Preparing for the SFY27 45-Day Baseline Analysis

11/17/26

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Department of Children & Youth

MIKE DEWINE
GOVERNOR OF OHIO

Ohio THE HEART OF IT ALL™



WELCOME TO THE WEBINAR!

Communicating: Use chat box to type comments and questions.

Polls: Poll question will appear on screen. Click the button next to your answer. If the poll does not appear, feel free to type your answer into the chat.

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
- Dial in (option listed on webinar invitation)

WHAT ARE YOU HERE TO LEARN?



AGENDA



1/ TIMELINES FOR THE BASELINE PROCESS



2/ COMPLIANCE COMPONENTS

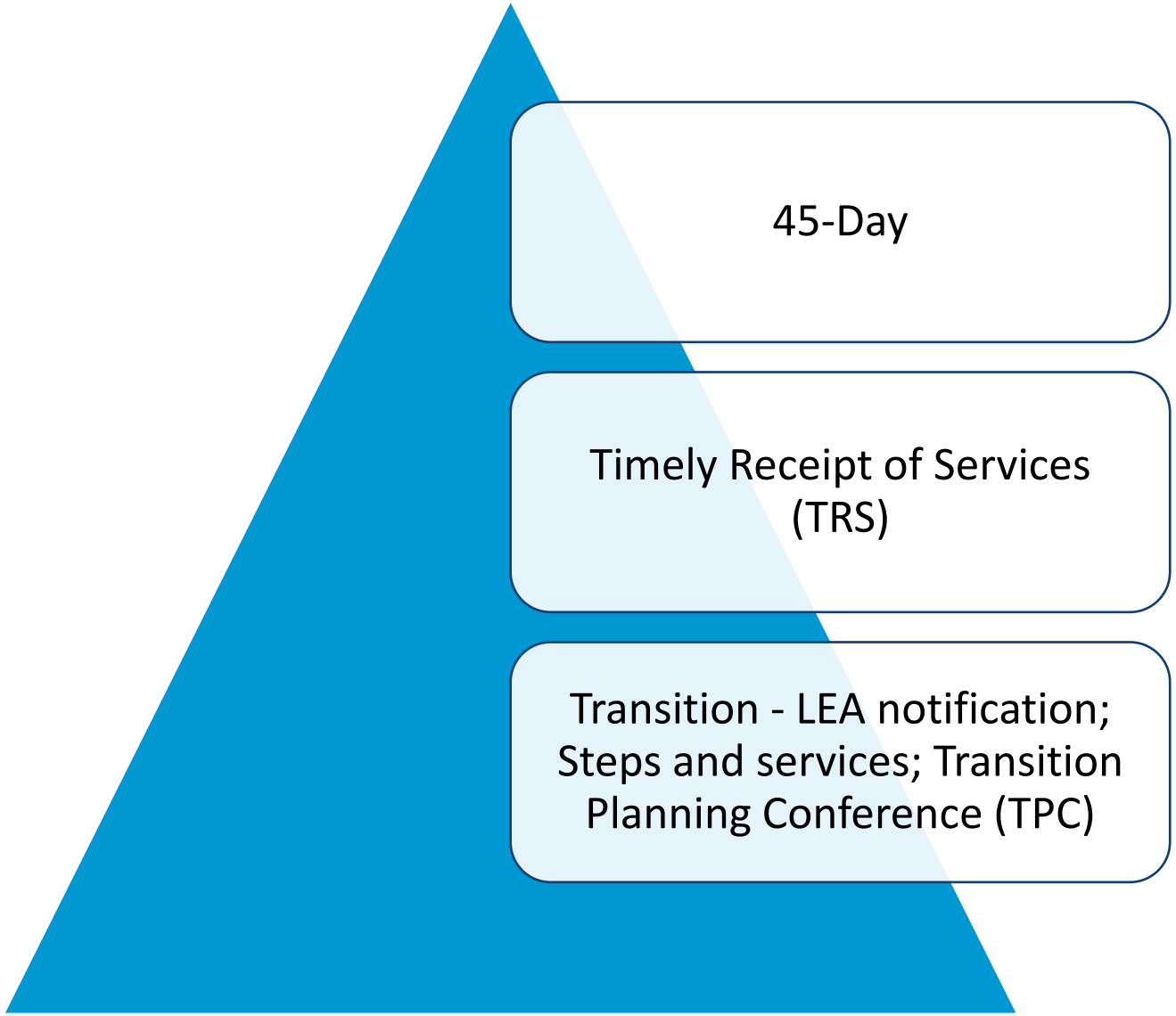


3/ DATA CLEANING



4/ DOCUMENTATION

BASELINE COMPLIANCE INDICATORS



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SFY27 COMPLIANCE BASELINE DATA USES

To monitor compliance with federal requirements

For federal reporting in the Annual Performance Report (APR)

