EARLY INTERVENTION

I. PURPOSE

A. The Erie County Board of MR/DD (Board) shall provide early intervention services and supports in accordance with OAC 5123:2-1-04 and any other applicable requirements through Ohio Department of Health Help Me Grow (HMG).
B. The Erie County Board program shall be part of a comprehensive, collaborative, coordinated, and family-center system. These services are designed to meet the needs of the family related to enhancing the child's development and to meet the developmental needs of infants and toddlers.

II. DESCRIPTION OF SERVICES

A. The Board shall provide options to that enhance quality outcomes for the child and family. This will be completed by having designated county board staff participate in HMG state and local trainings so that available resources are known and information provided to families in a neutral manner.
B. Early Intervention services shall be coordinated with families, community agencies, and The Family and Children's First Council (FCFC), so that services are flexible, accessible, and built upon family strengths, needs and independence.
C. The Board's role shall be as an active participant, in the provision of the following HMG components, while in contract with the local FCFC: outreach/child find/ intake/procedural safeguards; home visits; service coordination/IFSP development, implementation and review; family support services; evaluation to determine eligibility and ongoing assessment: and specialized services in everyday routines, activities, and places.

III. DEFINITIONS

A. "County board" means a county board of mental retardation and developmental disabilities established under Chapter 5126. of the Revised Code or a regional council of government formed under section 5126.13 of the Revised Code by two or more county boards.
B. "Department" means the Ohio department of mental retardation and developmental disabilities established by section 121.02 of the Revised Code.
C. "Developmental delay" means developmental milestones expected for a child's chronological age have not been achieved as measured by qualified professionals using appropriate diagnostic instruments and/or procedures.
D. "Developmental disability" means a severe, chronic disability that is characterized by all of the following:

(1) It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in division (A) of section 5122.01 of the Revised Code;
(2) It is manifested before age twenty-two;
(3) It is likely to continue indefinitely; and
(4) It results in at least one developmental delay or a condition known to result in a delay in accordance with section 5126.01 of the Revised

Code.

E. "Early intervention" means services and supports provided between birth through two years of age to enhance the family's ability to meet the developmental needs of their child. Early intervention services and supports are designed to aid in identifying the presence of a disability, delay, or risk-factors which may lead to a delay, and provide interventions responsive to the preferences of the family that maximize the child's optimal growth and development and family independence. Early intervention services and supports may include any of the types of services listed under the "Individuals with Disabilities Education Act" (IDEA), Part C system, Title 34 of the Code of Federal Regulations, sections (c) and (d) of 303.12 (). The identification of a need for any specific early intervention service or support results from the comprehensive, ongoing assessment of the child and family.

F. "Early intervention specialist" means a professional, certified by the department in accordance with rule 5123:2-5-05 of the Administrative Code, trained to develop and implement strategies and interventions, which may include, but are not limited to, the special instruction identified in IDEA, Part C as follows:

(a) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(b) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's IFSP;

(c) Providing families with information, skills and supports related to enhancing the skill development of the child; and

(d) Working with the child to enhance the child's development.

G. "Family and children first council" means the council established pursuant to section 121.37 of the Revised Code at state and local levels with a stated purpose of helping families seeking government services by streamlining and coordinating existing services and supports for children birth through twenty-one years of age.

H. "HMG" means "Help Me Grow," an Ohio family and children first initiative directed by the Ohio department of health and coordinated on the county level by the family and children first council. HMG is Ohio's birth through two system designed to create, nourish and maintain a coordinated, community-based infrastructure that promotes trans-disciplinary, family-centered services and supports to eligible expectant parents, newborns, infants and toddlers, and their families.

I. "IFSP" means individualized family service plan, a written plan for providing services to a child eligible under IDEA, Part C. In Ohio, an IFSP is also written for a child in HMG who qualifies At Risk by meeting ODH established risk factors.

J. "Lead agency" means the agency legislated or designated by the governor as responsible for the administration of the "Individuals with Disabilities Education Act" (IDEA), Part C. In Ohio, the department of health is the lead agency for Part C of IDEA and the HMG statewide system.

K. "Parent" means a parent, guardian, person acting as a parent of a child, or surrogate parent who has been appointed in accordance with the Ohio department of health. "Parent" does not include the state if the child is a ward of the state.
L. "Part C" means the section of the "Individuals with Disabilities Education Act" (IDEA), under Title 34 of the Code of Federal Regulations, Part 303, which regulates the early intervention program for infants and toddlers with disabilities.

