

# Preparing for the SFY25 45-Day Baseline Analysis

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3/25/25

Taylor Hammond, Part C Coordinator  
Erin Hale, EI Monitoring Consultant



**MIKE DEWINE**  
GOVERNOR OF OHIO





# WELCOME TO THE WEBINAR!

**Communicating:** Use Questions or Chat box to type comments and questions.

**Polls:** Poll question will appear on screen. Click the button next to your answer.

**CPDUs:** CPDUs are not provided for this webinar.

**Recording:** This webinar is being recorded, and the recording will be posted to the EI website.

## Tech Tips:

- Use computer audio (**arrow beside the mute button**)
- Use headset if having audio problems
- Close other apps
- Log out and back in Zoom
- Dial in (option listed on webinar invitation)

**WHAT ARE  
YOU HERE  
TO LEARN?**



# AGENDA



**1/ TIMELINES FOR THE  
BASELINE PROCESS**



**2/ COMPLIANCE  
COMPONENTS**



**3/ DATA CLEANING**



**4/ DOCUMENTATION**

# BASELINE PROCESS

Baseline overview document is available on the EI website:

<https://ohioearlyintervention.org/monitoring>



## Ohio Baseline Compliance Analysis Process

### Compliance Monitoring

Each year, Ohio monitors counties on the required compliance indicators: 45-Day Timeline; Timely Receipt of Services (TRS); and Transition, including Transition Steps and Services, Notification to the Local Educational Agency (LEA), and Timely Transition Planning Conferences (TPC). Results from each of these analyses are included in Ohio's Annual Performance Report (APR) due to the U.S. Department of Education's Office of Special Education Programs (OSEP) at the beginning of February each year.

### Cyclical Monitoring Process

Ohio has implemented a rotating annual monitoring schedule in which county programs are included in the 45-Day, TRS, or Transition (including Transition Steps and Services and TPC) analysis each year and all counties have data analyzed for each of these compliance indicators within a three-year period. Notification to the LEA is monitored for every county annually.

### Baseline Analysis Schedule

The entire process, from initial notification of inclusion to disseminating final results memos, is completed in approximately three to five months, and includes the following:

- Initial communications are sent:
  - Counties included in the baseline indicator analysis receive a schedule of baseline activities and a handout regarding the process for reviewing and cleaning data.
  - Counties not included in the analysis receive information about which indicator they were or will be monitored on for the baseline year.
- A data cleaning period is initiated:
  - Counties have about two weeks to review and clean data that will be included in the baseline analysis, including asking questions and requesting any needed deletions in the Early Intervention Data System (EIDS).
  - All deletion requests are processed by EIDS staff within approximately five working days.
  - Any applicable data re-entry following deletions needs to be completed by counties within approximately five working days.
- Relevant data are extracted from EIDS and analyzed after the data cleaning period is complete:
  - DCY staff perform initial data analyses and prepare any needed county inquiries within approximately a week and a half.
  - County inquiries, including missing data and verification requests, as applicable, are sent to counties, who are then required to respond within approximately 10 working days. Data may be missing for a number of reasons, such as delays due to family reasons, late timelines due to staff error, and data entry errors. County staff are asked to indicate why any components are missing from the data system.
  - DCY staff verify applicable records (i.e., confirm that hard copies support what is entered in EIDS), send clarification requests to those counties with incomplete verification documentation, review/reconcile any needed data, and finalize results.
- Results memos are sent to each county included in the analysis

# ANNUAL BASELINE CALENDAR



<https://ohioearlyintervention.org/monitoring>

## SFY25 Baseline Compliance Calendar (subject to change)

Date(s)	LEA (All Counties) <i>Children turning three between February 1, 2024 and January 31, 2025</i>
1/21/2025	<i>Counties complete data cleaning/review</i>
1/22/2025 to 2/1/2025	<i>Counties run Feb 1 LEA report and send applicable pages to appropriate LEA</i>
2/3/2025	<i>LEA reports due to be submitted</i>

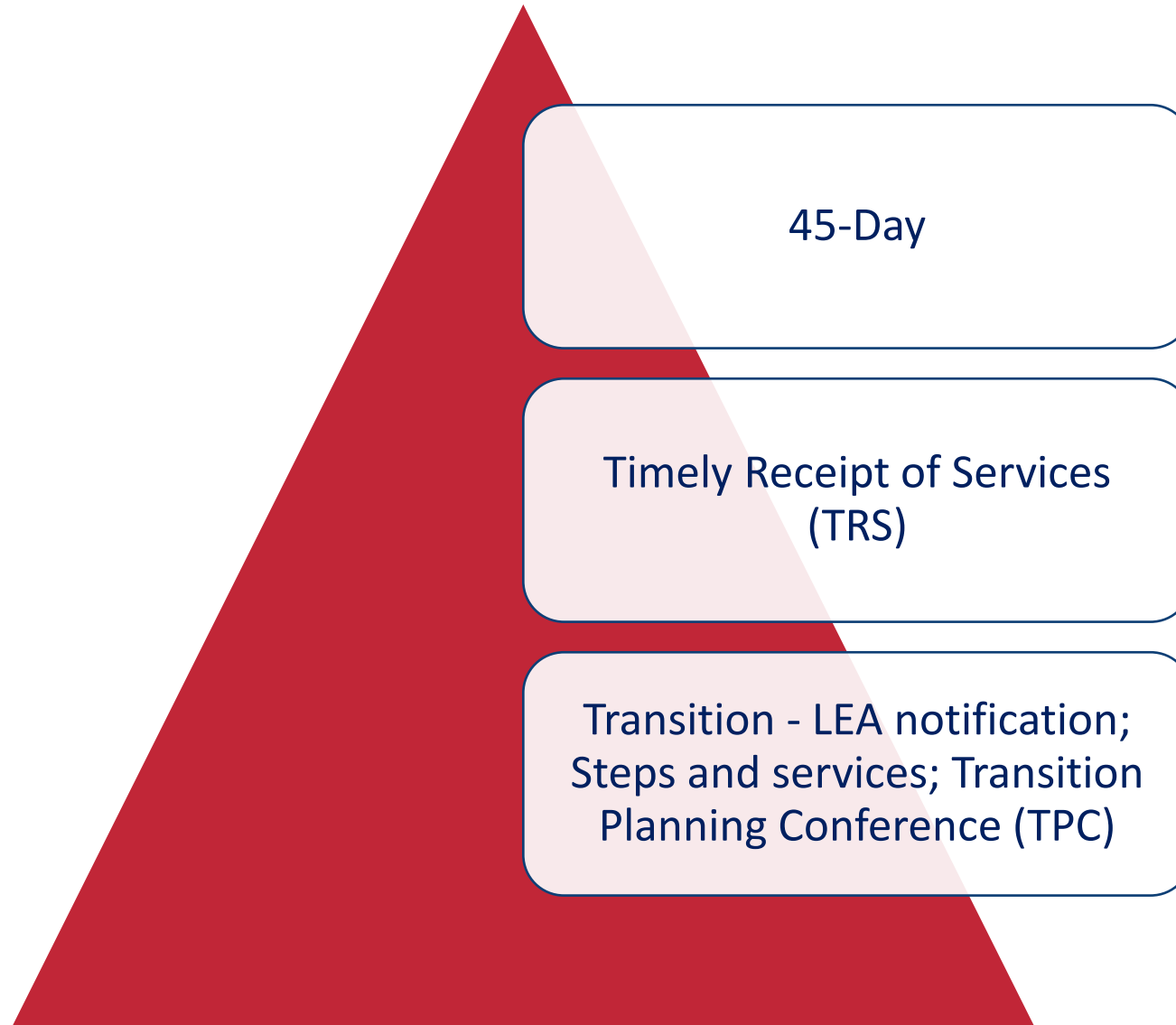
Date(s)	TRS (Group 1) <i>TRS due dates October through December 2024</i>
2/4/2025	<i>TRS Baseline webinar</i>
2/21/2025	<i>Counties complete data cleaning/review</i>
2/26/2025	<i>All deletion requests processed</i>
3/3/2025	<i>Counties complete data re-entry following deletions</i>
3/4/2025	<i>Compliance data extracted from EIDS</i>
3/26/2025	<i>Compliance inquiries sent to applicable counties</i>
3/27/2025 to 4/10/2025	<i>Counties responding to inquiries</i>
4/11/2025 to 6/16/2025	<i>Verification and final analysis</i>
6/17/2025	<i>Results memos issued</i>