As a factor in calculating county determinations

To ensure accountability to families



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BASELINE PROCESS



Baseline process document available on the EI website:

https://ohioearlyintervention.org/monitoring

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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

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SFY27 EI Compliance Analysis Calendar (subject to change)

Date(s)	**LEA (All Counties)** ***Children turning three between February 1, 2027 and January 31, 2028***
1/20/2027	Counties complete data cleaning/review
1/21/2027 to 2/1/2027	Counties run Feb 1 LEA report and send applicable pages to appropriate LEA
2/2/2027	LEA reports due to DCY

Date(s)	**45-Day (Group 3)** ***45-Day timelines ending July through September 2026***
11/17/2026	***45-Day Baseline webinar***
12/1/2026	***Counties complete data cleaning/review***
12/4/2026	All deletion requests processed
12/11/2026	***Counties complete data re-entry following deletions by DCY***
12/14/2026	Compliance data extracted from EIDS
1/7/2027	Compliance inquiries sent to applicable counties
1/8/2027 to 1/22/2027	***Counties responding to inquiries***
1/25/2027 to 3/26/2027	Verification and final analysis
3/29/2027	Results memos issued

Date(s)	**Transition (Group 1)** ***TPC and Transition Steps and Services due October through December 2026***
2/4/2027	***Transition Baseline webinar***
2/23/2027	***Counties complete data cleaning/review***
2/26/2027	All deletion requests processed
3/2/2027	***Counties complete data re-entry following deletions by DCY***
3/3/2027	Compliance data extracted from EIDS
3/17/2027	Compliance inquiries sent to applicable counties
3/18/2027 to 3/31/2027	***Counties responding to inquiries***
4/1/2027 to 5/20/2027	Verification and final analysis
5/24/2027	Results memos issued

Date(s)	**TRS (Group 2)** ***TRS due dates January through March 2027***
3/24/2027	***TRS Baseline webinar***
4/12/2027	***Counties complete data cleaning/review***
4/16/2027	All deletion requests processed
4/21/2027	***Counties complete data re-entry following deletions by DCY***
4/22/2027	Compliance data extracted from EIDS
5/6/2027	Compliance inquiries sent to applicable counties
5/7/2027 to 5/26/2027	***Counties responding to inquiries***
5/27/2027 to 7/23/2027	Verification and final analysis
7/26/2027	Results memos issued

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-DAY COMPLIANCE: SFY27 DATE RANGES

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

For the SFY27 45-Day baseline compliance analysis, DCY will examine all records with a 45-Day timeline ending between July 1, 2026 through September 30, 2026

This includes all children referred between May 17, 2026 through August 16, 2026

45-DAY COMPLIANCE: TIMELINE FOR SFY27 ANALYSIS

Projected Date	***Event/Task***	***Who***
12/4/2026	***All deletion requests and inquiries regarding data cleaning due***	***Counties***
12/11/2026	***Counties complete data re-entry following deletions***	***Counties***
12/14/2026	Compliance data extracted from EIDS	DCY
1/7/2027	Compliance inquiries sent to counties	DCY
1/22/2027	***Compliance inquiries due to DCY***	***Counties***
3/29/2027	Results memos issued by DCY	DCY

COUNTY RESPONSIBILITIES: DATA CLEANING

Ensure All Data Are:

- Accurate
- Complete
- Entered Timely



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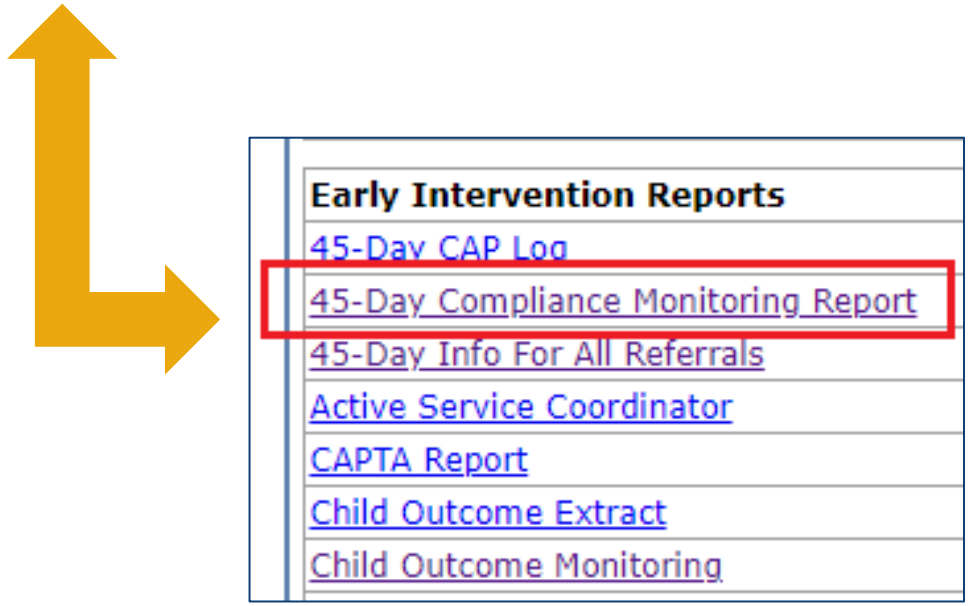
COUNTY RESPONSIBILITIES: DATA CLEANING