Procedure

I. PERSONNEL QUALIFICATIONS
A. Employees of the Board or contracting entities who are hired to work as early intervention specialists, program assistants, or supervisors, shall hold applicable registration or certification in accordance with rule 5123:2-5-05 of the Administrative Code.
B. A person who substitutes in any one assigned early intervention specialist's position for more than sixty consecutive working days shall obtain either a substitute grade or temporary grade early intervention specialist level certification. A person who substitutes in any one assigned early intervention specialist's position for sixty or fewer consecutive working days is not required to hold a credential issued by the department.
C. A person employed on or before December 4, 1992 as a supervisor of an early intervention program for less than .5 F.T.E. (full-time equivalent) is not required to hold a credential issued by the department. A person newly employed after December 4, 1992 as a supervisor of an early intervention program for less than .5 F.T.E. (full-time equivalent) shall possess:

(1) Early intervention supervisor level certification issued by the department; or

(2) A currently valid Ohio department of education provisional certificate in supervision with validation in early education of the handicapped or special education for children with disabilities; or

(3) A master's degree in a related field (e.g., audiology, education, family therapy, medicine, nursing, nutrition, occupational therapy, orientation and mobility, pediatrics, physical therapy, psychology, social work, special education, or speech and language pathology) from an approved educational institution, and five years related paid work experience in early intervention, birth through two, two of which are within the last five years.

D. Employees of county boards or contracting entities providing services and supports to infants and toddlers and their families shall possess a currently valid Ohio license, certificate, or credential issued by the appropriate professional licensing, certifying, or credentialing entity that governs requirements for the respective service provided.
E. Employees of county boards or contracting entities who are hired to provide services solely to the HMG system, (e.g. family support specialists, HMG

project directors, service coordinators) shall meet Ohio department of health policies on personnel standards, and are not required to hold a credential issued by the department.

II. ELIGIBILITY DEFINITION AND CRITERIA FOR CHILDREN WITH DEVELOPMENTAL DELAYS OR DISABILITIES

A. The Board shall provide services and supports to children under three years of age or in transition with developmental delays or disabilities and their families. To be eligible for HMG services and supports provided by the Board, an infant or toddler shall:

(1) Have a developmental delay in one or more of the following areas, as measured by a research-based developmental evaluation tool as identified by by the ODH and informed clinical opinion as defined by the lead agency:

(a) Cognitive development,
(b) Physical development, including vision, hearing and nutrition,
(c) Communication development,
(d) Social or emotional development,
(e) Adaptive development (self-help); or

(2) Have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability that is based on a written medical report; or

(3) Have already been determined Part C eligible in the state of Ohio. The determination of eligibility and the completion of all enrollment procedures shall be reciprocal among county boards.

B To determine if an infant or toddler has a developmental delay or disability, the evaluation to determine eligibility shall:

(1) Be preceded by a developmental screening, unless the child has a diagnosed physical or mental condition. The developmental screening must be completed and shared with the family within forty-five calendar days of referral to the HMG system.

(2) Be completed by a developmental evaluation team, which includes the parents, and at least two appropriately licensed or certified professionals from two different disciplines, one of whom may be the service coordinator and one member of the evaluation team have specialized training or expertise with the child's suspected need or primary area of delay.

(3) The evaluation will be based on one research-based developmental evaluation tools as Identified by ODH and informed clinical opinion. If a delay is not confirmed using a developmental evaluation tool, then informed clinical opinion can be used by the members of the developmental evaluation team to determine a delay.

(4) Include the five developmental areas specified in paragraph 4.1a(i-v) of this rule with a focus on the child's unique strengths and needs in each domain.

(5) Include a vision, hearing, and nutrition screening completed by qualified personnel with tools identified by the ODH.

(6) Be provided at no cost to the family.