Date(s)	Transition (Group 3) <i>TPC and Transition Steps and Services due October through December 2024</i>
2/6/2025	<i>Transition Baseline webinar</i>
2/21/2025	<i>Counties complete data cleaning/review</i>
2/26/2025	<i>All deletion requests processed</i>
3/3/2025	<i>Counties complete data re-entry following deletions</i>
3/4/2025	<i>Compliance data extracted from EIDS</i>
3/26/2025	<i>Compliance inquiries sent to applicable counties</i>
3/27/2025 to 4/10/2025	<i>Counties responding to inquiries</i>
4/11/2025 to 6/16/2025	<i>Verification and final analysis</i>
6/17/2025	<i>Results memos issued</i>

Date(s)	45-Day (Group 2) <i>45-Day timelines ending January through March 2025</i>
3/25/2025	<i>45-Day Baseline webinar</i>
4/14/2025	<i>Counties complete data cleaning/review</i>
4/17/2025	<i>All deletion requests processed</i>
4/22/2025	<i>Counties complete data re-entry following deletions</i>
4/23/2025	<i>Compliance data extracted from EIDS</i>
5/7/2025	<i>Compliance inquiries sent to applicable counties</i>
5/8/2025 to 5/22/2025	<i>Counties responding to inquiries</i>
5/23/2025 to 7/23/2025	<i>Verification and final analysis</i>
7/24/2025	<i>Results memos issued</i>



# BASELINE COMPLIANCE INDICATORS



# 45-DAY REQUIREMENT

For all children referred to EI, eligibility determination, a child assessment, a family assessment, and an IFSP must be completed within 45 days of the referral.



**45 DAYS  
TO GO**



# 45-DAY COMPLIANCE: SFY25 DATE RANGES

DCY utilizes one quarter of the SFY to determine baseline compliance percentages

For the SFY25 45-Day Baseline compliance analysis, DCY will examine all records with a 45-Day timeline ending between January 1, 2025 through March 31, 2025

This includes all children referred between November 17, 2024 through February 14, 2025

# 45-DAY COMPLIANCE: TIMELINE FOR SFY25 ANALYSIS

<b><i>Projected Date</i></b>	<b><i>Event/Task</i></b>	<b><i>Who</i></b>
<b><i>4/14/2025</i></b>	<b><i>All deletion requests and inquiries regarding data cleaning due</i></b>	<b><i>Counties</i></b>
<b><i>4/22/2025</i></b>	<b><i>Counties complete data re-entry following deletions</i></b>	<b><i>Counties</i></b>
<b><i>4/23/2025</i></b>	<b><i>Compliance data extracted from EIDS</i></b>	<b><i>DCY</i></b>
<b><i>5/7/2025</i></b>	<b><i>Compliance inquiries sent to counties</i></b>	<b><i>DCY</i></b>
<b><i>5/22/2025</i></b>	<b><i>Compliance inquiries due to DCY</i></b>	<b><i>Counties</i></b>
<b><i>7/24/2025</i></b>	<b><i>Results memos issued by DCY</i></b>	<b><i>DCY</i></b>

# 45-DAY COMPLIANCE COMPONENTS IN EIDS

Eligibility Date

Evaluation Date

Dx Date

Child Assessment Date

Family Assessment Date

Initial IFSP Date

Noncompliance Reasons (NCR), as applicable

# COUNTY RESPONSIBILITIES: DATA CLEANING



Ensure  
all  
data  
are:

- Complete
- Accurate
- Entered timely

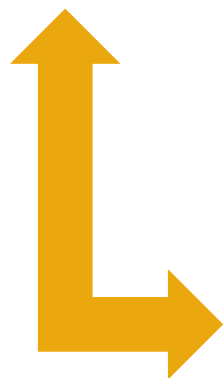
# COUNTY RESPONSIBILITIES: DATA CLEANING

- Review and clean up data by **Monday April 14, 2025**
  - Submit deletion requests
  - Data questions
  - Submit inquiries to EIDS with “SFY25 45-Day Baseline” in the subject
- Data re-entry following deletions due **Tuesday April 22, 2025**



# COUNTY RESPONSIBILITIES: DATA CLEANING

Counties should use the *45-Day Compliance Monitoring Report* in EIDS



Early Intervention Reports
<a href="#">45-Day CAP Log</a>
<a href="#">45-Day Compliance Monitoring Report</a>
<a href="#">45-Day Info For All Referrals</a>
<a href="#">Active Service Coordinator</a>
<a href="#">CAPTA Report</a>
<a href="#">Child Outcome Extract</a>
<a href="#">Child Outcome Monitoring</a>



# 45-DAY COMPLIANCE MONITORING REPORT

Report includes all children whose records were open at least 45 days.

45-Day Compliance Monitoring Report

Get Report

County:	BEIS Test County
Contract:	Early Intervention (BEIS Test County Early I
Agency:	ALL
Worker:	
*Date Option:	<input checked="" type="radio"/> 45-Day Timeline Ends <input type="radio"/> 45-Day Referral Date
*Report Start Date	01/01/2025
*Report End Date	03/31/2025
*ReportType:	<input checked="" type="radio"/> Data Extract <input type="radio"/> Data Summary
*Report Format:	EXCEL

\* Indicates required field.