- Review and clean up data by **Friday December 4, 2026**
  - Submit deletion requests
  - Data questions
- Submit inquiries to EIDS with “SFY27 45-Day Baseline” in the subject
- Data re-entry following deletions due **Friday December 11, 2026**

COUNTY RESPONSIBILITIES: DATA CLEANING

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





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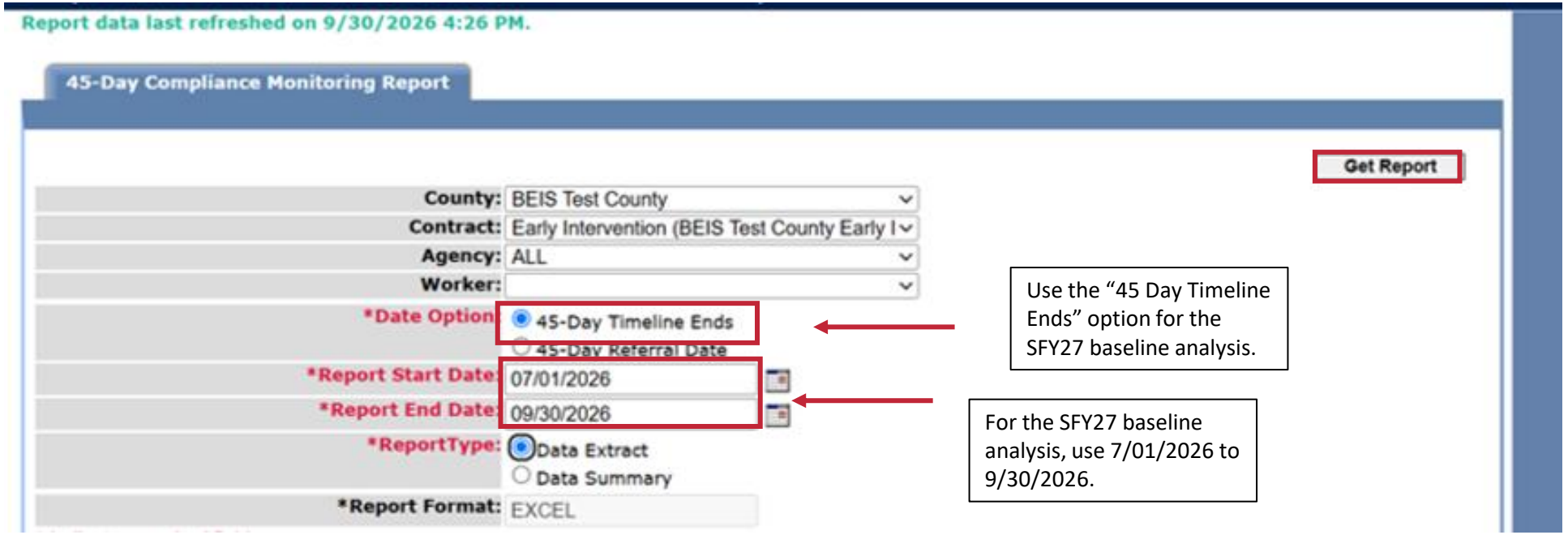
45-DAY COMPLIANCE MONITORING REPORT



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

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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	
ıdard D	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	
ıdard D	7/11/2023		7/11/2023		8/10/2023		8/10/2023	
ıdard D	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	
ıdard D	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	
ıdard D	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	
ıdard D	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	
ıdard D	8/25/2023		8/25/2023		9/5/2023		9/5/2023	

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NONCOMPLIANCE REASONS



51	Parent/Child Reason
52	Couldn't locate/reach family
53	Emergency related closure
54	HMG staff error
55	HMG system reason

