

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	<p>Parent name, signature, and date</p> <p>Waiver of timeline (if applicable)</p>	<p>All fields complete</p> <p>Parent initials and date in box if conducted within 10 days</p>	<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 & 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	<p>Evaluation sections of form</p> <p>Parent name, signature, and date</p> <p>Waiver of timeline (if applicable)</p>	<p>First box is checked</p> <p>Parent has initialed “evaluation”</p> <p>All fields complete</p> <p>Parent initials and date in box if conducted within 10 days</p>	<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"> • Be administered via the use of an approved evaluation tool

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		Form EI-03	Header	All fields complete	<ul style="list-style-type: none"> • Must meet requirements of tool administration, including requirement that at least one evaluator be trained on the tool and at least one administer the tool in person • Be conducted by qualified personnel (as defined in 5123-10-02 Appendix B) representing two different disciplines, at least one of whom has been trained on the tool • Identify the child’s level of functioning in each of the developmental areas [34 CFR §303.21(a)(1)] • Include informed clinical opinion of the evaluator(s) • Include information gathered from other sources (e.g., family members, other caregivers, medical providers, social workers, and educators) to understand the full scope of the child’s unique strengths and needs • Be conducted in a nondiscriminatory manner • Be selected and administered so as not to be racially or culturally discriminatory. • Be conducted in the native language of the child, unless clearly not feasible to do so,
			Eligibility status	Second or third box checked to reflect eligibility Scores or ICO checked (if eligible) Areas of delay checked (if eligible)	
			Methods Used	All completion dates documented Evaluation tool checked	
			Date of eligibility determination	Date is on or after last completion date	
			Summary	Summary of findings complete	
			Team members	Evaluator details complete Evaluator(s) represent two disciplines	
			Eligibility results	EISC info completed for appropriate section (matches status)	
		Section 7 of IFSP	Team Participation	Evaluator/s information documented Role checked Discipline/s checked Evaluators represent two disciplines	
	Diagnosed condition on the list (any)	Form EI-03	Header	All fields complete	
			Date of eligibility determination	Date documented matches date documentation received or confirmed	
			Eligibility status	First box checked Diagnosis listed	

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		Documentation confirming the qualifying diagnosed condition	Eligibility results Document from health professional confirming diagnosis	Documentation of diagnosis listed EISC info completed for appropriate section (matches status) Child's name Child's diagnosis Professional's signature or authorization (a professional licensed to diagnose and treat mental or physical conditions) Examples include a signed note from a physician, a hospital discharge document with the diagnosis and physician's/health professional's name, an email with an electronic signature or other authorization from the health professional, a diagnostic report that includes the diagnosing physician's/health professional's name, etc. Documentation can be obtained via hard copy, photocopy, or digital image.	
		Documentation of date received	Case note documenting receipt, dated email, dated fax, etc.	Date of receipt is on or prior to eligibility determination date	
	If the diagnosis is an elevated blood lead level (EBLL), neonatal abstinence syndrome (NAS),	Form EI-03	Header Date of eligibility determination Eligibility status	All fields complete Date documented (date diagnosis confirmed with parent) First box checked	

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	or hearing loss and the referral was made by ODH (State Health Department), alternative documentation may be submitted	Contact page of the child record in EIDS	Eligibility results Diagnosed Physical or Mental Conditions box OR Consolidated Referral Information box OR Referral Notes	Diagnosis listed as EBL, NAS, or hearing loss Documentation of diagnosis listed (ODH referral) EISC info completed for appropriate section (matches status) Print or screenshot a copy of the applicable contact page which indicates a referral from ODH for EBL, NAS, or hearing loss	
	If the diagnosed condition is on the list and the referral came from HBCF and the diagnosis was confirmed by CI&R on the slider on the Contact page, alternative documentation may be submitted	Form EI-03 Contact page of the child record in EIDS	Header Date of eligibility determination Eligibility status Eligibility results Diagnosed Physical or Mental Conditions box OR Signed HBCF Referral Form with dx on the list checked	All fields complete Date documented (date diagnosis confirmed with parent) First box checked Diagnosis listed Documentation of diagnosis listed (HBCF referral) EISC info completed for appropriate section (matches status) Print or screenshot a copy of the applicable contact page or referral form which indicates a referral from HBCF with a diagnosed condition on the list confirmed by CI&R	