Use the “45 Day Timeline Ends” option for the **SFY25** baseline analysis.

For the SFY25 baseline analysis, use 01/01/2025 to 3/31/2025.



# 45-DAY COMPLIANCE MONITORING REPORT

Y_Type	EligibilityCriteriaDate	Eligibility	Child_Assessment_Date	Child_Ass	Family_Assessment_Date	Family_Assessm	IFSP_Date	IF
	7/11/2023		7/11/2023		8/15/2023	51	8/15/2023	
	Missing		Missing		Missing		Missing	
Standard C	8/11/2023	51	8/11/2023	51	9/1/2023	51	9/1/2023	
	7/11/2023		7/11/2023		7/28/2023		7/28/2023	
	Missing		Missing		Missing		Missing	
	Missing		Missing		Missing		Missing	
	7/27/2023		7/27/2023		8/3/2023		8/3/2023	
Standard C	7/11/2023		7/11/2023		8/10/2023		8/10/2023	
Standard C	7/11/2023		7/11/2023		8/10/2023		8/10/2023	
ble	8/7/2023		Missing		Missing		Missing	
ble	8/29/2023	51	Missing		Missing		Missing	
	7/24/2023		7/24/2023		8/11/2023		8/11/2023	
Standard C	8/9/2023		8/9/2023		8/17/2023		8/17/2023	
9 Stanc	7/19/2023		7/19/2023		8/7/2023		8/7/2023	
Standard C	8/4/2023		8/4/2023		8/17/2023		8/17/2023	
ble	8/23/2023		8/23/2023		Missing		Missing	
9 Stanc	9/5/2023		9/5/2023		Missing		Missing	
t	7/26/2023		8/4/2023		8/4/2023		8/4/2023	
Standard C	8/8/2023		8/8/2023		8/17/2023		8/17/2023	
t	8/8/2023		8/8/2023		8/8/2023		8/8/2023	
t	8/1/2023		8/14/2023		8/14/2023		8/14/2023	
	Missing		Missing		Missing		Missing	
Standard C	8/25/2023		8/25/2023		9/5/2023		9/5/2023	

# COUNTY RESPONSIBILITIES: NONCOMPLIANCE REASONS



51	Parent/Child Reason
52	Couldn't locate/reach family
53	Emergency related closure
54	HMG staff error
55	HMG system reason
56	System reason – COVID-19

<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/EI-NCR-Examples-11-21-2024.pdf>

# COUNTY RESPONSIBILITIES: DATA INQUIRIES

Respond to any data inquiries by Thursday, May 22, 2025

Three potential types of inquiries

Verification Request (selection of records from each county)

Missing data (if any 45-Day components are missing in EIDS)

NCR confirmation (for any system reasons)



# COUNTY RESPONSIBILITIES: MISSING DATA INQUIRY



I	J	K	L	M	N	O	P
Eligibility NCR	Child Assessment Date	CA NCR	Family Assessment Date	FA NCR	IFSP Date	IFSP NCR	Notes
51	12/21/2020	51	12/11/2020		Missing		
	11/19/2020		11/20/2020		Missing		
51	Missing		Missing		Missing		
	11/5/2020		10/22/2020		Missing		
	Missing		Missing		Missing		
	11/13/2020		10/27/2020			51	
	Missing		Missing		Missing		

# COUNTY RESPONSIBILITIES: NCR INQUIRY



A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
County	ETID	Child Name	Date of Birth	Referral Date	45-Day Timeline Ends	Eligibility Type	Eligibility Date	Eligibility NCR	Child Assessment Date	Child Assessment NCR	Family Assessment Date	Family Assessment NCR	IFSP Date	IFSP NCR	Notes	Service Coordinator	Service Coordinator Agency
BEIS	5555999888	May, Sara	12/1/2021	6/6/2023	7/21/2023	ICO	7/10/2023		7/10/2023		7/24/2023	55	7/24/2023	55	Error, Coding	Hale, Erin	County Board of DD
BEIS	5559999777	Definkleton, Andre	7/24/2021	6/6/2023	7/21/2023	ICO	7/13/2023		7/13/2023		8/3/2023	55	8/3/2023	55	Error, Coding	Hale, Erin	County Board of DD
BEIS	5559991666	Rays, Rowan	1/5/2022	6/15/2023	7/30/2023	2.0+ Standard Deviation Delay	7/20/2023		7/20/2023		8/3/2023	55	8/3/2023	55	Error, Coding	Hale, Erin	County Board of DD
BEIS	5559991666	Jackson, Samuel	6/11/2021	7/3/2023	8/17/2023	ICO	8/2/2023		8/2/2023		8/21/2023	55	8/21/2023	55	Error, Coding	Hale, Erin	County Board of DD
BEIS	5559992746	Swickard, Asher	4/8/2022	7/17/2023	8/31/2023	2.0+ Standard Deviation Delay	8/24/2023		8/25/2023		9/19/2023	55	9/19/2023	55	Error, Coding	Hale, Erin	County Board of DD
BEIS	5559992888	Groego, Oliver	1/7/2021	8/1/2023	9/15/2023	1 1.5-1.99 Standard Deviation Delay	8/28/2023		8/28/2023		9/20/2023	51	9/20/2023	51	error, Coding	Hale, Erin	County Board of DD
BEIS	5559995773	Morgan, Callie	1/9/2023	8/7/2023	9/21/2023	ICO	9/7/2023		9/7/2023		9/25/2023	51	9/25/2023	51	error, Coding	Hale, Erin	County Board of DD
BEIS	5559995637	Hills, Lennox	11/5/2022	8/14/2023	9/28/2023	ICO	9/19/2023		9/19/2023		10/3/2023	51	10/3/2023	51	error,	Hale, Erin	County Board of DD

# COUNTY RESPONSIBILITIES: VERIFICATION INQUIRY

County	ETID	Previous ETID	Child Name	Date of Birth	Referral Date	45-Day Timeline Ends	Eligibility Type	Eligibility Date	Eligibility NCR	Child Assessment Date	Child Assessment NCR	Family Assessment Date	Family Assessment NCR	IFSP Date	IFSP NCR	Service Coordinator	Service Agency
BEIS	5559999998		Brady, Sam	9/29/2020	6/16/2023	7/31/2023	1 1.5-1.99 Standard Deviation Delay	7/24/2023		7/24/2023		7/25/2023		7/25/2023		Hale, Erin	County
BEIS	5666600000		Thompson, Kara	4/2/2023	8/7/2023	9/21/2023	2.0+ Standard Deviation Delay	9/8/2023		9/8/2023		10/12/2023	51	10/12/2023	51	Hammond, Taylor	County



# VERIFICATION OF RECORDS

- Does the physical record support what is entered in the data system?

