implementing effective monitoring to identify strengths and challenges related to compliance and oversight; providing ample professional development opportunities to Early Intervention (EI) service providers to address identified needs; and delivering high-quality technical assistance to support the effective and appropriate implementation of state rules, the Individuals with Disabilities Education Act (IDEA) Part C regulations, and evidence-based EI practices.

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

Ohio EI analyzes and compiles a variety of additional data beyond what is reported the APR, including monthly referral and child counts; calendar year and fiscal year cumulative counts; annual data summaries; data collected via bi-annual local EI program reports; and various data as requested by local EI programs, agency leadership and/or other agency programs, other state agencies, and other stakeholders. Notably, the state publishes monthly and annual counts and annual data summaries on the Ohio EI website: <https://ohioearlyintervention.org/data-and-monitoring-resources>.

#### General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

#### Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

The Ohio EI Policy and Monitoring team leads the state's EI monitoring and general supervision efforts, including the identification and verification of correction of noncompliance. Members of the Policy and Monitoring team examine trends in data related to compliance indicators, IDEA requirements, and evidence-based EI practices. They lead monitoring site visits, complete record reviews, and provide support to local EI programs in implementing the requirements of IDEA. Additional, more specific details, about Ohio's general supervision and monitoring protocols are provided in the subsequent paragraphs and sections.

The lead agency monitors all 88 local EI programs (counties) annually on one of three compliance indicators: 45-Day timeline; Timely Receipt of Services (TRS); and Transition, including Transition Planning Conference and Transition Steps and Services. The state utilizes a cyclical approach so every local program is monitored on each of these indicators within a three-year timeframe. Each year, 30 local programs are included as part of two of the analyses and 28 as part of the third. All data in the applicable timeframe are extracted from the Early Intervention Data System (EIDS), which is a live system where local EI programs are required to enter compliance and performance data. As part of these analyses, at least one child record is also requested from each local program to verify compliance, with a representative sample of records being reviewed/verified for a selection of local programs in each group. Both data from EIDS and from the verification of records are incorporated into the final analyses to determine percent compliance for each local program. Local Educational Agency (LEA) notification is monitored for every program annually. Ohio EIS programs are required to send quarterly reports to the LEA by February 1st; May 1st; August 1st; and November 1st each year that include all children who will be turning three within a year from the report due date. The state requires EIS programs to submit proof to the state that they provided the February 1 report to the relevant LEAs, which is used to determine compliance for this indicator.

The state has also begun to more thoroughly monitor EI service delivery. Most of the EI providers in Ohio are employed or contracted by local EI programs, and the local EI programs are responsible for monitoring those providers. The lead agency provides guidance and technical assistance to these local programs around monitoring service delivery. In February 2024, the state also collected information from local programs about their local service delivery monitoring processes via a survey, including items regarding any plans they have to improve their service delivery monitoring processes and any supports or resources they need to better monitor service delivery. Additionally, this reporting year, the state EI team piloted a process to begin monitoring service delivery of EI providers with which the state contracts directly, beginning with the department-contracted hearing, vision, and nutrition providers. The state Policy and Monitoring team extracted data, identified and requested records, reviewed documentation, and provided detailed feedback to each provider related to timely receipt of services (as applicable) and ongoing service delivery for all requested records. Because this was a pilot year, the state did not issue any findings, but rather chose to focus on providing technical assistance, educating, and building capacity of providers, particularly related to service delivery and documentation. The state's FFY25 provider monitoring process, which includes the remainder of the department-contracted providers, is also considered a pilot as this is the first time these providers have been through the process. As such, the state will again not issue findings, but will provide support and create and implement new guidance and trainings around service delivery, as needed.

While the monitoring processes involved with the compliance indicators are thorough, the lead agency completes additional monitoring and general supervision, as needed, to ensure all IDEA Part C requirements are being met. The state utilizes a "no wrong door approach" to identify potential noncompliance through a variety of means (e.g., via TA conversations, onsite visits, data system requests, System of Payments (SOP) submissions, or fiscal monitoring). The state thoroughly investigates any credible report of potential noncompliance, from individual child-level noncompliance to systemic noncompliance, within a local program. After information is gathered, the state takes action, as applicable, to address any noncompliance. If noncompliance is identified, the state issues a finding or verifies that the noncompliance has been corrected prior to issuing the finding. All findings are issued as soon as possible, generally within three months of determining that the local program or provider has violated an IDEA requirement and did

not correct the noncompliance prior to the state issuing a finding. The EI policy and monitoring consultants also regularly have virtual and in-person visits with local EI programs, sometimes along with a consultant from the TA team and sometimes on their own. The goal of these visits and this collaboration is to build stronger local relationships, proactively address local oversight, implement efficient local oversight activities, provide targeted support, and equip the local teams with the necessary tools to maintain compliance and improve practice. Finally, every local EI program has a technical assistance and training plan that addresses any findings and other identified issues or priorities, including those related to monitoring and oversight.

**Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified noncompliance.**

For the three compliance analyses described above that are completed for the 45-Day, TRS, and Transition indicators, all records with applicable timelines due during the specified quarter are selected to be part of the analysis. In addition to reviewing data from EIDS for all selected records, the EI Policy and Monitoring team verifies compliance for at least one record from each local program. Generally, as part of these compliance analyses, a representative sample of records is selected for verification for about one third of the included local programs, and one to five records are selected for verification from the remaining local programs. The representative sample is determined by an online sample size calculator, typically using a 95% confidence level and 15% margin of error. The percent of compliant records is determined both by data from EIDS and from the verification of records for the specified indicator. The lead agency may adjust the number of records verified based on capacity of the state and local teams at that time, or other relevant factors.

To verify correction of findings related to the compliance indicators described above, applicable local program data are extracted from EIDS monthly and assessed for compliance. A random and representative sample of records is requested and reviewed monthly until compliance is verified at 100%, at which time, if there is no evidence of other related noncompliance or systemic noncompliance, a correction memo is issued. If there are extenuating circumstances, such as new leadership taking on the EI service coordination grant or an extremely small program that does not have sufficient, updated data to demonstrate systemic compliance, additional methods of verification may be utilized as part of determining correction, taking into consideration factors such as county size, number of children served, or any other information relevant in the situation. Additional methods to verify correction may include, but are not limited to, documentation of new policies and procedures, successful completion of professional development, and evidence of applicable system changes (e.g., changes in key personnel).

Local Educational Agency (LEA) notification is monitored for every program annually. Ohio EIS programs are required to run quarterly reports in EIDS and send them to the applicable LEAs by February 1st; May 1st; August 1st; and November 1st each year that include all children who will be turning three within a year from the report due date, as long as the family does not opt out of sharing information. The state requires EIS programs to submit proof to the state that they provided the February 1 report to the relevant LEAs, which is used to determine compliance for this indicator. The lead agency runs statewide reports at these same intervals and provides the information to the SEA. Counties that receive a finding in this area must submit the next quarterly report to DCY as proof that they correctly completed LEA notification for all children in that timeframe.

In regard to monitoring department-contracted providers, the state requested and verified a representative sample of records from each provider during the first year of the pilot. The state primarily utilized provider notes, along with applicable sections of the child records, to verify whether services were delivered as documented on the IFSP. As mentioned above, the state is not issuing findings related to service delivery in these pilot years, but is using data from the pilot to identify and develop additional guidance and trainings to address needs, in addition to providing targeted technical assistance. The state will also use information from the pilot to finalize the monitoring process and establish a protocol for correction of any findings. In doing so, the state will ensure these processes and protocols align with IDEA requirements.

Finally, in cases where a finding is issued outside of these compliance analyses, the Policy and Monitoring team determines what records to request and what is needed for correction, including record reviews, updated policies, proof of oversight, extenuating circumstances as described above, or anything else needed based on the identified noncompliance. When any finding is issued, state regional EI program consultants provide the local program with technical assistance, as needed. In all cases, the state ensures any individual case of noncompliance identified through any means is corrected or that the child has exited from the specific local program.

**Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.**

As described above, Ohio utilizes EIDS for data collection and reporting. A variety of different data are collected in EIDS, including information about referrals, child demographics, caregivers, EI Service Coordinators, eligibility, assessments, child outcomes, IFSPs, service start dates, transition, exits, and more. Several canned reports are available in EIDS for state and local staff to use for analyses, reporting, planning, and ongoing oversight. These reports include various data components from EIDS and some are designed specifically for compliance monitoring.

For most of the APR indicators, data in the applicable timeframe are extracted from EIDS. The time period of data examined varies based on the compliance or performance indicator. The timeframe utilized is described in each indicator section of this APR. In addition to data from EIDS, the state also incorporates information from record reviews into the compliance results. For monitoring outside the APR indicator analyses, the lead agency extracts and analyzes data from EIDS, requests records, has conversations, distributes surveys, and/or any other applicable means to collect information needed to make a determination about compliance.

Finally, the state collects family outcomes data for indicator 4, along with additional data, via an annual family questionnaire. This questionnaire is distributed each year to families served at an identified point in time. Additional details about the annual family questionnaire are included in indicator 4.

**Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.**

Ohio issues findings by local program. Only one finding per compliance indicator or other area is issued, regardless of how many records are found noncompliant.

**If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).**

As part of the previously described APR indicator compliance analyses, the lead agency examines one month of the most recent data for compliance if:

1) a local program's final compliance percentage is at least 95% or

2) only one record was found to be noncompliant for the local program and there is an absence of evidence of systemic noncompliance.

In both of these circumstances, the final compliance percentage stands. However, if the month of recent data is found to be 100% compliant; all cases of individual noncompliance have been corrected or the child has exited from the program; and there is no evidence of other related noncompliance or systemic noncompliance, the lead agency considers this to be a pre-finding correction, therefore no finding is issued. If one or more of these requirements are not met, the lead agency proceeds with issuing a finding.

Similarly, if noncompliance is identified via other means, local programs have the opportunity for pre-finding correction. As applicable, the lead agency reviews more recent information, and if the previous noncompliance has been resolved in a reasonable amount of time (within less than three months of discovery), the state considers that to be pre-finding correction and thus does not issue a finding.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

Upon the identification of noncompliance via any means (e.g., compliance analyses, self report, formal verification or other record reviews, etc.) and any further investigation needed, the state determines the most appropriate course of action, including the consideration of pre-finding correction, or issuing a finding, Performance Improvement Plan (PIP), or Corrective Action Plan (CAP). If the state determines that the noncompliance has been resolved within a reasonable amount of time (within less than three months of discovery), and there is no evidence of other related noncompliance or systemic noncompliance, the state considers this to be pre-finding correction and does not issue a finding. If the identified noncompliance is not corrected within a reasonable amount of time, a finding is issued. The state may require a PIP if an issue is discovered in a local program that does not violate federal regulations, but is inconsistent with other requirements (e.g., does not meet the requirements of the EI Service Coordination grant or state rules). The state may issue a CAP if systemic issues are discovered while investigating identified noncompliance. Additional information regarding the activities needed to correct/resolve findings, PIPs, and CAPs is included subsequently.