(7) Include a review of pertinent records related to the child's health, developmental and medical history. If a child has already had an evaluation in all or some of the domains including a medical evaluation within the past ninety days, this information must be used as part of the developmental evaluation.
(8) Be preceded by informed, written parental consent for the screening and evaluation.
(9) Be conducted in collaboration with the family in settings and at times that are mutually agreed upon by the family.
(10) Be administered in the primary language of the child and family or other mode of communication unless it is clearly not feasible to do so.
(11) Be selected and administered so as not to be racially or culturally discriminatory.
(12) Be coordinated by the family's service coordinator.
(13) Be written and include the date or dates of the evaluation, evaluation method, summary of the child's unique strengths and needs in each domain, statement of eligibility, identification of the domains that are delayed, and each evaluator's title and area of expertise.
(14) Be completed and a copy of the report shared with the family within forty-five calendar days of the initial referral for a suspected delay. If the child is eligible, the IFSP is developed and signed within the same forty-five calendar days and without undue delay. If the family disagrees with the eligibility determination, their rights shall be explained and, upon consent, the appropriate referral made. In the event of exceptional family circumstances, which make it impossible to complete the developmental evaluation within forty-five calendar days, the service coordinator shall document the exceptional circumstances and that the parents were informed and understood that there is an alternative timeline and are in agreement.

C. The Board may be an active participant in the developmental evaluation. If the Board is not involved in the evaluation to determine eligibility for HMG as described in paragraphs (E)(1) and (E)(2) of this rule, the Board shall request a copy of the written evaluation report for the child's record and shall maintain documentation that a request was made if the information is not available.

III. <u>ELIGIBILITY DEFINITION AND CRITERIA FOR CHILDREN WHO ARE AT-RISK FOR DEVELOPMENTAL DELAYS OR DISABILITIES</u>

A Infants and toddlers with biological and/or environmental risk factors, which meet the definition of **at-risk** as defined by the ODH the lead agency, may be served if

1. they have a developmental screening indicating no developmental delay is suspected, and
2. Services have been specifically requested by the family and the board is a . willing provider of services.

B. The developmental screening must be completed and shared with the family within forty-five calendar days of referral.

C. The service coordinator assigned to the family shall verify the family has four or more risk factors, which lead to eligibility for the infant or toddler. The Board shall request a copy of the eligibility determination for the child's record and shall maintain documentation that a request was made if the information is not available.

IV. ONGOING FAMILY AND CHILD ASSESSMENT

A. Children who are eligible for HMG services and supports and their families shall receive ongoing family and child assessments. Within forty-five calendar days of the initial referral to the system, the first family and child assessment shall be completed to gather information on the strengths, needs and choices of the child and family for the purpose of program planning.

B. Ongoing assessments for program planning shall be completed by qualified personnel and shall be summarized, documented, and provide detailed strength-oriented information on the child's abilities and recommended approaches for future interventions. This information shall be provided to parents and other team members as parental consent allows. The family shall be provided every opportunity to take an active role in the assessment process. For children receiving ongoing county board services, the early intervention team members will collaborate with HMG Service Coordinators so that duplication of information gathering does not occur.

V. INTAKE AND REFERRAL

A. Policies and procedures for intake and referral into the HMG system shall include the following:

(1) Upon receipt of a referral from the family or other source, the Board shall immediately refer the family to the centralized intake and referral system. Communication to the centralized intake and referral system shall include the date the initial referral was received by the Board to ensure that verbal or written contact can be made with the family within two working days after the initial referral.

(2) The Board may assume the responsibility for intake as part of the HMG system. When the Board receives the initial referral and proceeds with intake, the Board shall:

(a) Complete an intake form that includes the minimum requirements of the lead agency ODH;

(b) Make verbal or written contact with the family within two working days after the initial referral;

(c) Ensure assignment of a service coordinator for that family and inform them that there must be only one service coordinator per family for the HMG system;

(d) Inform families that family support services are available, as ensured by the county family and children first council, as well as the opportunity to receive services from the family support specialist in the county;

(e) Provide data according to the data collection procedures of ODH and

local HMG program.
(f) Obtain written parent consent for release of all personally identifiable data, including medical diagnosis, to anyone other than the lead agency;
(g) Provide written follow-up to the referral source within forty-five days of the initial referral date, including information regarding the status of the referral; and
(h) Maintain intake records per the lead agency's "Client Records Policy."