**45-Day Timeline Verification Standards**

Component		Verification document	Source of information	Indicator requirements	Additional Requirements
ETID # on child record		Every document	Upper right corner of each page, if not already on page	Must be on all pages	
Developmental Screening (if applicable) and PWN		EI-01	Parent name, signature, and date  Waiver of timeline (if applicable)	All fields complete  Parent initials and date in box if conducted within 10 days	<p>The purpose of the screening must be explained to the parent and parent consent obtained. Case notes document that parent rights were reviewed and the brochure provided.</p> <p>PWN must be provided in the family's native language.</p> <p>Screening requirements include the administration of appropriate instruments by personnel trained to administer those instruments. Both the ASQ &amp; ASQ:SE must be utilized.</p> <p>The purpose of screening is to determine whether a child is suspected of having a disability. Screening is not appropriate for children with a diagnosed condition or for whom there are concerns about development.</p> <p>The parent must be informed of their right to request an evaluation at any time. If the parent of the child requests and consents to an evaluation at any time during the screening process, evaluation of the child must be conducted.</p> <p>303.320, 303.420 5123-10-01</p>
Eligibility	Eval (including ICO) and PWN	Form EI-02	Evaluation sections of form  Parent name, signature, and date Waiver of timeline (if applicable)	First box is checked Parent has initialed "evaluation"  All fields complete  Parent initials and date in box if conducted within 10 days	<p>The purpose of the evaluation must be explained to the parent and parent consent obtained. Case notes document that parent rights were reviewed and the brochure provided.</p> <p>Evaluations must:</p> <ul style="list-style-type: none"> <li>• Be administered via the use of an approved evaluation tool</li> </ul>

<https://ohioearlyintervention.org/monitoring>





# ELIGIBILITY: FORM E1-03



Eligibility Status	
<input type="checkbox"/> <b>Your child is eligible for Ohio Early Intervention (EI)</b> due to a diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay. *	
Diagnosed condition: <input type="text"/>	
Documentation used to confirm diagnosis: <input type="text"/>	
(* If your child is eligible for EI due to a diagnosed condition, then the remainder of this page and page 2 will not be completed)	
<input type="checkbox"/> <b>Your child is eligible for Ohio Early Intervention (EI)</b> due to a developmental delay, as determined by the EI evaluation team, via **	
<input type="checkbox"/> the scores on an evaluation tool or <input type="checkbox"/> informed clinical opinion, in the following area(s):	
<input type="checkbox"/> Expressive Communication <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Fine Motor <input type="checkbox"/> Adaptive	
<input type="checkbox"/> Receptive Communication <input type="checkbox"/> Cognition <input type="checkbox"/> Gross Motor	
<input type="checkbox"/> <b>Your child is NOT eligible for Ohio Early Intervention (EI).</b> Your child was evaluated by a multi-disciplinary team and your child shows no delay based on the scores of the evaluation and your team's clinical opinion. **	
Methods Used to Determine Eligibility Status	Completion date
(** Only complete if child is eligible via developmental delay or not eligible)	
• Review of child's history via medical/educational/other records	<input type="text"/>
• Review of child's history via parent/family interview	<input type="text"/>
• Observation	<input type="text"/>
• Evaluation tool	<input type="text"/>
◦ <input type="checkbox"/> Bayley Scales of Infant & Toddler Development	
◦ <input type="checkbox"/> Battelle Developmental Inventory	
• Hearing Checklist	<input type="text"/>
• Vision Checklist	<input type="text"/>
• Other (optional): <input type="text"/>	<input type="text"/>

# ELIGIBILITY VIA EVALUATION

Child's name: Riley Jenkins

Date of birth: 10/20/2023

ETID number: 9874563210

## Summary of Evaluation Findings

*Your E/A team summary should clearly describe the setting of the evaluation, who was present, and any adaptations that were made to the tool or environment (interpreters, sign language, adaptive equipment, etc.). It should also include any additional concerns shared by the family that were not included with the referral and any hearing and vision recommendations. Additionally, this summary should describe what the team learned during the evaluation about the child's unique strengths and needs and how they participated in family routines and activities that led to the eligibility determination.*

Evaluators were present for BDI-3 evaluation with Riley and mom in the family home. In addition to the referral from the pediatrician, Riley's parents are concerned that Riley is not yet sitting and crawling. Adaptations to the BDI-3 tool were made by using a few of Riley's favorite toys and food within her home (dog pull toy, puffs, and singing avocado toy). Based upon Riley's BDI-3 scores in the area of gross motor, fine motor, and adaptive, Riley is eligible for Early Intervention Services. Riley rolled from her back to belly. She rolled from her belly to back one time to reach for her avocado toy. Riley played in a supported sitting position after she was placed there for a few minutes, but was not yet able to sit independently. She fell forward while reaching for a toy and was not able to catch herself with her hands before she hit the floor. Riley used a raking motion to obtain a puff. Riley held her hands in a fist position occasionally throughout her play. Riley reached for toys while laying on her belly. During evaluation Riley became hungry and mom gave her a bottle. Evaluation team observed that Riley relied on mom to hold her bottle. She used a smooth suck, swallow, breathe pattern while she was taking her bottle. Riley placed a puff into her mouth, but gagged and choked after a few seconds in her mouth. Hearing and vision checklists were completed; no concerns or further recommendations noted.



# ELIGIBILITY VIA EVALUATION



## Multidisciplinary Evaluation Team Members

**Evaluator name:**

Whitney Lombardo

**Phone:** 740-999-1212

**Email:** w.lombardo@ei.com

**Discipline:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator                    | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker                       | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist                   | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist                  | <input type="checkbox"/> Other: <input type="text"/> |

**Evaluator name:**

Shelby Winston

**Phone:** 740-999-2323

**Email:** s.winston@ei.com

**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist   |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist        |
| <input type="checkbox"/> Social Worker            | <input checked="" type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                         |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other: <input type="text"/>   |

**Evaluator name:**

**Phone:**

**Email:**

**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other: <input type="text"/> |

# ELIGIBILITY VIA DIAGNOSED CONDITION

## Diagnosis on the list

- Acceptable documentation of qualifying condition
- Is it covered by Appendix C?
- Does it meet the requirements? (e.g., NAS vs. drug exposed)

## Diagnosis on the form

- Form EI-12 is complete
- Signed by health professional

<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Determining-Eligibility-EI.pdf>

# POLL



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If a pediatrician made a referral to EI without accompanying documentation, but stated that the reason for the referral was Down Syndrome, that is sufficient documentation of a diagnosis on the list.

---

a. True

---

b. False

# POLL



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If the referral source was entered by Central Intake as being a Hospital Based Child Find Specialist and the referral form is attached, the child is automatically eligible.