Once issued a finding, local county programs must correct the finding as soon as possible, but no more than one year from issuance of the finding. Counties must also demonstrate that they have corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the local EI program. For findings issued as part of the cyclical compliance analysis process for 45-day timelines, TRS, and Transition Steps and Services and TPC, the state examines data on a monthly basis to determine county compliance. In order to correct any findings, counties must first have one month of data at 100% compliance as entered in EIDS (i.e., before verification), at which point the state will request a representative sample of records for verification. If all records are found to be compliant, a correction memo is issued. If any records are found to be noncompliant, the state continues to examine monthly data. The following are some additional requirements of and details about what happens while a county is working to correct a finding:

- Counties must access technical assistance while on a finding.
- Data will be pulled on or just after the first of each month and counties will receive missing data inquiries, as necessary.
- Counties must run and review reports in EIDS at least monthly.
  - If a county does not correct within six monthly data analyses, the county will complete a Corrective Action Plan (CAP). If a county has no applicable records during one of the first six months of analyses, the month will still count towards the six months.
  - In situations where an extremely small program does not have sufficient, updated data to demonstrate correction of noncompliance, additional methods of verification of correction may be considered, taking into consideration factors such as county size, number of children served, extenuating circumstances, etc. Alternative methods to verify correction may include, but are not limited to, documentation of new policies and procedures, successful completion of professional development, and evidence of applicable system changes (e.g., changes in key personnel).

In order to resolve a PIP, CAP, or finding issued outside of the cyclical compliance process for 45-day, TRS, and Transition requirements described previously, the entity must demonstrate that they have corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the county. The resolution of all PIPs and CAPs includes the development of a written plan, with approval by the department. PIPs are typically required to be resolved within six months and CAPs or other findings within one year. The specific performance improvement requirements or corrective actions are dependent on the reasons for issuing the PIP, CAP, or finding, and all requirements for correction are tailored to address the specific needs of the program and ensure correction of the identified issues.

Finally, Ohio follows the required enforcement activities related to local program determinations in 34 CFR 303.700. The state requires local programs that are issued a Needs Assistance determination for two or more consecutive years to access technical assistance to address areas in which the program needs assistance. If a local program is issued a Needs Intervention determination, the state issues a CAP, and/or withholds, in whole or in part, further payments to the program. The state has not issued a Needs Substantial Intervention determination to any local program in over fifteen years, but would withhold funds, in whole or in part, if a local program was issued this determination.

**Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.**

As required, Ohio issues local program determinations annually to each of the state's 88 local programs. Determinations are based on both compliance and performance data. If applicable, the state takes additional factors, such as data quality, longstanding noncompliance, or the identification of substantial systemic issues, into consideration.

More specifically, local programs are issued a Needs Assistance determination if the local program was issued a Performance Improvement Plan (PIP) based on issues identified during the fiscal year, if any finding due for correction during the fiscal year was not corrected within one year, or if their percent for the compliance indicator on which they were monitored was less than 100% and their score for their performance indicators was less than half the total possible score. The score for the performance indicators is calculated as follows:

- +1 point if the county met the target and the state met the target
- +2 point if the county met the target and the state did not meet the target
- -1 point if the county did not meet the target and the state met the target
- 0 points if the county did not meet the target and the state did not meet the target

Local programs are issued a Needs Intervention determination if substantial systemic noncompliance has been identified during the fiscal year. As indicated in the previous section, Ohio has not issued a Needs Substantial Intervention determination in more than fifteen years.

The lead agency distributes a determination memo that includes their county's determination as well as an explanation of how the state made local program determinations to each local program annually. The state also compiles local program results for APR indicators 1 through 8 and, along with the determination memos, sends each local program a report that includes their results on these indicators, the state results on these indicators, their local program determination, and a description of all the data included in the report. These reports and memos are distributed as soon as they are completed, and no later than 120 days after the state's APR submission. The memos are not posted publicly, but the reports are available on the Ohio EI website here:

<https://ohioearlyintervention.org/county-data>

**Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.**

In Ohio, the requirements for EI providers are outlined in Ohio Administrative Code (OAC) at 5180-10-01 (Early Intervention Services - Procedural Safeguards); 5180-10-02, Appendix A, Appendix B, and Appendix C (Early Intervention Eligibility and Services); 5180-10-03 (Early Intervention Services - System of Payments); 5180-10-04 (Credentials for EI Service Coordinators and EI Service Coordination Supervisors); and 5180-10-05 (Early Intervention Program - Developmental Specialist Certification). These rules apply to any EI service provider or other entity responsible for carrying out a requirement of Part C EI in Ohio. Links to OAC related to Early Intervention are available on the EI website: <https://ohioearlyintervention.org/federal-and-state-regulations>. As the lead agency for Part C in Ohio, DCY is directly responsible for overseeing the implementation of these rules.

In addition to these rules, Ohio utilizes its website, guidance documents, memos, webinars, and newsletters to provide technical assistance around the requirements of Part C of IDEA. Regional EI program consultants also reiterate the rules through various communication methods, including individual calls, e-mails, conference calls, webinars, trainings, and onsite focused technical assistance about the requirements. Topic-specific guidance on rules is also offered via web-based training modules.

Information related to Ohio's process for monitoring compliance indicators, along with verification standards related to each of these indicators, are available on the Monitoring page of the Ohio EI website: <https://ohioearlyintervention.org/monitoring>. While Ohio has additional general supervision policies, procedures, and processes, these are not currently publicly available. After the release of OSEP's GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA the lead agency created a work group specifically focused on General Supervision and the state EI program's monitoring protocols. The lead agency continued to review OSEP's Guidance on State General Supervision Responsibilities under Parts B and C of IDEA, compare the guidance to the state's monitoring processes and protocols this reporting year, identify all potential needs related to general supervision, and implement any new or updated process and protocols to address identified needs. The state will continue work to make any needed adjustments to and finalize processes and protocols, and will ensure these are made publicly available, as applicable.

**Technical Assistance System:**

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

A team of regional EI program consultants provide timely, high quality technical assistance to all 88 Ohio county EI programs. The program consultants work closely with the rest of the state EI team to ensure that technical assistance is targeted to local program needs. Program consultants, in collaboration with other lead agency staff members, make onsite visits, hold virtual visits and calls, and complete record reviews and other activities to support local programs' implementation of state and federal Part C regulations and best EI practices. All local programs have an active technical assistance and training plan drafted in concert with the assigned program consultant. This plan reflects local strengths and needs and serves as a roadmap for implementation of IDEA and evidence-based EI practices.

During this reporting period, the EI program consultants continued to focus extensively on updating various guidance documents and resources to integrate information from and ensure consistency with the state's new EI rules. Importantly, the TA team made further updates to the IFSP guidance document to address local program needs and updated all of the Principles of Service Coordination (POSC) modules to incorporate content consistent with the new rules. The team also reviewed and updated various other resources, including guidance around the state's system of payment and assistive technology. Additionally, the team continued to collaborate with Part B and local partners at the Ohio Center for Autism and Low Incidence (OCALI) on work around Part C to Part B transition, including participating in a podcast to support parent mentors and providing feedback on transition guidance and modules.

In addition to completing individualized TA and training plans with each local program, the TA team continued to provide statewide TA around the Child Outcomes Summary (COS) process, including getting many local programs involved with the Center for IDEA Early Childhood Data Systems' (DaSy) and the Early Childhood Technical Assistance Center's (ECTA) Child Outcomes Summary Knowledge Check (COS-KC), an assessment that examines whether a practitioner has sufficient knowledge to participate in the COS process and produce accurate ratings for child outcomes measurement. Finally, after several years of focused TA on the eligibility process, the team began to place emphasis on the child assessment process in their TA efforts. The team partnered with AnLar the prior reporting year to develop a "train-the-trainer" series aimed at enhancing assessment practices and completed the first train-the-trainer session. This reporting year, they completed five more of these sessions and collaborated with OCALI to develop a series of webinars focused on assessment, which will continue through FFY25.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for infants and toddlers with disabilities and their families.**

In this reporting period, Ohio continued to provide a significant number of trainings to Ohio's EI field and engaged in several other Professional Development activities, as described subsequently. Significantly, the DCY professional development team facilitated activities to update and streamline the developmental specialist application process to align with the EI service coordinator credentialing process, allowing professionals to maintain their own professional development profile and submit applications electronically. The team created two comprehensive developmental specialist user guides, hosted three instructional webinars, created a Frequently Asked Questions (FAQ) document, and provided ongoing one-on-one support to educate and assist the EI field with the process.

Additionally, the DCY PD team provided ongoing support in the implementation of the July 2024 rules, including coordinating the applicable updates for all seven Principles of Service Coordination (POSC) modules. DCY also contracted with AnLar to create a Train-the-Trainer course on authentic assessment. Additionally, the department collaborated with Dr. Ira Chasnoff to provide training on the social and emotional consequences of prenatal

drug and alcohol exposure and supporting the affected children. Finally, DCY collaborated with the Ohio Department of Developmental Disabilities (DODD) to provide training to EI professionals on childhood lead exposure.

In addition to the targeted PD efforts completed this reporting year to meet state and local programs needs, many of Ohio's EI trainings remain available in an electronic format so they can be accessed remotely and at convenient times for participants. Stakeholder input is sought throughout development of all state-created trainings to ensure they include the information and resources the EI field needs to effectively provide services that improve results for children and families.

**Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

Active, meaningful stakeholder involvement in all aspects of Ohio's Early Intervention program is a strong priority of the lead agency. For this reason, several years ago, Ohio formally augmented its SICC meetings with a number of additional, non-voting members. These additional members include representatives from early childhood and disability advocacy groups in the state, Ohio's Parent Training and Information (PTI) Center, an organization representing the largest EI providers in the state, local EI program leadership, and the Ohio Chapter of the American Academy of Pediatrics. Both voting and non-voting members participate in ICC meetings, work groups, discussions, planning, and more while providing additional insight and feedback to EI staff and appointed SICC members. The group has provided invaluable feedback over the years as EI staff routinely discuss SPP/APR targets and baseline and data, development and implementation of Ohio's SSIP, and many other topics determined by program need at the time.

Stakeholders in Ohio are engaged in numerous ways, including calls, public postings inviting input and feedback, quarterly State Interagency Coordinating Council (SICC) meetings, and requests for feedback before any significant program change is made. Each SICC meeting includes at least one activity to obtain input about a specific topic, where attendees break out into small groups to discuss four to five questions, then report their main themes to the entire group. Activities at meetings in FFY24 included questions related to the following: resources for stakeholders to prepare for the implementation of new program rules, family engagement strategies, child assessments, and communication and data collection methods. Additionally, the lead agency leverages its annual family questionnaire to learn more about families' experiences in EI. In late 2022, DODD (the lead agency for Part C in Ohio at the time) also conducted a survey of EI providers in the state to learn more about their strengths and challenges.

Announcements and solicitations for feedback are distributed widely via the program's bi-weekly newsletter. This communication is included in DCY's "Tuesday Times" publication, which is distributed to anyone who signs up to receive the communication, including EI providers, parents, stakeholders, grantees, service providers, county boards of developmental disabilities, other early childhood entities, and more. Each addition of the EI Program Update is also posted on the EI website, along with a summary of the information included in each newsletter. In addition to these electronic communication strategies, the lead agency discusses business in Early Intervention that needs input, feedback, or assistance with the SICC and larger stakeholder group and/or with other topic-specific workgroups, as needed.