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				*Note: In some cases, the HBCF may have submitted medical records that can confirm a diagnosis independent of what is on the contact log in EIDS. EISCs should always carefully review any materials submitted with a referral.	
	Diagnosis on the form	Form EI-03	Header	All fields complete	
			Date of eligibility determination	Date documented (date complete EI-12 received – matches date in EISC box on EI-12)	
			Eligibility status	First box checked Diagnosis listed Documentation of diagnosis listed (EI-12)	
			Eligibility results	EISC info completed for appropriate section (matches status)	
		Form EI-12	Entire form	Child’s name and DOB Parent consent signed and dated Specific diagnosis in box At least one box checked for potential area of delay Health professional information, including signature Date form received by EISC	
	Children who move to Ohio from out of state	See appropriate category above		Within 180 days prior to EI program referral	

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Child Assessment and PWN	Form EI-02 IFSP (EI-04)	Developmental assessment sections of form Parent name, signature, and date Waiver of timeline (if applicable) Section 3 Section 4 and/or 5 Section 7	Second box is checked Parent has initialed "assessment of my child" All fields complete Parent initials and date in box if conducted within 10 days Date of child assessment documented Required completion dates documented Child's History Summary complete Routines Summary complete Summary of Development complete in all three functional areas Outcome/s developed Date added complete Assessor(s) information documented Role checked Discipline(s) checked Assessor(s) represent two disciplines	The purpose of the assessment must be explained to the parent and written 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. Eligible children must receive a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs. Child assessments must: <ul style="list-style-type: none">Include the following:<ul style="list-style-type: none">(i) A review of the results of the evaluation (if applicable);(ii) Personal observations of the child; and (iii) The identification of the child's needs in each of the developmental areas in § 303.21(a)(1).Be conducted by qualified personnel (as defined in 5123-10-02 Appendix B) representing two different disciplinesInclude informed clinical opinion of qualified personnelBe conducted in a nondiscriminatory mannerBe selected and administered so as not to be racially or culturally discriminatory.Be conducted in the native language of the child, unless clearly not feasible to do so, When an evaluation is not required, the assessment must also include: <ul style="list-style-type: none">Review of the child's history through parent interview and medical, educational, or other records; andGathering information from other sources such as family members, other caregivers, medical providers, social workers and educators, as necessary, to understand the full scope of the child's unique strengths and needs

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				303.321, 303.420, 303.421 5123-10-02 OAC
Family-Directed Assessment and PWN	Form EI-02 Case notes In addition, if consent given: IFSP If consent is <u>not</u> given: IFSP Case notes	FDA sections of form Parent name, signature, and date Waiver of timeline (if applicable) EISC case notes Section 3 FDA page Section 3 Applicable case notes	Third box is checked, if applicable Parent has initialed "FDA," if applicable All fields complete Parent initials and date in box if conducted within 10 days Case note documenting that FDA was offered and explained and whether parent provided consent or declined Date of FDA documented Assessor's name documented Concerns, resources, & priorities summarized Completion date marked as "N/A" EISC notes document that FDA was explained, offered, and declined	The purpose of the assessment 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. A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. Family assessments must: <ul style="list-style-type: none"> • Be voluntary on the part of each family member participating in the assessment • Be conducted by qualified personnel (as defined in 5123-10-02 Appendix B) or an early intervention service coordinator • Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment • Include the family's description of its resources, priorities, and concerns related to enhancing the child's development. • Be conducted in a nondiscriminatory manner • Be selected and administered so as not to be racially or culturally discriminatory. • Be conducted in the native language of the family members being assessed, unless clearly not feasible to do so 303.321, 303.342 5123-10-02 OAC
IFSP, meeting notice, and consent for services	IFSP	Header	IFSP type and date	The IFSP shall be in writing