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a. True

---

b. False

# CHILD AND FAMILY ASSESSMENTS

- ✓ Date activities completed must be documented at top of Section 3
- ✓ Daily activities & routines completed
- ✓ Summary of child's development for all COS areas completed
- ✓ Assessment team info documented in Section 7
- ✓ EI-02 signed & dated
- ✓ PWN waiver initialed if assessment occurred fewer than 10 days from date of parent consent (e.g., same day)
- ✓ Tool and parent interview used
- ✓ FDA Summary complete (if parent consented)





# CHILD AND FAMILY ASSESSMENTS

Child's name: Samantha Long      Date of birth: 4/10/2022      ETID number: 0000000001

Section 3: Child and Family Assessment

Completion date of:

3/21/2024

Child Assessment

3/21/2024

Family-Directed Assessment

During the assessments of your child and family, the assessment team gathered information from a variety of sources. This information is summarized in the following pages and will be the basis for the development of outcomes and identification of strategies and activities to address the needs of your child and family.

The following child assessment activities must have been conducted or reviewed

- Review of the eligibility documents
- Review of child's history via medical/educational/other records
- Review of child's history via parent/family interview
- Gathering information from caregivers, family members, and/or others to understand full scope of the child's unique strengths and needs
- Identification of child's level of functioning within your family's daily routines and activities
- Hearing Checklist
- Vision Checklist
- Other (optional):

Completion date

3/21/2024

3/18/2024


3/21/2024

3/21/2024

3/21/2024

3/21/2024

3/21/2024

 Department of  
Children and Youth

30

# CHILD ASSESSMENT: DAILY ACTIVITIES & ROUTINES

Daily Activities and Routines Summary

The Easiest or Most Enjoyable Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine go well?
Snack time	Dad	Typically, Sami is not as hungry during snack time, so she is more patient while Dad tries to figure out what she wants.
Bathtime	Mom or Dad	Sami knows and loves the bathtime routine. During her bath, she is full of laughter and follows all of Mom/Dad's directions.
Nap/bedtime	Mom or Dad, and Sissy	Sami quickly falls asleep when she is tired. She easily gets tired. Dad reads with Sami before nap. Mom reads with Sami before bed.

The Most Challenging or Frustrating Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine challenging?
Lunch during the weekdays	Dad and Sissy	Sami typically refuses to eat what Dad offers. When Dad asks her to choose a food, she does not appear to understand him. When Dad gives Sami a fork at lunch, she sometimes throws it at her sister.
Grocery Store	Mom or Dad	Sami gets upset when she is confined in the stroller or grocery cart for more than 5 minutes. If she is not in a stroller or cart, she attempts to run away in the store.
Potty Training	Mom or Dad	Sami does not let Mom or Dad know if she has a dirty diaper. She will sit on the potty for a minute or two, but Mom and Dad do not think she knows what to do.



# CHILD ASSESSMENT: SUMMARY OF DEVELOPMENT

## Developing Positive Social-Emotional Skills

This is a summary of how your child interacts and plays with the family, other adults, and other children. This includes how they (1) show affection to family members, (2) understand and use their name and the names of others, (3) communicate greetings and goodbyes, (4) play with familiar and unfamiliar adults and peers, (5) express ownership of toys and share with others, (6) show their feelings and calm when upset, and (7) participate in social rules and games, such as playing peek-a-boo.

## Acquiring and Using Knowledge and Skills

This is a summary of how your child plays, learns new things, and communicates what they know to others. This includes how they (1) observe and learn from others, (2) problem-solve, (3) analyze new information, (4) engage in purposeful play, (5) "read" books, (6) understand directions, and (7) use gestures, words, or signs to tell others about the world and answer questions.

## Using Appropriate Action to Meet Needs

This is a summary of how your child moves purposefully, helps to take care of themselves, and communicates what they want and need. This includes how they (1) move from place to place, (2) eat and drink, (3) participate in dressing and undressing, (4) sleep during their nap and overnight, (5) participate in bathing, diapering, and toileting, (6) follow directions about safety, and (7) communicate their wants and needs to others.



# CHILD ASSESSMENT: COS RATING STATEMENT

Developing Positive Social-  
Emotional Skills

Acquiring & Using  
Knowledge and Skills

Using Appropriate Action to  
Meet Needs

## Child Outcome Summary (COS) Rating Statement - Relative to same age peers, your child:

- |   |   |
|---|---|
| <input type="checkbox"/> Uses the skills expected of a much younger child in this area.   | <input checked="" type="checkbox"/> Occasionally uses age-expected skills. They have more skills of a younger child in this area. |
| <input type="checkbox"/> Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses many age-expected skills. They have some skills of a younger child in this area.                    |
| <input type="checkbox"/> Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses the skills that we would expect in this area. However, there is potential for concern.              |
|   | <input type="checkbox"/> Uses all the skills that we would expect in this area.   |

# FAMILY-DIRECTED ASSESSMENT



Child's name: Samantha Long

Date of birth: 4/10/2022

ETID number: 0000000001

## Family-Directed Assessment (FDA) Summary

**FDA Conducted by:** Henry Davidson

### Family Concerns

This is a summary of the concerns, difficulties, or challenges that your child and/or family experience during daily routines and activities that would be helpful for the EI team to address.

Mom and Dad are concerned with Sami's difficulties communicating what she wants and how picky she is at meals. They also find it difficult to take Sami out in public, as she does not like to be constrained in her stroller and will run away from Mom and Dad if they let her walk on her own.

### Family Resources

This is a summary of the resources that your child/family has for support, including people, activities, programs, or organizations, as well as resources that you do not currently have but want or could benefit from.

The Long family is supported by their friends and family. Both sets of grandparents live within 30 miles and often help with childcare. Mom works full-time and is employed by the Ohio State University. Dad works part-time and cares for the children when he isn't working. Sami and her younger sister spend one day a week, from 8am-5pm with a family friend who also has two children of similar ages. Dad would like Sami to have the opportunity to consistently interact with her peers in a full-day childcare setting. The family is interested in finding an affordable and quality childcare for every weekday. The family has transportation and stable housing. Mom and Dad currently rent a townhouse, but they would like to purchase a home. They are having difficulty finding a home that is the right size, in a good neighborhood with quality schools, and in their price range.

### Family Priorities

This is a summary of the specific skills, activities, and/or resources that you would like your child and/or family to acquire as a result of early intervention services.

Sami's family would like to see her point and use words to tell them what she wants. They would also like to see her use utensils, eat a larger variety of foods, and not overstuff her mouth. They are interested in learning about teaching Sami signs since her babysitter is trying to teach Sami to sign, "more."