The state again made no changes to the targets shared in the last four APRs. In the lead up to the targets presented in the FY20 APR, targets for the state performance plan (SPP) were a topic of much discussion over an extended period of time with the SICC and broader EI stakeholder group in order to allow members sufficient time to review data, request additional data, and ask questions. Members discussed the targets at the March 2019, May 2019, and August 2019 SICC meetings before deciding on the best targets for each indicator area. In this time period, the state presented data, offered recommendations, sought feedback, and supported the SICC in finalizing targets. After the clarification period for the FFY18 APR and feedback from OSEP in spring 2020, the state again discussed targets with the SICC. At its May 2020 meeting, the SICC also discussed whether it would be appropriate to update the state's baseline data for Indicators #2, 3, 4, 5, and 6 given significant program changes over the past ten years. By discussing targets over an extended period of time, the lead agency was able to discuss baseline and related data with stakeholders, including parents, to help build capacity to understand the indicator data and the related context that may impact a particular indicator. Over time, stakeholders became comfortable in asking to see other data, and the lead agency ensured that these data were presented in easy-to-understand formats and made time to discuss the data and answer questions. Finally, as part of its target-setting activities, the state created a document for public posting that explained each indicator, provided baseline data, and proposed a targets. The lead agency put this document on the EI website and solicited feedback via its biweekly communication to EI stakeholders that includes parents, providers, and other stakeholders. In preparation for setting targets for the FFY26 through FFY31 SPP/APR cycle, the state provided an overview of the state's current target and baseline data, as well as information about target setting requirements, at the February 2025 SICC meeting. The group participated in an activity around target setting at the November 2025 meeting and will further discuss and finalize the new targets at meetings in 2026.

EI program leadership also meets frequently with other EI stakeholder organizations and committees. In addition, EI program leadership takes part in numerous state cross-agency initiatives. At these meetings, EI program leadership provides updates relevant to the stakeholder group being addressed and seeks stakeholder input about the EI program.

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

NO

**Number of Parent Members:**

5

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The five parent members of the SICC were actively involved over an extended period of time in analyzing data, considering improvement strategies and evaluating progress, and ultimately finalizing targets for the FFY20 through FFY25 APR cycle. In addition to these five appointed members of the SICC, the lead agency actively involved other parents of children with disabilities and representatives from organizations advocating for and representing parents of children with disabilities. As stated above in the "Broad Stakeholder Input" section, Ohio has formally augmented its SICC with approximately 25 additional members. These members include parents of children with disabilities, a representative from the state's Parent Training and Information Center (who also acts as multicultural information specialist), and other advocacy groups for early childhood and disability initiatives. The stakeholder group also includes representation from an Ohio initiative dedicated to engaging, empowering, and supporting families and leadership. As described above, the lead agency engaged in a lengthy target-setting process over the course of many months with this stakeholder group for the FFY20 through FFY25 APR cycle.

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, the lead agency seeks extensive family input via its annual EI Family Questionnaire. Over the past several years, the state has placed a strong emphasis on increasing the response rate to the survey and the representativeness of its respondents. This questionnaire includes several quantitative items regarding families' general experiences in EI and items related to social-emotional development, that are part of Ohio's SSIP evaluation and inform other statewide initiatives. Additionally, the questionnaire includes open-ended items where respondents can share what in EI has worked well for their family, what could work better, what part of EI had the biggest impact on their family, and any additional comments. State staff review every comment received on these open-ended items and share the comments with each local program (de-identifying any comments before sharing, when applicable). Receiving input directly from families served in EI is incredibly useful in target setting and analyzing data, and is the ultimate measure in both the implementation of improvement strategies and the evaluation of the state EI system's progress. The lead agency also added an item to the questionnaire in 2022 where families can indicate whether they would be interested in being contacted when the state is seeking stakeholder input.

#### **Activities to Improve Outcomes for Children with Disabilities:**

##### **Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

The lead agency values the feedback from families when implementing activities to improve outcomes for children with disabilities and their families. Several years ago, the state added questions to its annual family questionnaire to capture data that can inform statewide activities to improve outcomes. For the current and previous reporting periods, the lead agency included questions related to Ohio's social-emotional-focused SiMR in its annual family questionnaire to gain insights directly from families. The state team also reviews all responses to the open-ended items on the questionnaire to determine what is working well and where improvements can be made in the program to improve outcomes for the children and families served in EI. The lead agency has also taken steps in recent years to increase both the overall response rate and the representativeness of the respondents of the family questionnaire. Starting in FFY20, the representativeness of Black and African American respondents increased and has continued to increase through this reporting year. Finally, the lead agency uses its SICC and stakeholder group to ensure that the diverse feedback is shared with the department. This group has been instrumental in evaluating the state's Early Intervention infrastructure and identifying activities to improve child outcomes.

Additionally, the state provides resources for families to help build their capacity on the Ohio Early Intervention website and in the program's bi-weekly EI Program Updates newsletter. The family page of the Ohio EI website includes information about what families can expect in EI, other families' experiences in EI, and other resources and supports for children and families. The state worked directly with parents of children who had been served in EI to make changes to the family section of the EI website in order to best meet the needs of those parents and answer the questions families are most likely to have. Additionally, the state offers trainings to the EI field that will enhance their skills in building the capacity of families, including a Capacity-Building Practices in EI training, which focuses on the evidence-based capacity-building practices Early Intervention service coordinators use to support and strengthen families. During the next reporting year, Ohio will continue to emphasize building family capacity to support the implementation activities designed to improve outcomes through targeted efforts at the state's quarterly ICC meetings and the biweekly EI newsletter.

#### **Soliciting Public Input:**

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

The lead agency communicates with and actively seeks input from stakeholders in a variety of ways. The state EI team's primary methods of communication include the standalone Early Intervention website, a biweekly Early Intervention newsletter, the augmented EI SICC and stakeholder group, and targeted, topic-specific surveys. As stated earlier in this introduction, the lead agency used an extended period of time with a robust group of stakeholders to analyze data and create a set of proposed APR targets. By spreading this process out over a two-year period for the FFY20 through FFY25 targets, there were multiple occasions for stakeholders to review data, ask questions, and inform the process of target setting. The draft proposal agreed upon by Ohio's SICC and stakeholder group was then posted for the general public on the EI website for 30 days. Feedback was shared with SICC and stakeholder group at their November 2021 meeting. The lead agency used its biweekly newsletter to publicize the draft proposal and seek feedback.

Stakeholders are also very involved in developing improvement strategies and evaluating progress. The state uses its website to provide a robust, well-organized archive of data submitted to OSEP, including APRs and SSIPs dating back to FFY13. In addition to this, the state also uses the website to post other data that is not required to be federally posted (e.g., monthly referral and child counts broken out by local EI program).

Finally, the state EI team has worked to build a culture that actively and transparently engages with the public about the EI program. The concluding line of the introduction of every biweekly EI newsletter actively encourages readers to provide any feedback they have to the Part C Coordinator and includes contact information. Because of this, local EI leaders, early childhood stakeholders, EI providers, and families have provided feedback. The EI newsletters are also archived on the EI website.

#### **Making Results Available to the Public:**

##### **The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.**

Ohio EI has used the EI website to post all federally required documents, and has also maintained a historical archive of many materials. Although this is not required, the state believes it is important to make these materials freely available to members of the public so they can be informed active partners in shaping the state's EI program. Thus, copies of the state's APR and SSIP submissions from FFY13 through the present are easily accessible on the website. Child count and settings, exiting, and dispute resolution data for the most recent three years are maintained on the website, as well. The lead agency has also provided a two to three page summary version of each year's SSIP submission for readers who may not wish to review the complete submission. Multiple years of data related to Indicator 4 are also posted on the EI website. When the state shared the SICC and stakeholder group's proposal for the APR targets with the broader public in the autumn of 2021, historical data were included in addition to the proposed targets themselves. Public input was sought for 30 days. The state and SICC and stakeholder group members discussed the importance of routinely reviewing targets, data, improvement strategies, and evaluation at the November 2021 meeting. Improving data quality related to child outcome ratings, the continued effects of the COVID-19 pandemic, and increasing response rates for the family questionnaire were discussed as having potential effects on different APR indicators. Any relevant updates regarding target setting, data analyses, improvement strategies, and evaluation are also included in the biweekly EI newsletter, including any available resources related to any of these areas.

**Reporting to the Public:**

How and where the State reported to the public on the FFY 2023 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 2023 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 revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

The lead agency provides the public with a report on each EIS program's performance on the APR indicators, as well as each program's determination category by posting the 88 EI program reports on the program website (<https://ohioearlyintervention.org/>) by June 1 of each calendar year.

**Intro - Prior FFY Required Actions**

OSEP notes that the State submitted verification that the attachments comply with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 4, Indicator 8B, and Indicator 11 attachments included in the State's FFY 2023 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 attachments 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 2023 SPP/APR**

The document in question was not a required document, so it was removed as an attachment.

**Intro - OSEP Response**

**Intro - Required Actions**

## Indicator 1: Timely Provision of Services

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	72.37%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.93%	99.68%	99.77%	99.71%	99.92%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,595	1,750	99.92%	100%	100.00%	Met 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.*

155

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

The 1,750 child records counted as being compliant include 155 that were non-timely due to documented exceptional family circumstances. These 155 child records are included in the numerator and denominator.

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

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

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

State monitoring

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

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. The lead agency completes activities related to each of these one at a time on a rotating schedule throughout each year. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Thirty EIS programs were scheduled to have their data for this indicator monitored for FFY24. All children among the 30 selected EIS programs who had services due to start between October 1, 2024 and December 31, 2024 were included in Ohio's FFY24 TRS analysis. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. No findings were issued upon completion of the baseline analysis.

The 1,750 child records counted as being compliant include 155 that were non-timely due to documented exceptional family circumstances. These 155 child records are included in the numerator and denominator.

No TRS findings were due for correction in FFY24. A total of one noncompliant record was identified in one local program during the FFY23 baseline analysis and based on FFY23 data, but the lead agency looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

**If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

One noncompliant record was identified in one local program during the FFY23 baseline analysis. This local program's compliance percentage was above 95%, so the state examined one month of more recent data using TRS due dates in March 2024. The EIS program's data was 100% for that month, so the state considered this to be a pre-finding correction and the local EIS program was not issued a finding. The lead agency ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	1	1	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

#### FFY 2022

##### 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 was due for correction in FFY23. This finding was not corrected in a timely manner, but was subsequently corrected and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

The EIS 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. The memo was issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The lead agency examines data on a monthly basis to determine local program compliance. Data are pulled on or just after the first of each month and local programs receive missing data inquiries, as necessary.
- In order to correct any findings, local programs must first have two consecutive months of data at 100% face value, at which point the lead agency requests a representative sample of records for verification.
- If a local program does not correct within six monthly data analyses, the local program will go on a Corrective Action Plan (CAP).
- If a local program has no applicable records during one of the first six months of analyses, the month will still count towards the six months. A month with no applicable records, however, will not impact two consecutive months that occur immediately prior to and following the null month.

The state verified a randomly selected, representative sample of child records from the local programs to ensure that for each child, services were delivered within 30 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 program as follows:

- Wyandot: 3 records verified; timelines ending February 2025

###### 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 services listed on IFSPs were delivered for all children, albeit late, or that the child was subsequently exited from EI.

#### 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

#### Response to actions required in FFY 2023 SPP/APR

This is addressed within the indicator data section.

## **1 - OSEP Response**

### **1 - Required Actions**

## 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902.

#### 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	2019	2020	2021	2022	2023
Target>=	98.00%	98.00%	98.00%	98.00%	99.00%
Data	98.63%	98.52%	98.96%	98.94%	99.23%

### Targets

FFY	2024	2025
Target >=	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, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

#### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	14,320
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	14,422

#### FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
14,320	14,422	99.23%	99.00%	99.29%	Met target	No Slippage

Provide additional information about this indicator (optional).

#### 2 - Prior FFY Required Actions

None

#### 2 - OSEP Response

#### 2 - Required Actions

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

### Data Source

State selected data source.

### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

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

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

#### Measurement for Summary Statement 1:

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

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

#### Measurement for Summary Statement 2:

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

### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

Ohio utilized an extended period of time to ensure meaningful involvement of diverse Early Intervention stakeholders in the target setting process. In addition to appointed SICC members, Ohio's SICC meetings also formally include other important stakeholders from organizations representing providers (including the largest provider of EI services in Ohio), families (including the state's parent and training center), and other key stakeholders (e.g., the Ohio Family and Children First Council). At the state's March 2019 SICC and larger EI stakeholder group meeting, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

After completing analyses for FFY19 and FFY20, the state revisited targets again for the COS indicators as the state continued to see declines in these percentages due likely to increased data quality. The lead agency's new proposal was to start with the FFY20 data as the initial target as opposed to FFY17 in order to ensure the targets were as meaningful as possible. At the November 2021 meeting of the SICC and larger stakeholder group, members discussed targets and finalized the targets contained in this APR for FFY20-25.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

#### Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2020	Target $\geq$	63.10%	52.00%	52.00%	53.00%	53.00%
A1	52.18%	Data	51.06%	52.18%	54.34%	54.61%	52.85%
A2	2020	Target $\geq$	67.00%	54.00%	54.00%	55.00%	55.00%
A2	54.75%	Data	58.59%	54.75%	54.30%	51.91%	51.05%
B1	2020	Target $\geq$	62.90%	59.00%	59.00%	60.00%	60.00%
B1	59.21%	Data	59.05%	59.21%	60.37%	60.18%	59.14%
B2	2020	Target $\geq$	63.00%	45.00%	45.00%	46.00%	46.00%
B2	45.35%	Data	49.78%	45.35%	44.67%	42.33%	40.59%
C1	2020	Target $\geq$	63.00%	62.00%	62.00%	63.00%	63.00%
C1	62.28%	Data	62.42%	62.28%	61.16%	59.52%	58.93%
C2	2020	Target $\geq$	63.50%	48.00%	48.00%	49.00%	49.00%
C2	48.51%	Data	50.64%	48.51%	48.51%	47.00%	46.20%

#### Targets

FFY	2024	2025
Target A1 $\geq$	54.00%	55.00%
Target A2 $\geq$	56.00%	57.00%

Target B1>=	61.00%	62.00%
Target B2>=	47.00%	48.00%
Target C1>=	64.00%	65.00%
Target C2>=	50.00%	51.00%

#### 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	68	0.65%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,653	34.95%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,541	14.74%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,150	20.57%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3,040	29.09%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,691	7,412	52.85%	54.00%	49.80%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	5,190	10,452	51.05%	56.00%	49.66%	Did not meet target	Slippage

#### Provide reasons for A1 slippage, if applicable

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. The lead agency has also received anecdotal evidence that local programs are serving children with more intensive needs than in the past. Thus, the slippage is likely due to a combination of improved processes for obtaining COS scores/better data quality and serving children with more needs.

#### Provide reasons for A2 slippage, if applicable

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. The lead agency has also received anecdotal evidence that local programs are serving children with more intensive needs than in the past. Thus, the slippage is likely due to a combination of improved processes for obtaining COS scores/better data quality and serving children with more needs.

#### 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	69	0.66%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,784	36.20%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,326	22.25%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,640	25.26%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,633	15.62%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,966	8,819	59.14%	61.00%	56.31%	Did not meet target	Slippage
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	4,273	10,452	40.59%	47.00%	40.88%	Did not meet target	No Slippage

**Provide reasons for B1 slippage, if applicable**

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. The lead agency has also received anecdotal evidence that local programs are serving children with more intensive needs than in the past. Thus, the slippage is likely due to a combination of improved processes for obtaining COS scores/better data quality and serving children with more needs.

**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	52	0.50%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,818	36.53%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,898	18.16%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3,218	30.79%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,466	14.03%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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	5,116	8,986	58.93%	64.00%	56.93%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	4,684	10,452	46.20%	50.00%	44.81%	Did not meet target	Slippage

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

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. The lead agency has also received anecdotal evidence that local programs are serving children with more intensive needs than in the past. Thus, the slippage is likely due to a combination of improved processes for obtaining COS scores/better data quality and serving children with more needs.

**Provide reasons for C2 slippage, if applicable**

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. The lead agency has also received anecdotal evidence that local programs are serving children with more intensive needs than in the past. Thus, the slippage is likely due to a combination of improved processes for obtaining COS scores/better data quality and serving children with more needs.

**FFY 2024 SPP/APR Data**

**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.	14,661
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	4,459
Number of infants and toddlers with IFSPs assessed.	10,452

Sampling Question	Yes / No
Was sampling used?	NO

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (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

In July 2024, Ohio updated its COS statements to the following:

- Relative to same age peers, uses the skills expected of a much younger child in this area.
- Relative to same age peers, uses some early skills that are necessary for developing age expected skills; they are not yet using age-expected skills in this area.
- Relative to same age peers, uses many early skills that are necessary for developing age-expected skills; they are not yet using age-expected skills in this area.
- Relative to same age peers, occasionally uses age-expected skills; they have more skills of a younger child in this area.
- Relative to same age peers, uses many age-expected skills; they have some skills of a younger child in this area.
- Relative to same age peers, uses the skills that we would expect in this area; however, there is potential for concern.
- Relative to same age peers, uses all the skills that we would expect in this area.

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. Although it is not a part of the IFSP process, the IFSP team, including the family, complete the Exit COS. An optional Exit COS form that mirrors the COS section of the IFSP form is available on the Ohio EI website and Exit COS statements are required to be entered in EIDS on the Exit page unless the child record is being exited due to one of the reasons mentioned above.

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

### 3 - Prior FFY Required Actions

None

### 3 - OSEP Response

### **3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

### Data Source

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

### Measurement

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

### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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/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	2019	2020	2021	2022	2023
A	2015	Target>=	95.00%	96.00%	96.00%	96.00%	97.00%
A	93.84 %	Data	96.45%	92.13%	92.25%	92.68%	93.66%
B	2015	Target>=	95.00%	96.00%	96.00%	96.00%	97.00%
B	95.17 %	Data	97.24%	95.01%	94.96%	95.20%	97.79%
C	2015	Target>=	94.00%	96.00%	96.00%	96.00%	97.00%
C	94.48 %	Data	96.53%	93.64%	93.68%	94.42%	94.38%

## Targets

FFY	2024	2025
Target A>=	97.00%	97.00%
Target B>=	97.00%	97.00%
Target C>=	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, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

### FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	13,479
Number of respondent families participating in Part C	3,956
Survey Response Rate	29.35%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	3,679
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	3,946
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	3,775
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	3,947
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	3,741
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	3,949

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 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)	93.66%	97.00%	93.23%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family	97.79%	97.00%	95.64%	Did not meet target	Slippage

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
effectively communicate their children's needs (B1 divided by B2)					
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)	94.38%	97.00%	94.73%	Did not meet target	No Slippage

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

Last year's data for 4B were incorrectly reported. There were 3,807 respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs of 3,983 respondents to this item, for a percentage of 95.58%. So, this year's percentage is actually slightly higher than last year's and there was no slippage.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

**Response Rate**

FFY	2023	2024
Survey Response Rate	29.78%	29.35%

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

The lead agency examined the response rate by race/ethnicity categories, county classification, child age ranges, and gender. Categories where the response rate deviated 3% or less from the overall response rate were considered to be representative. Response rates for American Indian or Alaska Native, Asian, and Black or African American families deviated by more than 3% from the overall response rate. It should be noted, though, that the total number of American Indian or Alaska Native families is too small to draw meaningful conclusions about the percentage of respondents. The response rate for non-core counties was also more than 3% higher than the total.

**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. States must include race/ethnicity in their analysis. In addition, the State's analysis must 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 category approved through the stakeholder input process.**

The tables in the attachment to this indicator provide a comparison of the race/ethnicity categories, county classification, age ranges, and gender between the respondents and non-respondents of the questionnaire, as well as the totals for all children served in EI in Ohio on March 1, 2025 whose families received the questionnaire.

Age categories and gender of children as well as the majority of county classifications among respondent families were comparable to non-respondents and all children served on March 1, 2025 whose families received questionnaires. As mentioned, response rates for American Indian or Alaska Native, Asian, and Black or African American families deviated by more than 3% from the overall response rate. In regard to county classification, only the non-core counties had a response rate that differed more than 3% from the total, and in this case, the response rate was higher than the overall response rate. Ohio will continue to make efforts to further increase representativeness of underrepresented groups of respondents with future questionnaires, particularly Black or African American and Asian families, and in counties classified as Medium Metro, Large Fringe Metro, and Large Central Metro.

**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. (yes/no)**

NO

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

The state convened a work group in early 2019 to discuss ways to improve the response rate for the 2019 EI family questionnaire and the representativeness of respondents. As a result of this work group, the state prepared a visually appealing one page flyer that provided an overview and explained the purpose of the family questionnaire, including how the data would be used. The state again distributed informational flyers to recipient families prior to collecting questionnaire responses in the years that followed and included information and reminders about the questionnaire in several of its bi-weekly communications to the EI field and stakeholders. EI service coordinators were encouraged to use personalized text messages or e-mails to families with links to the online versions of the questionnaire. The lead agency monitored and provided updates to local programs regarding the response rates throughout the data collection period. EI Program consultants also had conversations with local programs regarding response rates and representativeness of respondents.

Despite these new efforts in 2019 and 2020, Ohio's response rate and representativeness remained similar to past years. After the 2020 data collection period was over, the state also surveyed service coordinators about their involvement in the family questionnaire to understand what they view as

barriers to increasing response rates and to obtain input regarding how the process could be improved. Prior to the distribution of the 2021 questionnaire, the state worked with software developers for the statewide EI data system and local EI program staff to improve collection of parent email addresses in order to provide parents directly with links to the annual family questionnaire. The representativeness of Black and African American families has improved significantly each year since then, although this demographic group remains underrepresented. In 2022, the state also required all local EI programs to respond to a solicitation for information about how local programs are engaging families and encouraging them to respond to the questionnaire, which has been and will continue to be useful information as the state continues to make efforts to improve representativeness going forward.

Over the last three years, the lead agency continued to make efforts to increase local program and family involvement in the EI family questionnaire process in order to increase both the overall response rate and representativeness. Notably, the state held webinars prior to distributing questionnaires and that included an overview of the process and tips and suggestions for improving family engagement, maximizing response rates, and increasing representativeness. The lead agency distributed the link to this webinar (and afterward, a link to the posting of the recorded webinar) widely via the program's bi-weekly EI Program Updates newsletter and multiple emails to EI leadership in each local program. The state also included more general information about the questionnaire process in these manners and followed up with individually with local program leadership more frequently and consistently than in past years. Finally, the state moved up the Family Questionnaire timeline by a few months beginning last reporting year to avoid conflicts with activities required at the end and beginning of the fiscal year, along with the implementation of the state's new EI rules in 2024. These efforts, along with continuing to implement strategies from past years, resulted in increased response rates again each year, even with a shorter response period than in past years. The response rate to last year's questionnaire was the highest it had been in several years – the response rate increased nearly 14% from the prior year, after an almost 20% increase from 2022 to 2023. This year's response rate was slightly lower than last year (less than 2%), remaining substantially higher than the several years prior. As several race/ethnicity groups were still underrepresented among respondents, Ohio will place particular emphasis on engaging these groups during its 2026 questionnaire process.

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

Families served in Early Intervention on March 1, 2025 were identified as potential recipients of Ohio's 2025 EI Family Questionnaire. The majority of families received information for completing the questionnaire online via email. For all primary caregivers identified as recipients who did not have an email address listed in EIDS, the questionnaire and a one page information sheet about the questionnaire were mailed to the family. This information was also sent via mail if the email address was identified as invalid by Survey Monkey or the caregiver had opted out of receiving surveys via Survey Monkey. Finally, the lead agency translated the questionnaire into additional languages this year (any language that was identified as the primary language for at least five caregivers on the Family Questionnaire recipient list) and questionnaires in the family's language were mailed to these families (except caregivers whose primary language was identified as English or Spanish), with the option to complete the English version of the questionnaire online. Recipients whose primary language was identified as English or Spanish and who had a valid email address listed in EIDS were emailed a Survey Monkey link to the questionnaire, with the same information that was included in the one page sheet mailed to families included in the body of the email.