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

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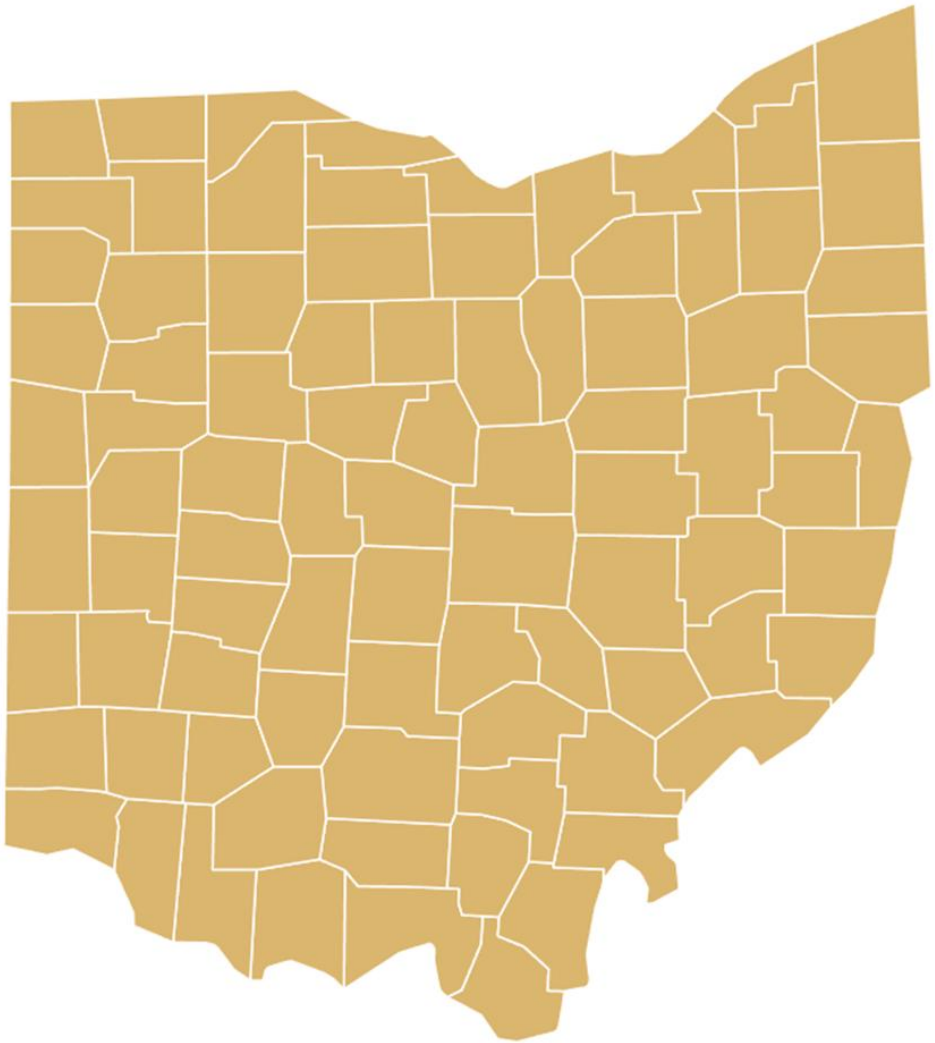
COUNTY RESPONSIBILITIES: DATA INQUIRIES

Respond to data inquires by Friday, January 22, 2027

Three potential types of inquiries

- Missing Data
- NCR Confirmation
- Verification Request



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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		

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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	Coding Error,	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	Coding Error,	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	Coding Error,	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	Coding Error,	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	Coding Error,	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	Coding error,	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	Coding error,	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	Coding 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

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



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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	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. PWN must be provided in the family's native language. Screening requirements include the administration of appropriate instruments by personnel trained to administer those instruments. Both the ASQ & ASQ:SE must be utilized. 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. 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. 303.320, 303.420 5123-10-01
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	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. Evaluations must: • Be administered via the use of an approved evaluation tool



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https://ohioearlyintervention.org/monitoring

FORM E1-03

Eligible Via Dx

Eligible Via Evaluation

Methods to Determine Eligibility

Reason(s) for Referral

Eligibility Status

☐ **Your child is eligible for Ohio Early Intervention (EI)** due to a diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay. *

Diagnosed condition:
Documentation used to confirm diagnosis:

(* 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)

☐ **Your child is eligible for Ohio Early Intervention (EI)** due to a developmental delay, as determined by the EI evaluation team, via **

☐ the scores on an evaluation tool or ☐ informed clinical opinion, in the following area(s):

☐ Expressive Communication ☐ Social/Emotional ☐ Fine Motor ☐ Adaptive
☐ Receptive Communication ☐ Cognition ☐ Gross Motor

☐ **Your child is NOT eligible for Ohio Early Intervention (EI).** 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
- Review of child's history via parent/family interview
- Observation
- Evaluation tool
  - ☐ Bayley Scales of Infant & Toddler Development
  - ☐ Battelle Developmental Inventory
- Hearing Checklist
- Vision Checklist
- Other (optional):

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FORM EI-03: SUMMARY OF EVALUATION FINDINGS

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 fisted 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.