# EVALUATION & ASSESSMENT TEAM

Section 7 of the IFSP must include E&A team member information

Team must reflect more than one discipline

In addition to your valuable contributions to the development of this IFSP, the following individuals participated in the eligibility determination, assessment, and/or IFSP development:

**EI Service Coordinator name:**

**Henry Davidson**

Phone: 614-555-5555

Email: [Henry.davidson@cbdd.gov](mailto:Henry.davidson@cbdd.gov)

**Name:** **Melissa Rodriguez**

Phone: 614-555-5555

Email: [melissa.rodriguez@cbdd.gov](mailto:melissa.rodriguez@cbdd.gov)

Role: ☐ Evaluator/Assessor ☒ Provider

**Discipline:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator                    | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker                       | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist                   | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist                  | <input type="checkbox"/> Other:                      |

**Name:** **Anna Hurley**

Phone: 614-555-5555

Email: [anna.hurley@cbdd.gov](mailto:anna.hurley@cbdd.gov)

Role: ☐ Evaluator/Assessor ☒ Provider

**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist       |
| <input type="checkbox"/> Pre-K/K Educator         | <input checked="" type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist                |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                             |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                            |

**Name:**

Phone:

Email:

Role: ☐ Evaluator/Assessor ☐ Provider

**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                      |

**Name:**

Phone:

Email:

Role: ☐ Evaluator/Assessor ☐ Provider

**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                      |

**Other participant names**

[Maggie Smith](#)

**Role/Relationship to family**

[Family friend/babysitter](#)



# IFSP TYPE AND DATE



## Form EI-04 Individualized Family Service Plan (IFSP)



Department of  
Children & Youth

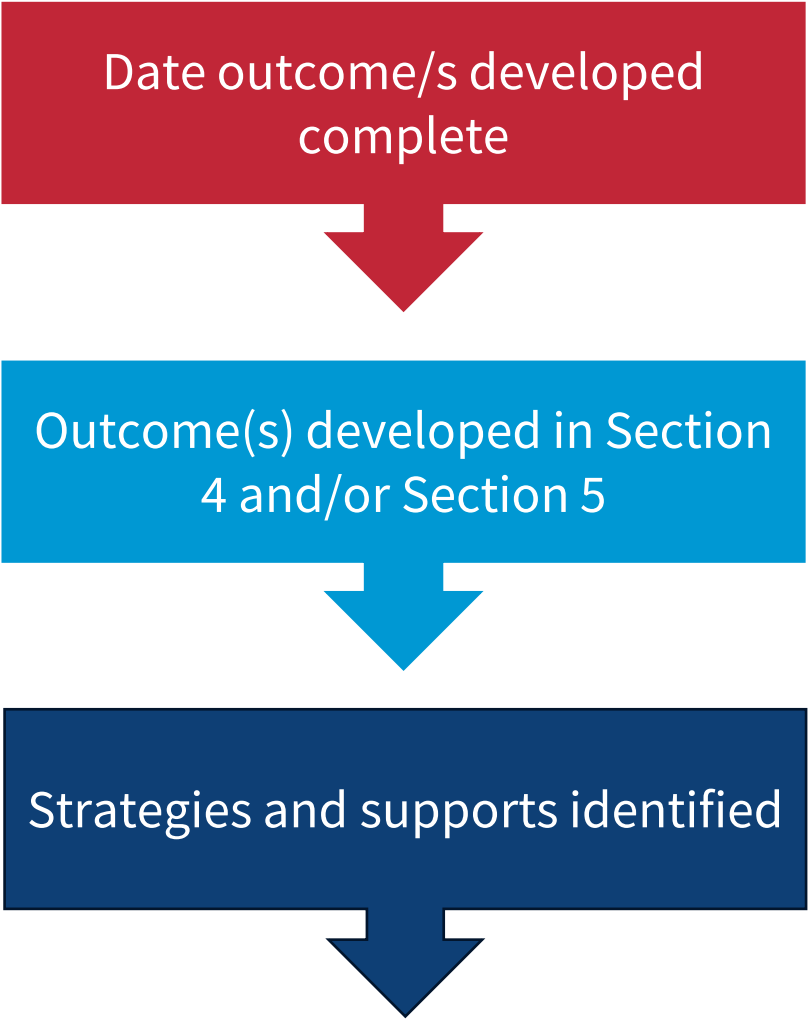
Help Me Grow Early Intervention

IFSP type	<input type="checkbox"/> Initial	<u>4/1/2024</u>	<input checked="" type="checkbox"/> Periodic	<u>8/1/2024</u>	<input type="checkbox"/> Periodic	<u>                    </u>
and date	<input type="checkbox"/> Annual	<u>                    </u>	<input type="checkbox"/> Periodic	<u>                    </u>	<input type="checkbox"/> TPC	<u>                    </u>

ETID number  
0000000001



# CHILD AND FAMILY OUTCOMES



### Section 4: Your Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

Outcome number: 1	This <b>child</b> outcome addresses:	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input checked="" type="checkbox"/> Taking action to meet own needs	This <b>family</b> outcome addresses:	<input type="checkbox"/> Family well-being, family participation, or information
Date outcome added: 4/1/2024						

**Outcome:**  
When Sami finishes the yogurt bites on her highchair during breakfast and wants more, she will sign "more" to Dad.

**What's happening now with respect to this outcome?**  
Sami typically repeats, "uhh" until Mom or Dad gives her what she wants. If they do not give her more of the desired item quickly, Sami throws a tantrum. Maggie (babysitter) is attempting to teach Sami to sign "more," when she wants more to eat. Sami allows Maggie to grab her hands and help her sign, but she has not yet signed "more" without any help. Additionally, Sami always overstuffs her mouth with yogurt melts if she is given a full container of melts.

**Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?**  
EI provider will model and coach during visits to encourage signing and assist caregivers with ways to motivate Sami to request 'more'. Dad/Mom/Maggie/Grandparents should only give Sami three yogurt bites at a time. When she is finished with the yogurt bites, they will sign, "more," in front of Sami, then grab Sami's hands and quickly help her sign, "more." They will then give Sami three more yogurt bites as quickly as possible and praise all attempts Sami makes. Caregivers and EI provider will explore using this strategy in other activities with toys, fun games, drinks, and other preferred foods.

**Supports that we currently have available to help with this outcome (formal and natural, including services not provided by EI).**  
Maggie (babysitter) and grandparents will practice the same steps to establish the same expectation at home and at other frequently visited homes.

# EI SERVICES

## Section 6: Early Intervention Services

Early Intervention services may be provided by a primary service provider (PSP) or a secondary service provider (SSP). The PSP directly assists/serves the family at all visits to support the outcomes and promote child learning and development. SSPs periodically support the PSP and family with the IFSP outcomes through joint visits. Joint visits occur as often as necessary based on the needs of the PSP and family. In addition to your provider(s), you always have access to a full team of EI providers available to support your family.