Questionnaires and links were distributed in late May/early June and responses were accepted through mid-July in order to be included in analyses. In an effort to maximize the number of survey respondents, Ohio implemented the following strategies in its administration of the family questionnaire:

- The lead agency included all families served at a point in time close to the questionnaire distribution in the population receiving the questionnaire.
- The lead agency held a webinar for local EI programs to cover the questionnaire process, including suggestions for engaging families.
- The lead agency provided local programs a list of questionnaire recipients and the questionnaire links so they could encourage families to respond.
- Questionnaire recipients were emailed information or mailed an information sheet explaining why the state distributes the questionnaire and how data are used, as well as questionnaire links and the child's unique identifier to be used in completing the questionnaire.
- Recipients who received the questionnaire via email were sent several reminder emails if they had not yet completed the questionnaire.
- The questionnaire was translated into Albanian, Arabic, Chinese, French, Nepali, Pashtu, Russian, Somali, Spanish, Swahili, and Ukrainian and the pertinent questionnaire was distributed to families whose primary caregiver was identified in EIDS as primarily speaking that language
- The questionnaire was highlighted in several editions of the Part C Coordinator's bi-weekly communication to Ohio's EI field.
- The state sent local programs interim response rates during the survey collection period so programs that were lagging in responses could increase their outreach efforts to families to encourage completion of the questionnaire.

Three years ago, Ohio began to require collection of caregiver email addresses in EIDS and started emailing information about and links to the Family Questionnaire directly to the majority of recipient families. In addition to the above strategies, this has proven to be effective in increasing the state's response rate to the questionnaire compared to the past several years. As such, the state will continue to work with local programs to ensure as many caregiver email addresses as possible are collected in EIDS and will continue to email families directly regarding the questionnaire. Additionally, the state will continue to implement the strategies listed in the bullet points above and encourage local programs to discuss the Family Questionnaire with their families, including distributing information sheets and links to complete the questionnaire so families are receiving this information in multiple different ways. Finally, the state will work specifically with local programs that have a high percentage of groups who are underrepresented in questionnaire responses to increase the response rate year over year for those groups that are underrepresented. The state will provide targeted technical assistance to these local programs ahead of the questionnaire distribution to help ensure the programs have a plan in place to increase their outreach efforts in 2026.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

Among families who were identified as having children being served on March 1, 2025, a total of 13,479 received questionnaires, with duplicates removed by caregiver information so each family only received one questionnaire and removing those who had a deceased child or did not have up-to-date contact information for the family in the data system. The state regularly shared information about response rates with local programs while the survey was open and encouraged programs with lower response rates to continue reaching out to their families regarding the questionnaire. Ohio received completed questionnaires from 3,956 families, which is a response rate of 29.35% (a slight decrease from the 29.78% response rate in FFY23). Eighty-six of Ohio's 88 counties were represented in the responses to the Family Questionnaire. Table 1 in the attachment to this indicator outlines the methods families used to respond to the questionnaire. The state looked at potential nonresponse bias across race and ethnicity, county classification, child age, and gender. Please note county classification is the new comparison Ohio began to utilize in FFY22; the classifications are from the 2013 Center for Disease Control (CDC) National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties .

The lead agency did not identify potential nonresponse bias based on child age or gender, but did identify potential nonresponse bias for many race/ethnicity categories and non-core counties. Further analysis is described in the sections below. The response rate to Ohio's EI family questionnaire decreased slightly from 29.78% in 2024 to 29.19% in 2025 (less than a 2% decrease), after several years of substantial response rate increases, including a nearly 20% increase from 2022 to 2023 and a nearly 14% increase from 2023 to 2024. The lead agency will continue to implement the strategies listed in the previous section and continue to work with its local EI programs, specifically those with a high percentage of groups who are underrepresented, to identify strategies to increase the response rate, reduce any identified biases, and promote responses from a broad cross section of parents of children with disabilities. As the metro-based local programs in the state disproportionately serve the groups of families most underrepresented in the family questionnaire results, the lead agency will continue to provide technical assistance to these local programs to encourage them to place particular emphasis on engaging underrepresented groups and to support finding ways to better engage these groups, all with the intention of minimizing non-response bias.

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

**Overview**

Ohio EI used a modified version of the Early Childhood Outcomes Center's (ECO) 2010 Family Outcomes Questionnaire. These items from the ECO Family Questionnaire were adapted for Ohio and used on a survey distributed to families in order to gather data for this indicator:

1. Early Intervention has helped me to know my rights in the program.
2. Early Intervention has helped me to communicate my child's needs.
3. Early Intervention has helped me to help my child learn and develop.

Each question had a five-point scale with the following anchors:

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Ohio added total responses of 'Agree' and 'Strongly Agree' for each question to determine what percentage of families were helped by EI in the three areas of this indicator.

The following modifications to the ECO survey were made:

- Early Intervention was substituted for Part C throughout the questionnaire as that is how families "know" Part C in Ohio.
- The adapted OSEP items (Early Intervention has helped me to know my rights in the program; Early Intervention has helped me to communicate my child's needs; and Early Intervention has helped me to help my child learn and develop) were the first questions on the questionnaire rather than dispersed throughout the survey as they are on the 2010 OSEP version of the questionnaire.
- Ohio added additional quantitative and open-ended questions to obtain additional input from families regarding their experiences in EI

**4 - Prior FFY Required Actions**

In the FFY 2024 SPP/APR, the State must report whether its FFY 2024 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 2023 SPP/APR**

This is addressed in the Indicator data section.

**4 - OSEP Response**

**4 - Required Actions**

## 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis. If the State is required to report on the reasons for slippage, the State must include the results of its analyses.

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	1.03%

FFY	2019	2020	2021	2022	2023
Target >=	1.40%	0.90%	0.90%	1.00%	1.00%
Data	0.99%	0.82%	0.97%	1.04%	1.11%

### Targets

FFY	2024	2025
Target >=	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, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on

any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

#### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	1,448
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	126,011

#### FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,448	126,011	1.11%	1.10%	1.15%	Met target	No Slippage

#### Provide results of the root cause analysis of child find identification rates

Ohio has received increased numbers of referrals and served increased numbers of children over the past several years. These increases have been across the board. The percentages of referrals from each referral source and children referred and served across demographic categories has remained consistent from year to year.

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

### 5 - Prior FFY Required Actions

None

### 5 - OSEP Response

### 5 - Required Actions

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

### Instructions and Measurement

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

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

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

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis. If the State is required to report on the reasons for slippage, the State must include the results of its analysis.

## 6 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	2.49%

FFY	2019	2020	2021	2022	2023
Target >=	2.70%	2.70%	2.70%	2.80%	2.80%
Data	2.94%	2.57%	3.00%	3.46%	3.64%

### Targets

FFY	2024	2025
Target >=	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, the lead agency provided an overview of the APR indicators, along with a summary of the state's targets and results for the FFY13 through FFY18 APR cycle, indicating that the group would have a discussion at the following meeting to set targets for the next APR cycle. At the May 2019 meeting, the group had an in-depth discussion about SPP/APR targets and determined the starting target for the next SPP/APR cycle for all indicators should be the FFY17 percentage (rounded down) and the state's targets should gradually increase by the end of the SPP/APR cycle. By the state's August 2019 meeting, the lead agency had become aware that the current SPP/APR cycle would be extended for one year, and informed the SICC and larger EI stakeholder group of this. The group reviewed the targets discussed at the previous meeting, and agreed to keep the FFY19 targets the same as what had been discussed, but adjusted targets as needed so they were greater than the baseline percentage. As Ohio received additional guidance from OSEP, the SICC and larger stakeholder group continued to discuss targets and baseline data. At the August 2020 and August 2021 meetings of the SICC and larger stakeholder group, members discussed targets and baseline data.

At the August 2021 meeting, it was decided to share the targets proposal settled on the prior August with an even broader group of stakeholders for any input prior to finalization. The lead agency posted a document reflecting the August 2020 consensus approach for FFY20-25 targets on the Ohio Early Intervention website on October 7, 2021. The document explained the targets, provided proposed targets, and invited comment and input from the public that would be shared with SICC and larger stakeholder group at their November meeting. The lead agency also publicized the solicitation for feedback in its biweekly newsletter about EI. Recipients of this communication include providers, advocacy groups, parents, and other EI stakeholders. Three biweekly newsletters included information about seeking feedback. The state accepted comment for 30 days and shared results with the SICC and stakeholder group at its November meeting.

The state has not adjusted targets or baseline data for any of the performance indicators since 2021. However, the lead agency presents the APR each year at its November SICC meeting and shares data throughout the year at every meeting. Each August or November, the state also shares an extensive data report with the SICC that covers aspects of the EI program from referral to exit. At the November meeting, the state discusses the APR, the data and measurements for each indicator, and the targets. The state reminds members that targets can be adjusted any year and seeks input on any additional data stakeholders would like to see at future meetings. The state has a culture where stakeholders are comfortable asking questions, requesting data, and making suggestions and the lead agency always invites feedback on any of the APR data and the targets.

### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	14,422
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	387,177

#### **FY 2024 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
14,422	387,177	3.64%	2.90%	3.72%	Met target	No Slippage

#### **Provide results of the root cause analysis of child find identification rates**

Ohio has received increased numbers of referrals and served increased numbers of children over the past several years. These increases have been across the board. The percentages of referrals from each referral source and children referred and served across demographic categories has remained consistent from year to year.

Provide additional information about this indicator (optional).

#### **6 - Prior FFY Required Actions**

None

#### **6 - OSEP Response**

#### **6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	73.80%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.68%	99.40%	98.84%	99.38%	99.40%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
636	1,025	99.40%	100%	99.80%	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.

387

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

The 1,025 child records counted as being compliant include 387 that were non-timely due to documented exceptional family circumstances. These 387 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: 387
- Staff error/System reason: 2

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

State monitoring

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

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. The lead agency completes activities related to each of these one at a time on a rotating schedule throughout each year. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Thirty EIS programs were scheduled to have their data for this indicator monitored for FFY24. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 30 selected EIS programs who had 45-Day timelines ending between January 1, 2025 and March 31, 2025 were included in Ohio's FFY24 45-Day analysis. Of the 1,025 child records examined, 1,023 (99.80 percent) were compliant. No findings were issued upon completion of the baseline analysis. Two EIS programs had a noncompliant record identified during the FFY24 baseline analysis, but the state looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

The 1,025 child records counted as being compliant include 387 that were non-timely due to documented exceptional family circumstances. These 387 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: 387
- Staff error/System reason: 2

Two findings for this indicator were due for correction in FFY24. These findings were reported in the FFY23 APR, based on FFY23 data, and identified and issued in FFY23. Both findings were corrected in a timely manner and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

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

#### Correction of Findings of Noncompliance Identified in FFY 2023

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

#### FFY 2023 Findings of Noncompliance Verified as Corrected

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

Two findings for this indicator were due for correction in FFY24. These findings were reported in the FFY23 APR, based on FFY23 data, and identified and issued in FFY23. Both findings were corrected in a timely manner and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

The EIS programs found to be noncompliant with 45-Day Timelines were issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. The memos were issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The lead agency examines data on a monthly basis to determine local program compliance. Data are pulled on or just after the first of each month and local programs receive missing data inquiries, as necessary.
  - In order to correct any findings, local programs must first demonstrate one month of data at 100% face value, at which point the lead agency requests a representative sample of records for verification.
- If a local program does not correct within six monthly data analyses, the local program will go on a Corrective Action Plan (CAP).