VI. CHILD RECORDS
A. For each child birth through two years of age enrolled in the Board to receive early intervention services and supports from the Board, or service coordination from HMG the following information shall be compiled and kept on file:

(1) Verification of birth. Acceptable documents which may be copied and kept on file include: a passport or attested transcript of a passport filed with a registrar of passports at a point of entry of the United States showing the date and place of birth of the child, an attested transcript of the certificate of birth, an attested transcript of the certificate of baptism or other religious record showing the date and place of birth of the child, an attested transcript of a hospital record showing the date and place of birth of the child, or a birth affidavit.
(2) Documents used to determine eligibility, including a record of four risk factors, the written report of the developmental evaluation, or the written medical report.
(3) Documentation verifying the date of request for or referral to services in the HMG system and the date of initial contact with the Board if the Board is assisting in the initial evaluation/assessment process.
(4) Any ongoing assessments of the child and family.
(5) A health record that contains ongoing pertinent health information, which includes a record of current immunizations or the exemption or waiver where an immunization is medically contraindicated, a list of medications, a list of any allergies and treatments, and authorization for emergency medical treatments. This information shall be on file within 30 calendar days of enrollment into the county board. The information contained in the health record must be current within 120 calendar days of enrollment into the county board and updated annually.
(6) Unusual incident and major unusual incident forms.
(7) Center-based attendance, home and other community based visitation records, and ongoing, systematic program data. Documentation by each county board provider shall include date, duration, frequency, intensity and specific type of service provided, and outcomes in accordance with the IFSP. A summary of this data shall be provided through monthly specialized services reports, toddler class documentation home visit documentation and COSF (developmental tree) information.
(8) Current IFSP, subsequent reviews, written notices regarding meetings,

and other related correspondence with the family.

(9) Signed written consents and releases including, but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, and ongoing services from other agencies/service providers.

(10) Documentation that a request for a copy of any required information was made, but the information was not available.

(11) Application for enrollment

(l2) Any other document required as part of the Board confidentiality/records policy not included above.

B. For each child birth through two years of age who is not enrolled in the county board for early intervention services and supports or for whom services are provided by an employee of the Board hired solely to assist the HMG system, the lead agency client records policy applies.

VII. IFSP AND SERVICE COORDINATION THROUGH THE IFSP PROCESS

A. The child's service coordinator is responsible to ensure the development, implementation, review and monitoring of the IFSP and its timelines. The HMG service coordinator shall:

(1) Ensure all sections of the statewide IFSP form are completed.

(2) Ensure that written notice of all IFSP meetings is provided to families and providers.

(a) Meeting arrangements shall be made with, and written notices provided to, the family and other providers by the family's service coordinator early enough before the meeting date to ensure they will be able to attend.

(b) IFSP meetings shall be conducted in settings and at times convenient to families and in the native language of the family or other mode of communication used by the family unless it is clearly not feasible to do so.

(3) Ensure required participation in and scheduling and facilitation of IFSP meetings and reviews. Facilitation includes coordinating a meeting time and location that results in the participation of as many service providers involved with the family as possible.

(a) Each initial IFSP meeting may include the following participants:

(i) The parent or parents of the child;

(ii) The service coordinator;

(iii) A person or persons directly involved in conducting the evaluations and assessments;

(iv) Persons who will be providing services to the child or family, as appropriate;

(v) Other family members, as requested by the parent, if feasible to do so;

(vi) An advocate or person outside of the family, if the parent requests that person's participation;

(vii) If a person or persons directly involved in conducting the evaluation and assessment or who will be providing services to the child or family is unable to attend a meeting, arrangements must be made for the person's involvement through other means.

(b) Each review shall:

(i) Provide for the participation of persons in paragraphs (3a.i-vii) of this rule. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (3a. i-vii) of this rule.

(ii) Be conducted every one hundred eighty days or more frequently if conditions warrant or if the family or IFSP team member requests such a review.

(iii) Determine the degree to which progress toward achieving the outcomes is being made, whether modifications or revisions of the outcomes or services are necessary, and include progress information from the child's parent(s) and service provider(s) identified by the family.

(c) Each annual meeting to evaluate the IFSP shall:

(i) Include the participants listed in paragraphs (3a.i-vii) of this rule; and

(ii) Be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family and, as appropriate, to revise its provisions. The results of any current evaluations and other information available from the ongoing assessment of the child's family must be used to update the IFSP and determine what services are needed and will be provided.

(4) Ensure the following components of the IFSP are completed:

(a) The IFSP must include a statement of the child’s present levels of development: cognitive, physical (including vision hearing and nutrition), communication, social or emotional, and adaptive. This information must be based on objective criteria and include parent input.