Using all the information available, the IFSP team has identified the following EI services to support our outcomes:

Date of IFSP: 8/1/2024									
EI Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Projected Start Date*	Projected End Date	Outcome Number(s)
Special Instruction <input checked="" type="checkbox"/> PSP <input type="checkbox"/> SSP	P	H/C	24X/180 days	60 minutes	CBDD	CBDD	4/15/2024 <input type="checkbox"/> New Service	1/28/2025	2, 3, 4
Occupational Therapy <input type="checkbox"/> PSP <input checked="" type="checkbox"/> SSP	P/T	H/C	6x/180 days	60 minutes	ABC Therapy	DCP	8/7/2024 <input checked="" type="checkbox"/> New Service	1/28/2025	2, 3, 4
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		

Method: In-person (P); Technology (T)

Location: Home (H); Community (C); Other (O)

\*If any new or changed service is projected to occur within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP

Explanation of why any EI service(s) cannot be provided in a natural environment:

N/A

Date of IFSP documented

All columns of grid complete

Projected start date no more than 30 calendar days from parent consent

Projected end date not past third birthday or <180 calendar days from IFSP date

# CONSENTS & SIGNATURES

## IFSP Informed Consent & Signatures

- Date of IFSP on header with type
- Ensure parents understand consent
- Parent provided written consent
- EISC signed IFSP
- Providers signed IFSP if service newly added
- E&A team provided input
- Waiver of timeline initialed/dated, if applicable

Child's name: Samantha Long Date of birth: 4/10/2022 ETID number: 0000000001

**Section 8: Prior Written Notice and Consent for EI Services**

**Parent Consent**

I agree to the provision of these Early Intervention services described in this IFSP. I participated in the development of this IFSP and have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

I understand that when any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to my family and child, I must receive prior written notice at least ten calendar days before beginning or changing that EI service. I understand that this IFSP constitutes prior written notice about the proposed Early Intervention services and the details of the proposed initiation or change of services are described within Section 6 of the IFSP. Additional prior written notice is not needed for a service that was proposed to end using form EI-11 prior to this IFSP meeting.

**Waiver of Timeline (optional)**

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning an EI service.

NL 8/1/2024  
Initials of parent(s) Date

Nathan Long Nathan Long 8/1/2024  
Parent name Parent signature Date

Estelle Long Estelle Long 8/1/2024  
Parent name Parent signature Date

**EI Service Coordinator and Provider Consent**

We acknowledge that the outcomes reflect the family's priorities and concerns, and the EI services support those outcomes. We agree to implement this IFSP in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Name	Discipline	Signature	Date
<u>Henry Davidson</u>	<u>EI Service Coordinator</u>	<u>Henry Davidson</u>	<u>8/1/2024</u>
<u>Melissa Rodriguez</u>	<u>DS</u>	<u>Melissa Rodriguez</u>	<u>8/1/2024</u>
<u>Anna Hurley</u>	<u>OT</u>	<u>Anna Hurley</u>	<u>8/1/2024</u>

# IFSP MEETING NOTICE: FORM EI-13

Today's date complete

Appropriate box(ed) checked

Date, time, location complete

IFSP invitees listed

**Form EI-13**

7/2/24

Danny Holmes II

12/27/2021

123456789

Today's date

Child's name

Child's DOB

ETID number

Brian & Kelly Holmes

Parent name(s)

**Individualized Family Service Plan (IFSP) Meeting Notice**

It is time for our meeting to:

☐ Develop an interim IFSP until we can complete the assessment and schedule the initial IFSP

☒ Review the eligibility and assessment information and develop the first (initial) IFSP

☐ Conduct a periodic review of the IFSP to determine the degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes, or Early Intervention services identified in the IFSP, is necessary

☐ Review assessment information and develop the annual IFSP

☐ This IFSP meeting will include the transition planning conference.

We agreed to schedule the IFSP meeting for

7/15/24

2:00pm

5386 Marion Circle Reynoldburg, Ohio

Date

Time

Location

The following Early Intervention (EI) service providers have been invited to the IFSP meeting. They will be sent a copy of this notice.

Monica Smith, SLP

Name, role or agency

Name, role or agency

Edward VanCuren, DS

Name, role or agency

Name, role or agency

You have requested that the following individuals be invited to participate in the IFSP meeting. They will be sent a copy of this notice.

Keisha Flood, Maternal Aunt

Name, role or relationship

Name, role or relationship

Jesse Dixon, Maternal Grandfather

Name, role or relationship

Name, role or relationship

If you have any questions or want to change anything about this meeting, please contact me, your EI Service Coordinator:

La'Tonya Simpson

La'TonyaS@county.org

EI Service Coordinator name

EI Service Coordinator contact information

 **Department of Children & Youth**  
Help Me Grow Early Intervention

# LATE OR MISSING TIMELINES

- For any late or missing components, case notes will be needed to support the reason
- Case notes, along with other supporting documentation, often determine whether a record will pass verification



# DOCUMENTATION: HIGH-QUALITY CASE NOTES



When did it occur?



Where did it take place?



How did it take place?



Who was involved?



What took place?



Why did the activity occur?