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	EI-13	EI-13	<p>EISC info complete</p> <p>Outcome/s developed Date added complete Strategies and supports identified</p> <p>Service type (including PSP or SSP), Method, Location, Frequency, Session length, Provider agency, Funding source, Projected start date, and Projected end date complete</p> <p>Projected start date is as soon as possible after the parent consents to the service, but not more than 30 calendar days from consent</p> <p>Projected end date is not past third birthday or more than 180 days from IFSP</p> <p>Section 7 Team information complete Role checked Discipline/s checked Other participants documented</p> <p>Section 8 Parent signature and date EISC signature and date Providers' discipline, signature, and date</p> <p>Parent initials and date in box if services to start within 10 days</p> <p>"Today's date" complete</p>	<p>The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained prior to the provision of EIS described in the IFSP.</p> <p>The IFSP shall be developed within a reasonable time after the assessment is completed</p> <p>IFSPs will be conducted:</p> <ul style="list-style-type: none"> • In settings and at times that are convenient for the parent; • 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. <p>Meeting arrangements will be made with the parent and other participants. Written notice of the meeting arrangements using form EI-13 will be provided to the parent and other participants early enough to ensure they will be able to attend.</p> <p>Each initial IFSP shall include:</p> <ul style="list-style-type: none"> • The parent of the child; • Other family members, as requested by the parent, if feasible to do so; • An advocate or person outside of the family, if the parent requests that the person participate; • The designated early intervention service coordinator responsible for implementing the individualized family service plan; • A person directly involved in conducting the evaluations and assessments; and • As appropriate, persons who will be providing early intervention services to the child or family.

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			<p>Appropriate box(es) checked Date, time, and location complete Invitees listed</p>	<p>The parent of the child and the early intervention service coordinator will be physically present at the initial and annual IFSP meeting.</p> <p>If a member of the E&A team is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following: (i) Participating in a telephone conference call, (ii) Having a knowledgeable authorized representative attend the meeting, or (iii) Making pertinent records available at the meeting.</p> <p>The IFSP must include a statement of the infant or toddler with a disability's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.</p> <p>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.</p> <p>The IFSP must include information about the child's status, family information, the measurable results or measurable outcomes expected to be achieved for the child and family, including pre-literacy and language skills (as developmentally appropriate for the child), and a statement of the specific early intervention services that are necessary to meet the unique needs of the child and family.</p> <p>To the extent appropriate, the IFSP shall:</p> <ul style="list-style-type: none"> Identify the medical and other services that the child or family needs or is receiving through other sources but that are neither required nor funded by the early intervention program and if those services are not currently being provided, include a description of the steps the early

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				<p>intervention service coordinator or family will take to assist the child and family in securing those services</p> <ul style="list-style-type: none"> Describe the steps the early intervention service coordinator will take to assist the child and family in securing the early intervention services which are identified as needed to achieve outcomes, but are not yet coordinated. <p>The contents of the IFSP will be explained and prior written notice of the proposed services provided.</p> <p>After the EI service providers, and with the parent's consent using form EI-06 ("Consent for Release or Exchange of Information"), other participants are provided with a copy of the IFSP at no cost and within ten calendar days.</p> <p>303.114, 303.342, 303.343, 303.344 OAC 5123-10-02</p>
NCR	Case note	Case note with date/s (Case notes may be documented on paper or electronically)	<p>Must support reason and reflect date within 45-day window</p> <p>Documentation reflects that late activities were completed as soon as possible after the documented exceptional family circumstances no longer exist.</p> <p>Date of case note Signature or initials</p>	<p>The program must complete the screening (if applicable), the initial evaluation, the initial assessments (of the child and family), and the initial IFSP meeting as soon as possible after the documented exceptional family circumstances no longer exist or parental consent is obtained for the screening (if applicable), the initial evaluation, and the initial assessment of the child</p> <p>303.310</p>
	Other sources, such as a newspaper article, email, etc.	Dated document with details of event (weather emergency, closure, etc.)	Documentation with details of event	