- If a local program has no applicable records during one of the first six months of analyses, the month will still count towards the six months.

The state verified a randomly selected, representative sample of child records from the local programs to ensure that for each child, the required components were completed within 45 days or that any delays in this timeline were due to family reasons. The state continued to examine data and request records to verify until all 45-Day requirements were found to be met for all children as determined by requested child records. In all cases, the needed sample size was calculated using an online sample size calculator with a 95% confidence level and 15% confidence interval. Specifically, verification to indicate correction occurred in the local program as follows:

- Licking: 7 records verified; timelines ending February 2024
- Wyandot: 3 records verified; timelines ending March 2024

**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.

**If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each *individual case of noncompliance was corrected*.**

Ohio has adopted policies that permit EI programs or providers to correct noncompliance prior to the state's issuance of a finding, but there were no local programs to which this was applicable for 45-day in FFY23.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

**Response to actions required in FFY 2023 SPP/APR**

This is addressed in the Indicator Data section.

**7 - OSEP Response**

**7 - Required Actions**

## 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 at age 3 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 at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	94.03%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.74%	98.27%	99.72%	99.69%	98.47%

#### Targets

FFY	2024	2025
Target	100%	100%

#### FY 2024 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
566	620	98.47%	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 children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

52

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

The 620 child records counted as being compliant include 52 that were non-timely due to documented exceptional family circumstances. These 52 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: 52
- Staff Error: 2

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

State monitoring

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

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. The lead agency completes activities related to each of these one at a time on a rotating schedule throughout each year. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Twenty-eight EIS programs were scheduled to have their data for this indicator monitored for FFY24. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 28 selected EIS programs who had IFSPs with Transition Steps and Services due between October 1, 2024 and December 31, 2024 were included in Ohio's FFY24 Transition Steps and Services analysis. Of the 620 child records examined, 618 (99.68 percent) were compliant. Two findings were issued to two EIS programs upon completion of the baseline analysis. These findings were identified and issued in FFY24 and therefore due for correction in FFY25 and the status of correction will be reported in the FFY25 APR.

The 620 child records counted as being compliant include 52 that were non-timely due to documented exceptional family circumstances. These 52 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: 52
- Staff Error: 2

No Transition Steps and Services findings were due for correction in FFY24. A total of one finding was issued to one local program based on FFY23 data. However, this finding was identified and issued in FFY24 and therefore due for correction in FFY25 and the status of correction will be reported in the FFY25 APR. Three additional EIS programs had noncompliant records identified during the FFY23 baseline analysis, but DCY looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

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

#### Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case of noncompliance was corrected*.

Noncompliant records were identified in four local EI programs during the FFY23 baseline analysis. Three of these local programs' compliance percentages were above 95% or only had one noncompliant record with no evidence of other related or systemic noncompliance, so the state examined one month of more recent data for each local program using Timely Transition Steps and Services due dates in May 2024. The EIS programs' data were 100% for that month, so the state considered this to be pre-finding correction and the local EIS programs were not issued a finding. The lead agency ensured that each EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

#### Response to actions required in FFY 2023 SPP/APR

This is addressed in the Indicator Data section.

#### 8A - OSEP Response

#### 8A - Required Actions

## 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 at age 3 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 at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	97.48%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

### Targets

FFY	2024	2025
Target	100%	100%

### FY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
7,578	8,080	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.

502

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

N/A

#### Describe the method used to collect these data.

Ohio EIS programs are required to send quarterly reports to the LEA by February 1st; May 1st; August 1st; and November 1st each year that include all children who will be turning three within a year from the report due date, as long as the family does not opt out of sharing information. Although the report due dates do not correspond to a state or federal fiscal year, because each report includes all children who will be turning three within a year of the report due date, the state ensures that, over the course of the four report submissions, LEAs are notified of children potentially eligible for Part B at least 90 days prior to any child's third birthday. The state requires EIS programs to submit proof to the state that they submitted the February 1 report to the relevant LEAs, which, for the past several years, has been used to determine compliance for this indicator. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Ohio created a data set from reports distributed to LEAs from EIS programs. Reports due February 1, 2025 were generated using Ohio's statewide data system of all children turning three between February 1, 2025 and January 31, 2026 who were potentially eligible for Part B, excluding toddlers whose families opted out from notification (502 families opted out, which are not included in the numerator or denominator). The LEAs were informed in a timely manner for all 7,578 (100%) toddlers turning three in the referenced timeframe and whose families did not opt out of notification. The lead agency also ensured the SEA was notified of all 7,578 children for the February 1, 2025 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 FFY24 data.

There were no LEA/SEA findings due for correction in FFY24.

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

NO

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

State monitoring

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

Ohio created a data set from reports distributed to LEAs from local EI programs. Reports due February 1, 2023 were generated using Ohio's statewide data system of all children turning three between February 1, 2025 and January 31, 2026 potentially eligible for Part B, excluding toddlers whose families opted out of notification (503 families opted out, which are not included in the numerator or denominator). 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 has not opted out of sharing information. Counties are then required to submit proof of doing so to the state for the February 1 report, which is used for the APR compliance analysis. The LEAs were informed in a timely manner for all 7,578 (100%) toddlers turning three in the referenced timeframe and whose families did not opt out of notification. The lead agency ensured the SEA was notified of all 7,578 children for the February 1, 2025 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).

We previously had an opt out policy in our state rules. We no longer utilize the opt out option for LEA notification as of rules implemented July 4, 2024. We have families who opted out of LEA notification prior to that date included for this reporting year.

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

Ohio has adopted policies that permit EI programs or providers to correct noncompliance prior to the state's issuance of a finding, but there were no local programs to which this was applicable for LEA notification in FFY23.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

### Data Source

Data to be taken from monitoring or State data system.

### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 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 at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2007	89.32%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	97.65%	99.40%	100.00%	99.01%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
523	619	99.01%	100%	99.33%	Did not meet target	No Slippage

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

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

21

### 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.

71

### Provide reasons for delay, if applicable.

The 594 child records counted as being compliant include 71 that were non-timely due to documented exceptional family circumstances. These 71 child records are included in the numerator and denominator. See below for a breakdown of reasons for missed TPC timelines:

- Exceptional family circumstances: 71
- Staff Error: 4

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

State monitoring

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

For compliance analyses, EIS programs were selected for Indicator 1, Indicator 7, or Indicators 8A and C. Ohio has implemented a monitoring cycle that ensures an even and representative selection of EIS programs each fiscal year for one of the aforementioned compliance indicators. All local programs have data analyzed for all of these compliance indicators within a three-year period. The lead agency completes activities related to each of these one at a time on a rotating schedule throughout each year. As part of this process, findings are issued as soon as possible after noncompliance is identified (within less than three months of discovery), as specified in #B-7 OF THE GUIDANCE ON STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA#B-7 OF THE GUIDANCE IN STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF IDEA.

Twenty-eight EIS programs were scheduled to have their data for this indicator monitored for FFY24. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 28 selected EIS programs who had Transition Planning Conferences due between October 1, 2024 and December 31, 2024 were included in Ohio's FFY24 Transition Planning Conference analysis. Of 598 child records examined, 594 (99.33 percent) were compliant. Two findings were issued to two EIS programs upon completion of the baseline analysis. These findings were identified and issued in FFY24 and therefore are due for correction in FFY25 and the status of correction will be reported in the FFY25 APR.

The 594 child records counted as being compliant include 71 that were non-timely due to documented exceptional family circumstances. These 71 child records are included in the numerator and denominator. See below for a breakdown of reasons for missed TPC timelines:

- Exceptional family circumstances: 71
- Staff Error: 4

No TPC findings were due for correction in FFY24. A total of one finding was issued to one local program based on FFY23 data. However, this finding was identified and issued in FFY24 and therefore due for correction in FFY25 and the status of correction will be reported in the FFY25 APR. Three

additional EIS programs had noncompliant records identified during the FFY23 baseline analysis, but DCY looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

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

#### Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case of noncompliance was corrected*.

Noncompliant records were identified in four local EI programs during the FFY23 baseline analysis. Three of these local programs' compliance percentages were above 95% or only had one noncompliant record with no evidence of other related or systemic noncompliance, so the state examined one month of more recent data using Timely Transition Planning Conference due dates in May 2024. The EIS programs' data were 100% for that month, so the state considered this to be pre-finding correction and the local EIS programs were not issued a finding. The lead agency ensured that each EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

#### 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

#### Response to actions required in FFY 2023 SPP/APR

This is addressed in the Indicator Data section.

#### 8C - OSEP Response

#### 8C - Required Actions

## 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS908.

#### 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 baselines 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 baselines and targets and report them in the corresponding SPP/APR.

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

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

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

### 9 - Indicator Data

#### Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

Ohio has adopted Part C due process procedures.

### 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

#### Response to actions required in FFY 2023 SPP/APR

N/A

### 9 - OSEP Response

### 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS907.

#### 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 baselines 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 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 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1 Mediations held	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

#### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2019	2020	2021	2022	2023
Target>=					
Data					

#### Targets

FFY	2024	2025
Target>=		

#### FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 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

#### 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

**Results Indicator:** 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 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., February 3, 2025). 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 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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 (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., 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 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

### Section A: Data Analysis

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

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

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

NO

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

NO

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

NO

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

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

#### Progress toward the SiMR

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

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

NO

#### Historical Data

Baseline Year	Baseline Data
2020	52.18%

#### Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	54.00%	54.00%

#### FFY 2024 SPP/APR Data

APR Indicator 3A SS1 Numerator	APR Indicator 3A SS1 Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,691	7,412	52.85%	54.00%	49.80%	Did not meet target	Slippage

#### Provide reasons for slippage, if applicable

Ohio's IFSP form implemented in July 2019 more prominently emphasizes the assessment and COS process and the EI TA consultants have prioritized the COS process in local programs' TA and training plans the past several reporting years. The lead agency has also received anecdotal evidence that local programs are serving children with more intensive needs than in the past. Thus, the slippage is likely due to a combination of improved processes for obtaining COS scores/better data quality and serving children with more needs.

#### Provide the data source for the FFY 2024 data.

Ohio extracted the FFY24 SiMR data, along with all COS data, from the state EI data system. COS data for all children who were exited in FFY24, 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

In July 2024, Ohio updated its COS statements to the following:

- Relative to same age peers, uses the skills expected of a much younger child in this area.
- Relative to same age peers, uses some early skills that are necessary for developing age expected skills; they are not yet using age-expected skills in this area.
- Relative to same age peers, uses many early skills that are necessary for developing age-expected skills; they are not yet using age-expected skills in this area.
- Relative to same age peers, occasionally uses age-expected skills; they have more skills of a younger child in this area.
- Relative to same age peers, uses many age-expected skills; they have some skills of a younger child in this area.
- Relative to same age peers, uses the skills that we would expect in this area; however, there is potential for concern.
- Relative to same age peers, uses all the skills that we would expect in this area.

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 (EI) in Ohio and are exiting for a reason other than being deceased or loss of contact with the family. Although it is not a part of the IFSP process, the IFSP team, including the family, complete the Exit COS. An optional Exit COS form that mirrors the COS section of the IFSP form is available on the Ohio EI website and Exit COS statements are required to be entered in EIIS on the Exit page unless the child record is being exited due to one of the aforementioned reasons.