FORM EI-03: MULTIDISCIPLINARY EVALUATION TEAM MEMBERS



Multidisciplinary Evaluation Team Members

Evaluator name:	Discipline:
Whitney Lombardo *Phone:* 740-999-1212 *Email:* w.lombardo@ei.com	☑ Developmental Specialist ☐ Pre-K/K Educator ☐ Social Worker ☐ Vision Specialist ☐ Hearing Specialist ☐ Speech-Language Pathologist ☐ Occupational Therapist ☐ Physical Therapist ☐ Nurse ☐ Other:
Evaluator name: Shelby Winston *Phone:* 740-999-2323 *Email:* s.winston@ei.com	*Discipline:* ☐ Developmental Specialist ☐ Pre-K/K Educator ☐ Social Worker ☐ Vision Specialist ☐ Hearing Specialist ☐ Speech-Language Pathologist ☐ Occupational Therapist ☑ Physical Therapist ☐ Nurse ☐ Other:
Evaluator name: *Phone:* *Email:*	*Discipline:* ☐ Developmental Specialist ☐ Pre-K/K Educator ☐ Social Worker ☐ Vision Specialist ☐ Hearing Specialist ☐ Speech-Language Pathologist ☐ Occupational Therapist ☐ Physical Therapist ☐ Nurse ☐ Other:

ELIGIBILITY VIA DIAGNOSED CONDITION

Diagnosis on the list (Appendix C)

- 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 (EI-12)

- Form EI-12 is complete
- Form documents diagnosis likely to result in delay
- Signed by medical professional

COMMON ISSUES: EVALUATIONS

- Conducting unnecessary evaluations (i.e., child determined eligible during previous referral, child referred with diagnosis on the list, etc.)
- Documentation of evaluations and eligibility determination
- Inconsistency between information documented on the EI-03 and information entered in EIDS
- Documentation does not reflect ICO was considered/discussed when scores on tool do not show a delay



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ELIGIBILITY VIA DIAGNOSIS

Eligibility via Diagnosis on List or Form EI-12

- Review all referral documentation
- Ask 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

POLL



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

a. True

b. False

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POLL



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

a. True

b. False

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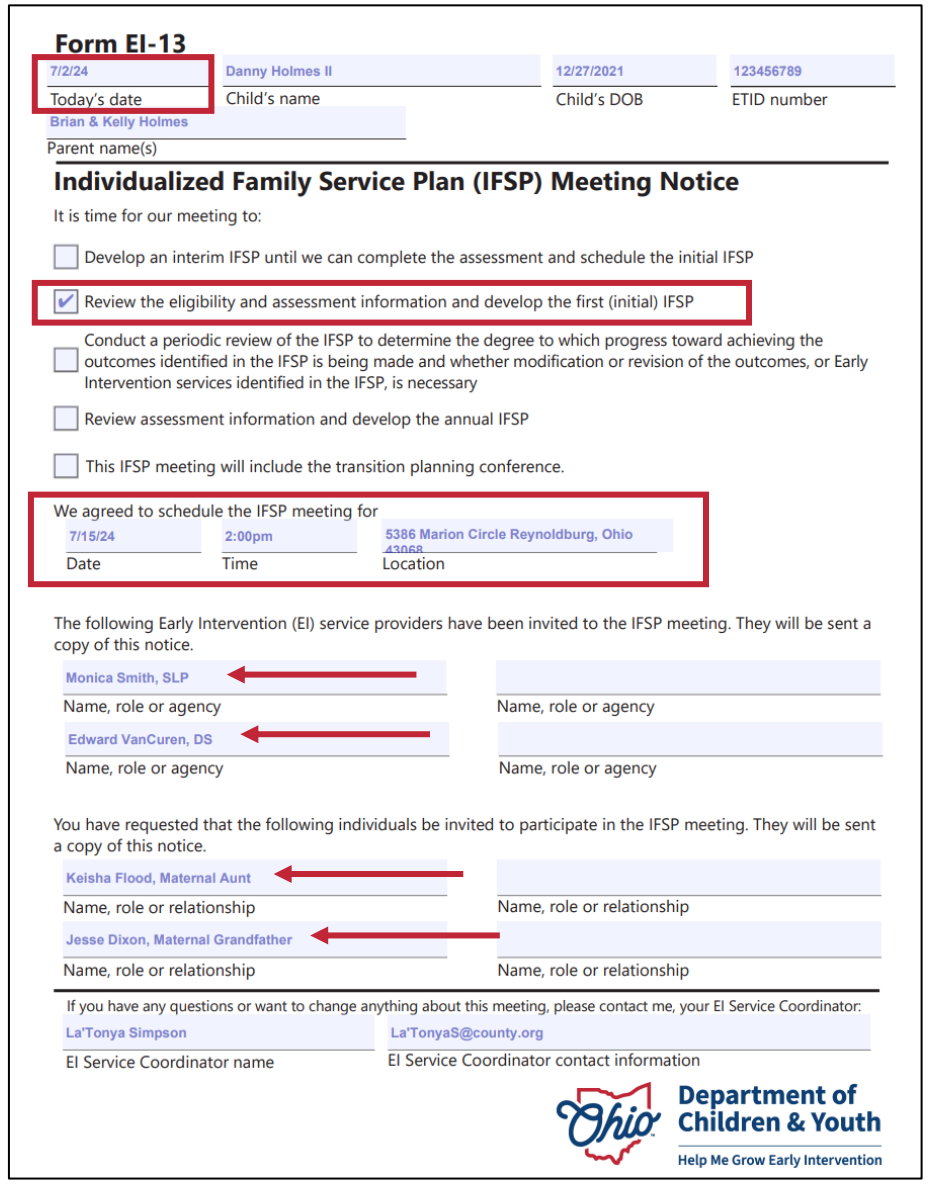
FORM EI-13: IFSP MEETING NOTICE