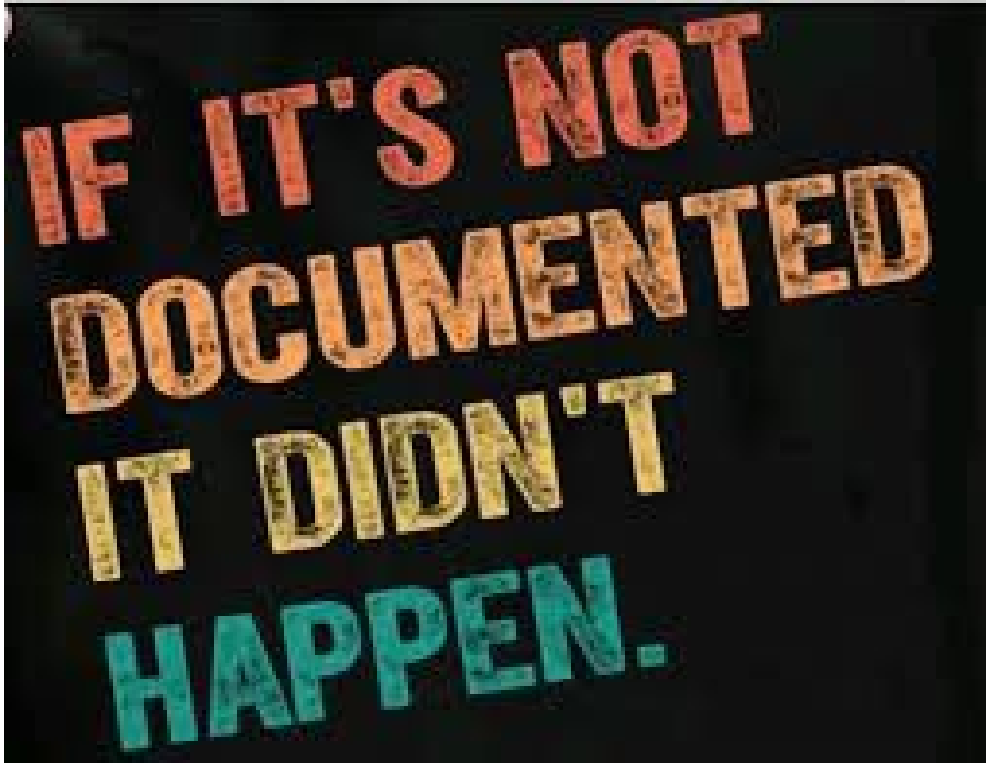


Follow-up activity needed



Signature/credentials/  
date

# DOCUMENTATION: TELL ME WHAT HAPPENED



- ➔ All attempts to contact the family
- ➔ Conversations with the family (including informed consent)
- ➔ Scheduling process – dates offered, dates declined, preferences, limitations
- ➔ Meetings, cancellations, and no shows
- ➔ Attempts to reschedule missed appointments ASAP

Document the overall process, not just the result



# SAMPLE CASE NOTE



“EISC received text message from Samantha (mom) requesting to cancel the evaluation appointment tomorrow @ 10 am (8/16/2024) due to her older child having a fever. She requested to leave time to allow the illness to get through the rest of the family. EISC offered next available slots of 8/29/2024 @ 11:30 am and 8/31/2024 @ 1pm. Mom declined both dates/times and requested the next early morning time slot. EISC offered first available morning appt on 9/7/2024 @ 9am, mom accepted.”

# FINAL ANALYSIS & RESULTS

Data inquiries incorporated into final analysis



Results memos issued to each county



Counties >100% issued finding - must be addressed through correction process



# COMMON ISSUES: ELIGIBILITY

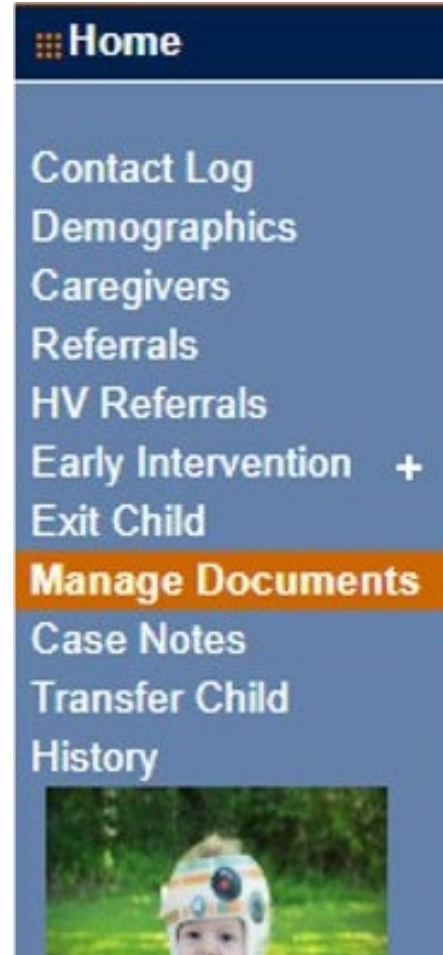
## AVOID UNNECESSARY EVALUATIONS

Check EIDS – is the child already eligible (e.g., re-referral, transfer)?

Does the referral itself document eligibility, such as an applicable ODH or HBCF referral?

Is there documentation already available (e.g., Manage Documents, parent, medical record)?

<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Determining-Eligibility-El.pdf>



# COMMON ISSUES: ELIGIBILITY

## Diagnosed Conditions

- Ask the parent about any diagnoses and if they have documentation
- Make attempts to obtain documentation of dx before moving to evaluation
- Request documentation early, if needed
- Ensure the documentation has all required components

## Documentation of Evaluations

- Ensure form EI-03 is complete, including how the child was eligible and area/s of delay
- Summary of evaluation section needs to be completed any time an evaluation is conducted

# COMMON ISSUES: ASSESSMENTS

Were all required assessment components completed?

PWN initialed on EI-02 if fewer than 10 days

Did parent check developmental assessment box?

Did parent initial consent choice, sign, and date?

## Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s)

Date

# COMMON ISSUES: CONSENTS & SIGNATURES

## IFSP

- EISC must sign
- Parent signature must be written

## Consents

- Consents must be in writing
- Documentation must show parent understood consent



# COMMON ISSUES: CASE NOTES



Document everything!



All contacts and attempts



All details around scheduling



Dates within timeline that were offered



Attempts to reschedule cancellations within a reasonable time



# LINKS & RESOURCES

- SFY25 Baseline Schedule - <https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/SFY25-Baseline-Calendar.pdf>
- Baseline Analysis Process – <https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Baseline-Analysis-Process-1-3-2025.pdf>
- 45-Day Verification Standards Checklist - <https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/45-Day-Verification-Compliance-Standards-11-25-24.pdf>
- IFSP Guidance Document - <https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/IFSPGuidanceDocument7.18.24.pdf>
- Determining Eligibility: a Step-by-Step Process – [https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/DeterminingEligibility\\_0824.pdf](https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/DeterminingEligibility_0824.pdf)

# QUESTIONS?



Send any questions regarding the baseline process to  
[Erin.Hale@childrenandyouth.ohio.gov](mailto:Erin.Hale@childrenandyouth.ohio.gov)



Send any deletion requests or data questions to  
[EIDS@childrenandyouth.ohio.gov](mailto:EIDS@childrenandyouth.ohio.gov)

# ANY QUESTIONS!



# POLL



---

Was this helpful?

---

a. I found it very helpful

---

b. I found it helpful, but it didn't answer all my questions

---

c. I already knew most of this, but it was good to hear again

---

d. I really didn't get much out of this

---

e. I was disappointed because it didn't meet my needs

# PRESENTER CONTACT INFORMATION



Erin Hale –  
[Erin.Hale@childrenandyouth.ohio.gov](mailto:Erin.Hale@childrenandyouth.ohio.gov)



Taylor Hammond –  
[Taylor.Hammond@childrenandyouth.ohio.gov](mailto:Taylor.Hammond@childrenandyouth.ohio.gov)





# MIKE DEWINE

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## GOVERNOR OF OHIO

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### CONNECT WITH DCY



<https://childrenandyouth.ohio.gov/home>



[info@childrenandyouth.ohio.gov](mailto:info@childrenandyouth.ohio.gov)



<https://www.facebook.com/ohdcy>



<https://twitter.com/OhioDCY>



<https://www.instagram.com/ohiodcy/>



<https://www.youtube.com/@OhioDCY>



**THE HEART  
OF IT ALL™**

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