As described in the previous section, COS data for the FFY24 SiMR data, along with all COS data, were extracted from the state EI data system including all children who were exited in FFY24, served in EI at least six months, and had entry and exit COS scores. Since Ohio's SiMR data encompass the entire population included in the COS, the SiMR percentage was calculated in the same manner as all COS percentages: all children whose entry COS score was greater than 1 and whose exit COS score was higher than the entry score, divided by all children whose entry or exit COS score was below 6.

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

NO

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

NO

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

NO

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

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

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

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

NO

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

This reporting year, much of Ohio's work focused on identifying and implementing strategies and initiatives to address statewide fiscal constraints and provider shortages to ultimately ensure sustainability of the state's EI system; continuing to update materials, guidance, and trainings related to the state's new program rules implemented July 4, 2024; reviewing and updating the program's processes and protocols to ensure consistency with OSEP's general supervision expectations; and continuing to update and communicate changes to protocols and processes related to the program's transition to the newly created Ohio Department of Children and Youth (DCY).

While these broader priorities remained a focus of the lead agency, Ohio continued to prioritize its SSIP work through the state's short-term and intermediate outcomes this reporting year. The state continued to provide resources, trainings, and data related to social-emotional strengths, needs, and development and continued to collect data to inform decisions about what activities are needed to achieve intermediate and long-term outcomes. Further, both child outcomes related to social-emotional development are included as goals in DCY's logic model, with progress examined and reported on quarterly. Thus, not only is social-emotional development a focus of the state EI team, but is a priority for the department as a whole. Activities related to the short-term and intermediate outcomes, associated evidence-based practices, and data collected and analyzed as part of the state's evaluation plan are described in more detail in the subsequent sections.

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

Ohio's short-term and intermediate outcomes are included in the evaluation plan linked at the beginning of this section.

The short-term outcomes focus on identifying needs and making needed trainings, resources, and TA available. The intermediate outcomes are centered around practitioners and families better identifying and understanding social-emotional needs and better supporting social-emotional development. These outcomes involve many aspects of the systems framework. Issues and needs have been and will continue to 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. Increasing access to resources, trainings, and data will result in practitioners and families having increased knowledge and improved ability to support social-emotional development.

This reporting year, the state continued to make progress toward achieving short-term and intermediate outcomes. Notably, the lead agency continued to focus on expanding local access to Infant and Early Childhood Mental Health (IECMH) Consultants; offer trainings and modules related to social-emotional development; collaborate with the state's Central Intake vendor to provide the online Ages and Stages Questionnaire (ASQ) developmental screenings through the Sparkler: Play for Parenting application; and collect information from families through the state's annual EI family questionnaire. Further information about each of these is provided in the subsequent paragraphs.

As the EI and IECMH programs are now both housed at DCY, the programs continued to collaborate to ensure IECMH consultants are available to every local EI program in Ohio when needed. The primary role of the IECMH consultant is to build the capacity of the EI team to screen, assess, and intervene when the child has a social-emotional delay. When a social-emotional delay is suspected and/or the family has experienced trauma, these consultants provide a social-emotional lens in the evaluation and assessment process and at EI team meetings. These consultants also provide resources, strategies, and social-emotional professional development; engage in child/family consultation; connect families to mental health services; and assist with identifying appropriate referrals. This reporting year, the programs had monthly meetings, with topics covering building, supporting, and engaging teams; supporting families and ensuring they had access to the needed mental health and social-emotional resources; emphasizing the importance of social-emotional development and behavior; reinforcing EI principles of teaming and coaching; and addressing stress, trauma, and burnout. Additionally, in collaboration with the Ohio Association of County Boards (OACB), the state offered quarterly virtual trainings focusing on the intersection of EI services and social-emotional development and mental health concerns.

Additionally, expanding on the trainings already offered, the state collaborated with Dr. Ira Chasnoff to provide training on the social and emotional consequences of prenatal drug and alcohol exposure and supporting the affected children. Specifically, this training covered the structural and functional changes in the developing fetal brain that occur as the result of prenatal substance exposure and included evidence-based approaches to treatment and support that can be integrated into a cohesive and comprehensive intervention strategy. The Brazeltton Institute also provided a training to local EI program staff on the Newborn Behavioral Observations (NBO) system™ (an infant-focused, family centered, relationship-based tool, designed to foster positive parent-infant interactions and contribute to the development of a positive parent-infant relationship from the very beginning). Additionally, the state continued to offer four Principles of Special Instruction (POSI) modules. One of these modules specifically addresses social-emotional development, assessment of social-emotional skills, and the impact of social-emotional delays on other areas of development, which was completed by 159 Developmental Specialists in 2025. Finally, the state also continued to make trainings related to social-emotional development available, covering topics such as the Devereux Early Childhood Assessment (DECA), the role of the IECMH consultant, challenging behaviors, attachment, and engaging families.

As indicated previously, Ohio's central intake vendor, Bright Beginnings, also continued to facilitate the use of Sparkler to complete ASQ screenings. Sparkler is a mobile application that not only provides access to the online ASQ and ASQ-SE screenings, but also includes thousands of offline, evidence-based activities to help further development; allows caregivers to follow their child's progress and track growth; and provides a way for caregivers to chat with care providers, doctors, and family members regarding their child's development. Through Sparkler, the ASQ service is available for children through age five and is available in Spanish, French, and Arabic in addition to English. More than 18,000 Ohio children had profiles within Sparkler and nearly 35,000 ASQ screenings were completed for Ohio families within the application in 2025. Additionally, there were over 1,000 Ohio program partners, including early childhood education centers; school districts; local health departments; local home visiting programs; and local EI programs connected to Sparkler by the end of 2025.

Finally, the state again gathered data directly from families related to social-emotional skills and development via the state's annual family questionnaire. These data are discussed in additional detail in the section regarding data collection to monitor fidelity of implementation and to assess practice change. DCY will continue to use these and other data to determine additional activities needed to achieve outcomes and make improvement in the state's SiMR.

Activities related to the short-term and intermediate outcomes are necessary in order to ultimately achieve the SiMR, and in the sustainability of systems improvement efforts as they lay the foundation for achieving the long-term outcomes. To facilitate increased knowledge and improve practices, which is being attained via activities to achieve the intermediate and long-term outcomes, the state necessarily first gathered data and made available applicable information, resources, and trainings to address needs identified in each improvement strategy area. The availability and use of information, resources, and trainings results in practitioners and families better identifying and understanding social-emotional needs and better supporting social-emotional development, which will ultimately lead to achievement of the SiMR.

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

NO

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

Over the next reporting year, Ohio will continue to offer the POSI modules and trainings and resources related to assessing social-emotional strengths and needs and supporting social-emotional development; collect and analyze data included in the state's evaluation plan to determine whether progress is being made toward achieving outcomes; and examine and discuss data obtained through other means, as applicable. Additionally, the state and local EI teams will continue to collaborate with the IECMH program to ensure an IECMH consultant is available in each local EI program, as needed; Brazelton will provide additional NBO trainings; and the state will continue to consider how EI and other early childhood programs can address infant and toddler social-emotional needs in concert.

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

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

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

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

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

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

Because the selected EBPs align with the Theory of Action and outcomes and are being integrated into the activities needed to achieve each outcome, the data collected as part of the state's evaluation plan are being used to monitor the fidelity of implementation to assess practice change. As part of the evaluation plan, the lead agency is collecting ongoing data regarding parent understanding of their child's social-emotional strengths and needs; quality of IFSP outcomes that address supporting social-emotional development; parent involvement in developing outcomes that support social-emotional development; provider ability to deliver evidence-based EI services to support social-emotional development; and parent ability to support their children's social-emotional development. Each intermediate outcome in the state's evaluation plan, the measurement and data collection methods, and the FFY21, FFY22, FFY23, and FFY24 data are included in Appendix A. A summary of the data collected this reporting year follows:

- Of 3,885 respondent families, 3,498 (90.04%) reported they agree or strongly agree that EI has helped them better understand their child's social-emotional strengths and needs (on a five-point scale)
- Of 2,713 respondent families, 2,527 (93.14%) reported they agree or strongly agree that during their time in EI, they actively participated in developing IFSP outcomes that support their child's social-emotional development (on a five-point scale)
- Of 3,880 respondent families, 3,543 (91.31%) reported they agree or strongly agree that EI has helped them better support their child's social-emotional development (on a five-point scale)

Please note data regarding the number of social-emotional IFSP outcomes that met all of the ECTA six-step criteria and provider ability to deliver evidence-based EI services to address social-emotional development were not collected this reporting year. As described earlier in this section, much of Ohio's EI work this reporting year focused on activities and initiatives that impact the state's EI system more broadly.

Baseline data related to 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; and parent ability to support their children's social-emotional development were collected in the first year of this SSIP cycle. Baseline data regarding provider ability to deliver evidence-based EI services to address social-emotional development was collected in the second year of this SSIP cycle. Data related to all of these outcomes will be collected again in the next reporting year to assess the progress the state has made in each of these areas over the course of the SSIP cycle.

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

Because the selected EBPs align with the Theory of Action and outcomes and are being integrated into the activities needed to achieve each outcome, the data collected as part of the state's evaluation plan are being used to monitor the fidelity of implementation to assess practice change. As part of the evaluation plan, the lead agency is collecting ongoing data regarding parent understanding of their child's social-emotional strengths and needs; quality of IFSP outcomes that address supporting social-emotional development; parent involvement in developing outcomes that support social-emotional development; provider ability to deliver evidence-based EI services to support social-emotional development; and parent ability to support their children's social-emotional development. Each intermediate outcome in the state's evaluation plan, the measurement and data collection methods, and the FFY21, FFY22, FFY23, and FFY24 data are included in Appendix A. A summary of the data collected this reporting year follows:

- Of 3,885 respondent families, 3,498 (90.04%) reported they agree or strongly agree that EI has helped them better understand their child's social-emotional strengths and needs (on a five-point scale)
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**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.**

The state collected additional data related to social-emotional development through the state's family questionnaire. These additional data are described below and along with the data that are part of the evaluation plan, summarized in Appendix B.

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

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

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

The lead agency will continue to disseminate resources, offer trainings, provide TA, examine data, and implement activities to make improvements in each of the EBP areas listed and summarized previously. The state will work with Brazelton to offer the NBO trainings. Further, the state will continue to identify activities needed to achieve outcomes, and ultimately, the SIMR, in each of these EBP areas over the next reporting year and beyond. The lead agency expects to continue to make progress toward achieving intermediate outcomes and the SIMR this reporting year.

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

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

DCY intends to continue its SSIP work with the same SIMR, improvement strategies, and outcomes. The state put data collection for some of the intermediate outcomes on hold the past several reporting years as its EI work was primarily focused on broader initiatives, as described earlier in this section, but plans to resume all data collection next year to evaluate progress over the entire SSIP cycle. Over the next reporting year, the lead agency will continue to focus heavily on researching, planning, and implementing strategies to address challenges and ensure sustainability of the state EI system, while continuing to implement the current SSIP without modification. The high level of support parents cited receiving from Ohio EI with regard to social-emotional development (see the data described earlier in this section and included in Appendix B) gives DCY confidence that the existing SSIP is working. Although work remains, the data points collected in the family questionnaire do not suggest the need for modification of the plan at this time.