- Today's date complete
- Appropriate box(es) checked
- Date, time, location complete
- IFSP invitees listed



Form EI-13

7/2/24 — Today's date | Danny Holmes II — Child's name | 12/27/2021 — Child's DOB | 123456789 — 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 — Date | 2:00pm — Time | 5386 Marion Circle Reynoldburg, Ohio 43068 — 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

Edward VanCuren, DS — 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

Jesse Dixon, Maternal Grandfather — 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 — EI Service Coordinator name | La'TonyaS@county.org — EI Service Coordinator contact information

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Help Me Grow Early Intervention

Department of Children & Youth

IFSP TYPE AND DATE

Reminder: Only ONE box should be checked in header for type of IFSP (unless meeting also includes TPC)

Form EI-04 Individualized Family Service Plan (IFSP)

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IFSP type and date	☐ Initial	4/1/2024	☒ Periodic	8/1/2024	☐ Periodic		ETID number 0000000001
	☐ Annual		☐ Periodic		☐ TPC		

CHILD AND FAMILY ASSESSMENTS

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



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CHILD AND FAMILY ASSESSMENT

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	3/21/2024
Child Assessment	**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	Completion date
• Review of the eligibility documents	3/21/2024
• Review of child's history via medical/educational/other records	3/18/2024
• Review of child's history via parent/family interview	3/21/2024
• Gathering information from caregivers, family members, and/or others to understand full scope of the child's unique strengths and needs	3/21/2024
• Identification of child's level of functioning within your family's daily routines and activities	3/21/2024
• Hearing Checklist	3/21/2024
• Vision Checklist	3/21/2024
• Other (optional):	

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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, singing songs, dancing, pretend play, and taking turns.

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:

- ☐ Uses the skills expected of a much younger child in this area.
- ☐ Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.
- ☐ Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.
- ☒ Occasionally uses age-expected skills. They have more skills of a younger child in this area.
- ☐ Uses many age-expected skills. They have some skills of a younger child in this area.
- ☐ Uses the skills that we would expect in this area. However, there is potential for concern.
- ☐ 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.

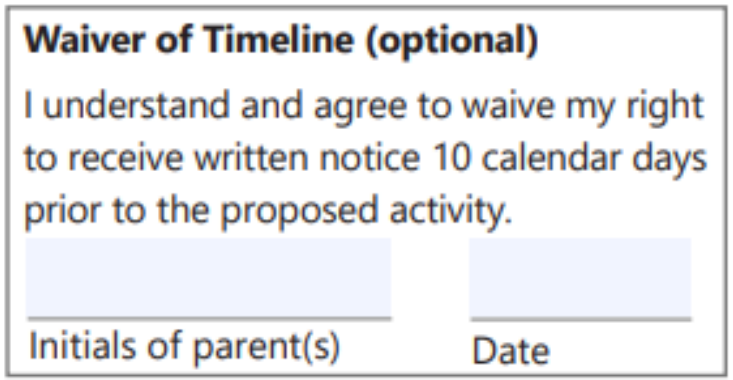
Family Priorities

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."

COMMON ISSUES: ASSESSMENTS

- All required assessment components not completed
- Waiver of timeline not complete, but assessment conducted fewer than 10 days from date of parent consent
- Developmental assessment box not checked on EI-02
- Parent did not initial consent choice, sign, and/or date EI-02
- Child assessment completion date in Section 3 of the IFSP is prior to date the last activity was completed (bulleted activities)



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

CHILD AND FAMILY OUTCOMES

At least one outcome documented in Section 4 and/or Section 5

Date outcome/s developed complete

Strategies and supports identified

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 Date outcome added: 4/1/2024	This **child** outcome addresses:	☐ Developing positive social relationships	☐ Acquiring and using new skills and knowledge	☒ Taking action to meet own needs	This **family** outcome addresses:	☐ Family well-being, family participation, or information

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.