(b) With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

(c) A statement of the major outcomes expected to be achieved for the child and family.

(d) The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary.

(e) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the

family to achieve the outcomes including:

(i) The frequency, intensity, duration, location, and method of delivering the services.

(ii) The natural environment, to the extent possible, including home and other community-based settings in which children without disabilities participate. If early intervention services cannot be achieved satisfactorily in the natural environment, a justification of the extent, if any, to which the services will not be provided in a natural environment.

(iii) The payment arrangements, if any.

(f) Medical and other services the child needs, including the funding sources to be used, dates for initiation, and the anticipated duration of those services.

(g) The name of the service coordinator. This person will be responsible to ensure the implementation of the IFSP and coordination with other agencies and persons.

(5) Address transition throughout the IFSP process, particularly by providing support and information specific to the transition of the child at age three or from the HMG system at anytime.

(a) The transition planning process shall be completed:

(i) For program and service setting changes under the age of three, such as from the hospital to home, or from an early intervention program to a preschool program for children with or without special needs;

(ii) At termination of early intervention services and supports; and

(iii) For program and service setting changes for the child turning age three, preparation for the transition planning conference shall begin one hundred eighty days prior to the child's third birthday. The transition planning conference shall occur ninety days prior to the child’s third birthday and shall be preceded by written notice of the conference in sufficient time to ensure attendance. This conference may occur at a scheduled one-hundred-eighty-day IFSP review.

(b) All records shall be maintained in the child's file to document that mandated steps have been completed according to the Ohio department of health and the Ohio department of education transition guidelines.

(c) The steps to be taken to support transition of the child and family to preschool special education services or other appropriate services shall include:

(i) Discussions with and resource information for parents regarding programs and service options for which the child might be eligible, financial resources as they relate to the transition of the child .

(ii) Procedures to prepare the child for changes in service

delivery, including steps to help the child and family adjust to and function in a new setting.

(iii) The transmission of information about the child to the receiving agency to ensure continuity of services, including evaluation and assessment information, copies of IFSP's that have been developed and implemented, and other relevant data, per written parental consent.

(6) Ensure team members present at the Transition meeting sign IFSP signature page documenting attendance and/or HMG Transition Meeting Forms and/or local LEA transition meeting form at the meeting.

(7) Ensure written consent from the parent is obtained before any ongoing services listed on the IFSP may begin.

(8) Ensure families receive a signed copy of the IFSP within ten business days of the meeting. This copy shall include documentation of all changes and updates at the conclusion of the meeting.

(a) Ensure, with parent consent, a copy of the IFSP is sent to the child's primary care physician (i.e., medical home) and all service providers listed on the outcome page of the IFSP upon parent request.

(9) Provide service coordination to a weighted caseload of at risk and Part C children.

(10) Receive four hours clinical supervision per month from a clinical supervisor who meets lead agency requirements. Personnel who are less than full-time equivalent must receive a proportionate amount of clinical supervision.

(11) Gather and submit data, including information for early track.

(12) Comply with the lead agency's policy on service coordination.

B. Providers of services and supports to eligible children and their families shall participate in or collaborate with the development, implementation, review, and monitoring of the IFSP and its timelines. If the Board is participating in any part of the IFSP process,

(1) Use the statewide IFSP form made available through the Ohio department of health.

(2) Participate with the parent and other service providers in the development of one IFSP only, including attending the initial, review, and annual IFSP meetings as requested by the service coordinator or family.

(3) Provide information related to the IFSP process to the child's service coordinator, the IFSP team, or the parent, as appropriate, including evaluation or assessment information if the provider is directly involved and unable to attend a meeting.

(4) Supply required information for the IFSP when the Board or contract agency is requested to provide or fund a service or support leading to accomplishment of a child or family outcome. The county board must be identified as a willing provider of services before being listed on IFSP as a provider.

(5) Participate in data collection and ongoing assessment related to the

accomplishment of child and family outcomes for the IFSP review at least every one hundred eighty days and for the annual meeting to evaluate the IFSP and to revise its provisions as needed.

(6) Participate in transition planning as requested by the service coordinator or parent six months prior to the child's third birthday or when the child exits the system at any other time.

(7). Initiate services as the family agrees.