**Section C: Stakeholder Engagement****Description of Stakeholder Input**

DCY values feedback from a wide variety of stakeholders, including families, when implementing activities to improve outcomes for children with disabilities and their families. The state solicits feedback broadly from its EI field through its bi-weekly newsletter, in a more targeted manner from its ICC and broader stakeholder group at quarterly meetings, and directly from families via the state's annual Family Questionnaire. 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.**

At the beginning of this SSIP cycle, the lead agency collaborated with the state's EI Advisory Council (EIAC) and stakeholder group to select the state's new SIMR and complete a new infrastructure analysis. The state also engaged stakeholders in the process to select new APR targets, including the target for the state's new SIMR. Finally, the lead agency shared the new Theory of Action and new evaluation plan with Ohio's EI field.

In FFY21, the lead agency obtained input from the EIAC and stakeholder group when developing items related to social-emotional development for the state's annual family questionnaire and inaugural provider survey. The state used these surveys to collect baseline data for the state's evaluation plan and to receive additional input directly from families and providers in the state's EI system. The specific data collected are described in earlier sections of this report and summarized in Appendices B and C of Ohio's FFY21 SSIP. The state shared summary data from these surveys with local programs. The state also collaborated with stakeholders in select local programs to implement the IECMH pilot last reporting year, including involving IECMH consultants more meaningfully in the evaluation and assessment process.

Each year of this reporting cycle, the state collected data directly from families regarding their understanding of, and confidence in and ability to support their child's social-emotional development. The lead agency shared data from the questionnaire with local programs each year. The specific data collected are described in earlier sections of this report and summarized in Appendix B.

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

NO

**Additional Implementation Activities**

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

N/A

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

Ensuring sustainability of the system, updating rules and related resources, and improving general supervision will remain primary focuses of the state EI team over the next year. While focusing on all of these, the lead agency will continue to have discussions about the data and determine activities needed to achieve identified outcomes, including timelines for implementation.

The data collection measures and outcomes are included in the state's evaluation plan and a link for this plan is provided in Section B of this document. The state collected baseline data related to families' understanding of their children's social-emotional strengths and needs; quality of outcomes addressing social-emotional development; family participation in developing outcomes addressing social-emotional development; practitioners' ability to deliver evidence-based EI services; and families' ability to support their children's social-emotional development in the FFY20 and FFY21 reporting years. This reporting year, the lead agency collected data on families' understanding of their children's social-emotional strengths and needs; family participation in developing outcomes addressing social-emotional development; and families' ability to support their children's social-emotional development. Ohio plans to collect and report on data in each of these outcome areas next year, the final year of this plan, to show progress over this entire SSIP cycle.

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

N/A

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

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## Indicator 12: General Supervision

### Instructions and Measurement

#### Monitoring Priority: General Supervision

**Compliance indicator:** This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

#### Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

#### Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

#### Instructions

Targets must be 100%.

*States are required to complete the General Supervision Data Table within the online reporting tool.*

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of 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 and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	80.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					80.00%

### Targets

FFY	2024	2025
Target	100%	100%

**Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)**

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

N/A

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

N/A

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual* case of noncompliance was corrected:**

N/A

**Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)**

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	1	2	1	0

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

Thirty EIS programs were scheduled to have their data for this indicator monitored for FFY24. Ohio used monitoring data from its data system as well as from the review and verification of a selection of records to determine the percent compliant for this indicator. All children among the 30 selected EIS programs who had 45-Day timelines ending between January 1, 2025 and March 31, 2025 were included in Ohio's FFY24 45-Day analysis. Of the 1,025 child records examined, 1,023 (99.80 percent) were compliant. No findings were issued upon completion of the baseline analysis. Two EIS programs had a noncompliant record identified during the FFY24 baseline analysis, but the state looked at more recent data as part of the analysis, and the local programs subsequently corrected the noncompliance and therefore were not issued a finding. The lead agency ensured that each EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

There was one additional finding issued outside of the cyclical compliance analysis process completed annually for the 45-day timelines, TRS, and transition indicators. While reviewing reports for the local program that received this finding, the program's TA consultant discovered that an evaluation for a child listed two Developmental Specialists as the administrators, and thus the evaluation was not multidisciplinary. The state began the process of issuing the county a PIP to resolve any outstanding issues with multi-disciplinary evaluations, and, after further investigation, discovered that two other individuals who had been completing evaluations did not have the required licensure to do so. At that point, the state proceeded with issuing a finding of noncompliance and a CAP for lack of multi-disciplinary evaluation. The finding memo was issued as soon as possible after noncompliance was identified (within three months of discovery).

\*Please note – this additional finding was inadvertently reported in Ohio's FFY23 APR in the "Other Areas" section, but was actually due for correction in FFY24.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

Three findings for this indicator were due for correction in FFY24. Two of these findings were reported in the FFY23 APR, based on FFY23 data, and identified and issued in FFY23. Both findings were corrected in a timely manner and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

The EIS programs found to be noncompliant with 45-Day Timelines were issued a finding of noncompliance via a written memorandum that included the noncompliant status and informed the local program that the noncompliance must be corrected as soon as possible, but in no case more than one year from identification. The memos were issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The lead agency examines data on a monthly basis to determine local program compliance. Data are pulled on or just after the first of each month and local programs receive missing data inquiries, as necessary.
  - In order to correct any findings, local programs must first have one month of data at 100% face value, at which point the lead agency requests a representative sample of records for verification.
  - If a local program does not correct within six monthly data analyses, the local program will go on a Corrective Action Plan (CAP).
  - If a local program has no applicable records during one of the first six months of analyses, the month will still count towards the six months.

The state verified a randomly selected, representative sample of child records from the local programs to ensure that for each child, the required components were completed within 45 days or that any delays in this timeline were due to family reasons. The state continued to examine data and request records to verify until all 45-Day requirements were found to be met for all children as determined by requested child records. In all cases, the needed sample size was calculated using an online sample size calculator with a 95% confidence level and 15% confidence interval. Specifically, verification to indicate correction occurred in the local program as follows:

- Licking: 7 records verified; timelines ending February 2024
- Wyandot: 3 records verified; timelines ending March 2024

The third finding was issued outside of the FFY23 baseline compliance analysis process. As described above, this finding was related to the 45-day timeline as evaluations were being completed without meeting the multi-disciplinary requirement. The local program was required to complete and submit verification for each of the following:

- The local program was required to notify each parent of any child under the age of three whose eligibility was determined without qualified personnel of the error. For any child whose parent consented to a new evaluation, a comprehensive, multidisciplinary evaluation was required to be conducted in a timely manner.
- The local program was required to ensure all evaluations completed after that point were conducted by two separate disciplines.
- The local program was required to develop a written plan and implement the plan to ensure that EI activities were completed only by personnel who meet the applicable requirements.

The local program submitted all required information. The state verified that all the requirements were met and that the local program was correctly implementing the requirement to complete multi-disciplinary evaluations. This finding was corrected in a timely manner and a correction memo was issued to the local program.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual* case of noncompliance was corrected:**

For the two findings identified through the state's baseline analysis, Ohio ensured each local program corrected the individual case of noncompliance through that analysis. 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.

For the third finding issued outside the baseline analysis, the state reviewed documentation that indicated the local program notified each parent of any child under the age of three whose eligibility was determined without qualified personnel of the error and conducted new evaluations with qualified personnel for any child whose parent consented to a new evaluation.

**Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:**

**A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).**

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual* case of noncompliance was corrected:

N/A

**Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:**

**B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)**

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual* case of noncompliance was corrected:

N/A

**Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:**

**C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)**

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual* case of noncompliance was corrected:

N/A

**Optional for FFY 2024, and 2025:**

**Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).**

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
1	0	1

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:**

Noncompliance in one local program was identified based on several factors that are part of the state monitoring process and through information obtained in the state's data system. Specifically, this was based on noncompliance identified through the compliance indicator analyses (and failure to correct in a timely manner), additional record reviews, discussions with local program leadership over multiple years, and the failure to resolve a Performance Improvement Plan (PIP) in a timely manner. Through these mechanisms, the state observed a consistent and ongoing failure to provide service coordination in accordance with § 303.34, including the following activities:

- Facilitating and participating in the development, review, and evaluation of IFSPs 303.34(b)(4);
- Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner 303.34(b)(6);
- Conducting follow-up activities to determine that appropriate part C services are being provided
- 303.34(b)(7)

Additionally, the state noted inadequate documentation of EI service coordination activities and to support reasons for non-compliance with federally required timelines.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:**

The state worked closely with the local program over a several year timeframe to provide intensive TA and support around compliance and oversight, and to transition service coordination responsibilities and grant management to a new local entity. Through the establishment of new leadership, verification of data, and the receipt of updated policies and procedures that address the concerns outlined in the original finding of noncompliance, the state determined that the local program is providing sufficient oversight and previously identified noncompliance has been corrected.

While this finding was not corrected in a timely manner, it has since been corrected and was verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:**

Ohio ensured this local program corrected the individual case of noncompliance through each instance of record review and verification. 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. As part of its oversight process, the state determined whether any child for whom a required component was late/not completed without a documented noncompliance reason had exited or moved from the EIS program's jurisdiction. For this finding, Ohio ensured that all applicable requirements were completed, albeit late, or that the child was subsequently exited from EI.

**Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	2	2	1	1

**FFY 2024 SPP/APR Data**

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3	4	80.00%	100%	75.00%	Did not meet target	Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	25.00%
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**Provide reasons for slippage, if applicable**

There was only one finding that was not corrected within the required one year in both FFY23 and FFY24. There were a low number of findings issued each year, so one instance of not correcting within a year can impact the percentage quite a bit. Further, one finding was inadvertently reported in FFY23 when it was actually due for correction in FFY24, so the percentage for this indicator should have been 75% last year, equal to the result this year, so there is no slippage.

**Provide additional information about this indicator (optional)****Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	4
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	3
3. Number of findings <u>not</u> verified as corrected within one year	1

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):**

4. Number of findings of noncompliance not timely corrected	1
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	1
7. Number of findings <u>not</u> yet verified as corrected	0

**Subsequent correction:** If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

N/A

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	1	1	0

**FFY 2022**

**Findings of Noncompliance Verified as Corrected**

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:**

One finding for this indicator was due for correction in FFY23. This finding was not corrected in a timely manner, but was subsequently corrected and verified in accordance with OSEP's Guidance on State General Supervision Responsibilities Under Parts B and C of IDEA. The lead agency ensured that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

The EIS 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. The memo was issued as soon as possible after noncompliance was identified (within three months of discovery).

To ensure local programs are correctly implementing each regulatory requirement, Ohio requests records for verification of correction as follows:

- The lead agency examines data on a monthly basis to determine local program compliance. Data are pulled on or just after the first of each month and local programs receive missing data inquiries, as necessary.
- In order to correct any findings, local programs must first have two consecutive months of data at 100% face value, at which point the lead agency requests a representative sample of records for verification.
- If a local program does not correct within six monthly data analyses, the local program will go on a Corrective Action Plan (CAP).
- If a local program has no applicable records during one of the first six months of analyses, the month will still count towards the six months. A month with no applicable records, however, will not impact two consecutive months that occur immediately prior to and following the null month.

The state verified a randomly selected, representative sample of child records from the local programs to ensure that for each child, services were delivered within 30 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 program as follows:

- Wyandot: 3 records verified; timelines ending February 2025

**Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:**

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

## **12 - Prior FFY Required Actions**

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

### **Response to actions required in FFY 2023 SPP/APR**

This is addressed in the Indicator Data section for Indicator 1 and Indicator 12.

## **12 - OSEP Response**

## **12 - 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 by the Lead Agency Director to Certify

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

**Name:**

Diane Fox

**Title:**

Deputy Director, Division of Training, Technical Assistance, and Practice Advancement

**Email:**

Diane.Fox@childrenandyouth.ohio.gov

**Phone:**

614-466-2755

**Submitted on:**

01/28/26 1:24:26 PM