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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 ☒ PSP ☐ SSP	P	H/C	24X/180 days	60 minutes	CBDD	CBDD	4/15/2024 ☐ New Service	1/28/2025	2, 3, 4
Occupational Therapy ☐ PSP ☒ SSP	P/T	H/C	6x/180 days	60 minutes	ABC Therapy	DCP	8/7/2024 ☒ New Service	1/28/2025	2, 3, 4
☐ PSP ☐ SSP							☐ New Service		
☐ PSP ☐ SSP							☐ New Service		
☐ PSP ☐ SSP							☐ 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

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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

Name: **Melissa Rodriguez**
Phone: 614-555-5555
Email: melissa.rodriguez@cbdd.gov
Role: ☐ Evaluator/Assessor ☒ Provider

Discipline:
☒ Developmental Specialist ☐ Speech-Language Pathologist
☐ Pre-K/K Educator ☐ Occupational Therapist
☐ Social Worker ☐ Physical Therapist
☐ Vision Specialist ☐ Nurse
☐ Hearing Specialist ☐ Other:

Name: **Anna Hurley**
Phone: 614-555-5555
Email: anna.hurley@cbdd.gov
Role: ☐ Evaluator/Assessor ☒ Provider

Discipline:
☐ Developmental Specialist ☐ Speech-Language Pathologist
☐ Pre-K/K Educator ☒ Occupational Therapist
☐ Social Worker ☐ Physical Therapist
☐ Vision Specialist ☐ Nurse
☐ Hearing Specialist ☐ Other:

Name:
Phone:
Email:
Role: ☐ Evaluator/Assessor ☐ Provider

Discipline:
☐ Developmental Specialist ☐ Speech-Language Pathologist
☐ Pre-K/K Educator ☐ Occupational Therapist
☐ Social Worker ☐ Physical Therapist
☐ Vision Specialist ☐ Nurse
☐ Hearing Specialist ☐ Other:

Name:
Phone:
Email:
Role: ☐ Evaluator/Assessor ☐ Provider

Discipline:
☐ Developmental Specialist ☐ Speech-Language Pathologist
☐ Pre-K/K Educator ☐ Occupational Therapist
☐ Social Worker ☐ Physical Therapist
☐ Vision Specialist ☐ Nurse
☐ Hearing Specialist ☐ Other:

Other participant names	**Role/Relationship to family**
Maggie Smith	Family friend/babysitter

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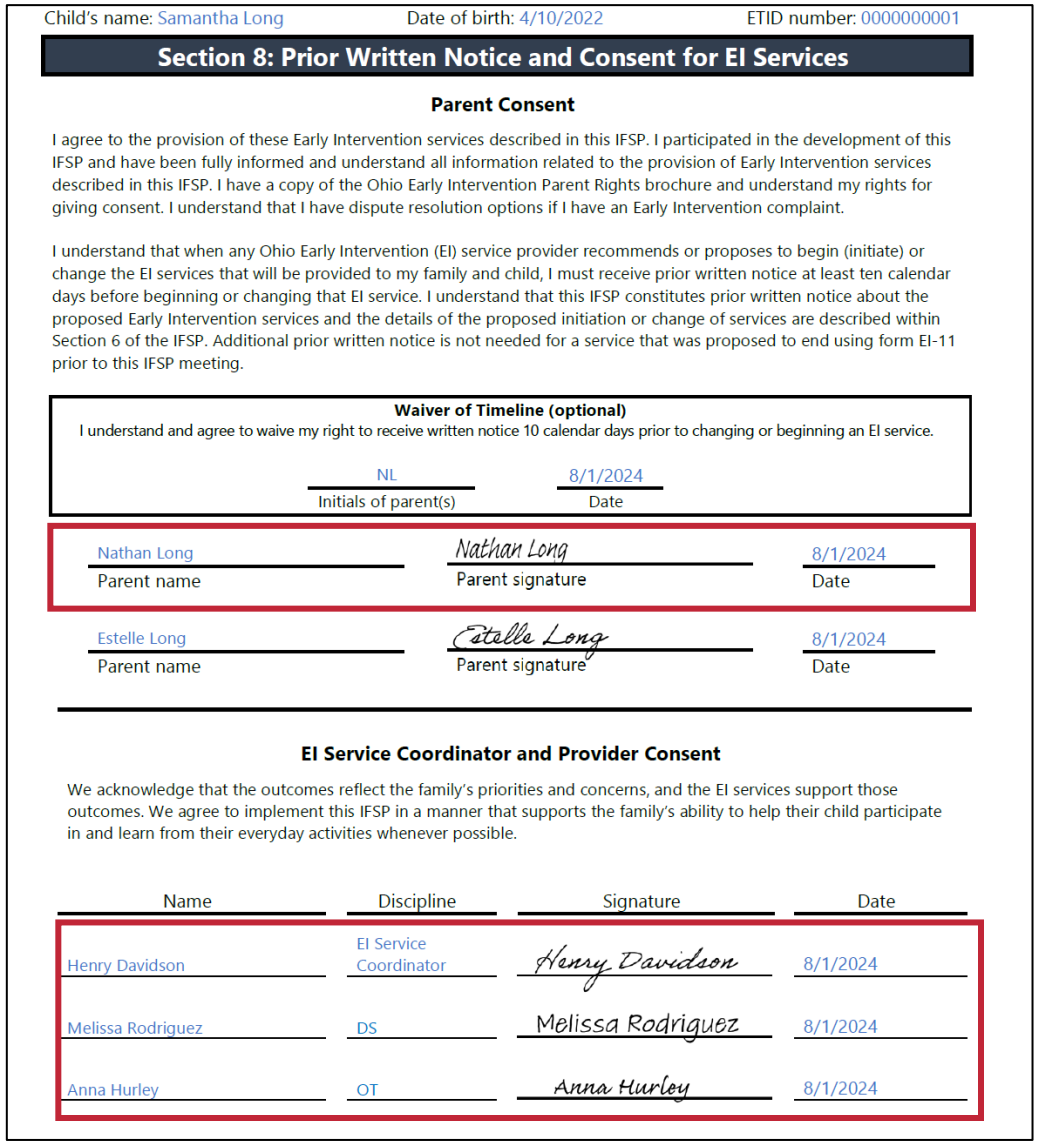
CONSENTS & SIGNATURES