VIII. PARENTS' RIGHTS AND PROCEDURAL SAFEGUARDS

A For infants and toddlers in the HMG system, the lead agency has established parents' rights and procedural safeguards that protect the rights of parents and their eligible children. The lead agency, in partnership with the state and county family and children first councils, is responsible for assuring effective implementation of these parents' rights and procedural safeguards by each local agency that is involved in the provision of early intervention services.

(1) For all infants and toddlers served by the Board, the Board shall:

(a) Ensure that parents are informed of their rights as outlined in the "Parents Rights in Help Me Grow" brochure and document that the parent has received a copy exists.

(b) Give annual notification of the availability of a procedure based on the resolution of complaints and due process under rule 5123:2-1-12 of the Administrative Code. The procedure must include timelines that ensure the process is completed within thirty days as stipulated by the lead agency.

(2) For all Part C eligible infants and toddlers served by the Board, the county board shall:

(a) Comply with the Ohio department of health's "Ohio Procedural Safeguards" policy;

(b) Ensure that parents are informed of these procedural safeguards afforded under the lead agency, provide a copy upon receipt of a complaint and upon request, and ensure that families are aware that they may file a complaint with the lead agency at any time;

(c) Ensure parents are afforded all requirements under section 5123.63 of the Revised Code, distribution of the "Bill of Rights."

(3) The Board shall ensure that parents of all children eligible and served by the Board are annually informed of the complaint resolution process through the Board. Upon entrance into the Board, the county board shall ensure that parents have been informed of their procedural safeguards through the Ohio department of health and the county family and children first council, and that they have been given a copy of the Ohio Department of Health's "Parents Rights in Help Me Grow" brochure.

IX. STAFFING RATIOS

A. The Board shall ensure that services and supports are provided to families and children as determined by the IFSP team. As a guideline, no more than five eligible

enrolled children, or seven if a second staff person is present, shall participate in a center-based Early Intervention session at one time. The county board may include up to ten children in one session at one time if the additional three children in the room are typically developing, age appropriate peers and at least two staff person are present.
B. Staffing ratios shall be flexible to meet the diverse needs of children and families receiving Early Intervention Services. It is the intent of The Board to not exceed 45 children to one full-time Early Intervention Specialist and 25 children to one full time Toddler Teacher/Early Intervention Specialist at any one time.
C. However, the Director may, after receiving input from the Early Intervention Staff and reviewing on at least a quarterly basis, determine that the maximum allowed in section A. and B. be waived. This decision will be based on the items listed below which might affect quality of services.
D. Variables which may affect the ratio and include, but are not limited to:

1. The extent of family supports provided;
2. The extent of the child's needs;
3. Location of services and supports including travel time for home-based services;
4. The involvement and assistance of ancillary services and other agencies;
5. The resources available within the Board and the community.
6. Children and families choose to enter and exit the EI//Help Me Grow system at any time.

X. PROGRAM FACILITY, MATERIALS, AND EQUIPMENT

A. Early Intervention Programs shall be housed in settings designed to accommodate both the needs of the infant and toddler and his family.

1. This shall include, at a minimum, equipment and materials which are developmentally and age appropriate and reflect functional abilities and safety of infants and toddlers; and
2. Equipment and materials, including that which is appropriate for imparting information to families; and
3. At least thirty-five square feet of usable indoor floor space per child, to accommodate the special needs of each child.

B. Outdoor playground areas of at least sixty square feet of usable space per child using the play area at any one time shall be available. Play equipment shall be developmentally and age appropriate and reflect functional abilities and safety needs of infants and toddlers.

XI.CALENDAR

A The Board shall ensure and make available Early Intervention Services on a year round basis for a minimum of two hundred thirty-two days, based on the availability of funds. When year-round services are not provided, the Board must work with other systems, including ECCC members, to help assure continuity of services for families.

XII. PARTICIPATION

A. The frequency and location of participation in Early Intervention Services for each child and family shall be individually determined and shall be based on the child's age and developmental needs, emotional needs, physical stamina, and the needs of the family. This may mean that children and families may participate in Early Intervention Services for a portion of the program day, several days a week, or any prorated portion of a day, week, or month.

XII. REPORTING AND MONITORING REQUIREMENTS

A. Participate in the department's monitoring system through the accreditation process established pursuant to section 5126.081 of the Revised Code and rule 5123:2-4-01 of the Administrative Code; and

B. Provide information requested by the lead agency for the purpose of monitoring for compliance with Ohio department of health policies or Part C federal regulations.