IFSP Informed Consent & Signatures

- Ensure parents understand consent
- Parent provided written consent
- EISC signed IFSP
- Signature dates match IFSP date in header/EIDS
- 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 — Initials of parent(s) 8/1/2024 — Date

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

Estelle Long — Parent name Estelle Long — Parent signature 8/1/2024 — 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
Henry Davidson	EI Service Coordinator	Henry Davidson	8/1/2024
Melissa Rodriguez	DS	Melissa Rodriguez	8/1/2024
Anna Hurley	OT	Anna Hurley	8/1/2024

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KEY POINTS: CONSENTS & SIGNATURES

IFSP

- EISC must sign and date
- Parent signature must be written
- Provider must sign and date if service is added to IFSP

Consents

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



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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



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SCHEDULING DURING THE 45-DAY TIMELINE

Federal regulations require that EI activities be scheduled in settings and at times that are convenient for the family and that activities be completed as soon as possible after any exceptional family circumstances no longer exist.

To support compliance with these requirements, programs should:	
	Offer families more than one date and time within the timeline when scheduling and ensure dates offered are the first available
	In cases where exceptional family circumstances result in a missed timeline, offer the first available dates and times after exceptional family circumstances no longer exist
	Offer the first available dates and times in cases where a scheduled visit is canceled for any reason
	Document all contacts/attempted contacts and scheduling/rescheduling efforts in case notes

DOCUMENTATION: HIGH-QUALITY CASE NOTES

When did it occur?



Where did it take place?



What happened?



Why did the activity occur?



How did it occur?



Who was involved?



What Now? Is Follow-Up Needed?



Signature, Date, Credentials



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DOCUMENTATION: TELL ME WHAT HAPPENED



- All attempts to contact the family
- Conversations with the family (including informed consent)
- Scheduling process – dates/times offered, dates/times declined, any scheduling preferences/limitations, date parent/team eventually agree upon
- Meetings, cancellations, and no shows
- Attempts to reschedule missed appointments ASAP

Document the overall process, not just the result

SAMPLE CANCELLATION CASE NOTE

"EISC received text message from Kendall (mom) requesting to cancel the evaluation appointment today @ 2pm(11/4/26) due to a conflict with her work schedule. EISC offered next available openings - 11/9/26 @ 11:30 am or 11/12/26 @ 1pm. Mom declined both dates/times and asked for the next early morning opening between 9-11 am. EISC offered first available morning appt on 9/13/26 @ 9:30am, mom accepted."

SAMPLE CANCELLATION CASE NOTE

"Received a text from Mom on 3/9 @ 11am stating that she needed to cancel the evaluation tomorrow morning due to illness in the home. Mom expressed that she would like to wait until next week to schedule to ensure everyone is feeling better. I let her know I would follow up next week to reschedule."

"EISC contacted Mom via phone @ 9:24am on 3/15 to reschedule evaluation. EISC offered the first available appointments of 3/18 at 9 am or 1 pm, or 3/20 at 11:30am. Mom selected 3/18 at 1 pm."

LINKS & RESOURCES

- SFY27 Baseline Schedule - SFY27 EI Compliance Analysis 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 - https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/45-Day-Verification-Compliance-Standards-11-25-24.pdf
- Record Review Checklist - https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/EI-Record-Review-Checklist_Revised-August-2025.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/DeterminingEligbility_0824.pdf
- EI NCR Examples - EI-NCR-Examples-11-21-2024.pdf

QUESTIONS?

Send any questions regarding the baseline process to Erin.Hale@childrenandyouth.ohio.gov or Rebecca.Muntean@childrenandyouth.ohio.gov

Send any deletion requests or data questions to EIDS@childrenandyouth.ohio.gov



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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

MIKE DEWINE

GOVERNOR OF OHIO

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