

## Early Intervention Record Review Checklist

The EI Record Review Checklist is a fillable document that covers all Early Intervention (EI) activities from referral to exit. It can be utilized as part of a complete record review, or for targeted file review using only applicable sections, including comparing data in the physical record to what is entered in the Early Intervention Data System (EIDS). The “Notes” column can be used to identify potential questions, document observations, and generate ideas for administrative and reflective supervision.

This tool is designed to support different roles in the EI system. For example:

Contract Managers can use the checklist to:

- Prepare for monitoring activities, such as baseline verification
- Ensure that a record is complete PRIOR to sending it to Department of Children and Youth (DCY) for review
- Implement Quality Improvement (QI)/Quality Assurance (QA) activities

Early Intervention Service Coordinators (EISC) Supervisors may find it helpful with the following activities:

- To conduct a complete record review or focus on a specific area (e.g., first 45 days, Periodic Individualized Family Service Plan (IFSP) review, Transition, etc.)
- To monitor compliance with state and federal requirements
- During administrative supervision to ensure notes and forms match guidance
- During reflective supervision to encourage reflection and growth
- For peer-to-peer reviews
- As part of training new staff

Early Intervention Service Coordinators can use the document to:

- Check their skills or knowledge
- Ensure that they are completing each step in a given process
- Verify that their documentation meets all requirements
- Support mentoring of new staff

Service Providers can use the tool to:

- Confirm that they are meeting EI requirements
- Ensure that they are utilizing proper documentation

Additional resources and references are listed at the end of the checklist for further support.

## Early Intervention Record Review Checklist

County: \_\_\_\_\_

EISC: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Eligibility Date: \_\_\_\_\_

Initial IFSP Date: \_\_\_\_\_

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<p><b>First 45 Days</b></p> <p><b>Documentation of Intake:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date referral received documented</li> <li><input type="checkbox"/> EISC verified with caregiver correct spelling of child's legal name, date of birth, and address</li> <li><input type="checkbox"/> If child is in an out of home placement, EISC case notes show all the steps and activities taken to determine, consistent with DCY guidance, who can sign EI paperwork and participate in EI activities</li> <li><input type="checkbox"/> Case notes document EISC reviewed Early Intervention Data System (EIDS) to determine if child was previously eligible in Ohio as listed under Eligibility tab</li> <li><input type="checkbox"/> Case notes reflect EISC reviewed referral information for any potential diagnoses (e.g., Neonatal Abstinence Syndrome (NAS), Elevated Blood Lead Level (EBLL), hearing loss, etc.)</li> <li><input type="checkbox"/> Documentation reflects all attempts and contacts involved with scheduling an initial visit</li> <li><input type="checkbox"/> EISC case notes document discussion regarding diagnoses with parent</li> <li><input type="checkbox"/> If referral is after second birthday, refer to Transition Plan Section and confirm completion of all activities</li> <li><input type="checkbox"/> EISC documented all steps and activities taken during the first 45 days (including all Noncompliance Reasons (NCR))</li> </ul> <p><b>Program Overview:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation shows EISC provided parent with a copy of parent rights brochure; reviewed all rights, procedural safeguards, and dispute resolution options; and provided parents with opportunity to ask questions</li> <li><input type="checkbox"/> Documentation shows EISC explained and parents understood what EI is and their parental rights</li> <li><input type="checkbox"/> Documentation shows all EISC activities were clearly discussed and parents had an opportunity to ask questions</li> <li><input type="checkbox"/> Documentation shows System of Payment (SOP) explained to parent by reviewing the brochure</li> </ul>	<p>Notes:</p> <ul style="list-style-type: none"> <li>• <i>What type of Reflective questions will you use during supervision?</i></li> </ul>

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<p><b>Developmental screening (if applicable):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Screening was not administered if child has diagnosed condition and/or there were concerns about development</li> <li><input type="checkbox"/> Documentation shows EISC explained screening process and parent consented in writing</li> <li><input type="checkbox"/> Top of form EI-01 filled out completely</li> <li><input type="checkbox"/> Parent signed and dated copy of form EI-01 to document consent and show understanding of what their child is receiving. Copy in file</li> <li><input type="checkbox"/> Case notes reflect EISC explained prior written notice and consent and parent understood</li> <li><input type="checkbox"/> If screening is administered before the 11<sup>th</sup> day after notice is provided (check middle right box for date), parent initialed and dated the waiver of timeline on form EI-01</li> <li><input type="checkbox"/> Documentation includes date of screening and reflects both Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE) tools were used, results of the screening, and who administered. Copy of completed tools in file.</li> <li><input type="checkbox"/> Case notes reflect EISC reviewed results of screening with parent and offered full evaluation, regardless of screening results</li> <li><input type="checkbox"/> If screening administered, EISC entered results into screening tab of EIDS; Data entered is accurate and consistent with physical record</li> </ul> <p><b>Eligibility:</b></p> <p>If child has Diagnosed Condition:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signed and dated copy of form EI-06 in file (if parent consents to release/exchange medical information)</li> <li><input type="checkbox"/> EISC case notes reflect contacts/attempts to obtain documentation of diagnosis <i>prior to</i> coordinating evaluation</li> <li><input type="checkbox"/> If diagnosis is on the list: case notes document all EISC attempts to verify diagnosis, including date information received from physician and diagnosis was confirmed with parent             <ul style="list-style-type: none"> <li><input type="checkbox"/> If the diagnosis is elevated blood lead level: a copy of the applicable contact page which indicates a referral from Ohio Department of Health (ODH) for elevated blood lead levels is acceptable documentation. The date the EISC confirmed a diagnosis received via an applicable Hospital</li> </ul> </li> </ul>	

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<p>Based Child Find (HBCF) or ODH referral with the parent is the date documentation of diagnosis was obtained</p> <ul style="list-style-type: none"> <li>○ If the diagnosis is NAS: a copy of the applicable contact page which indicates a referral from ODH for NAS is acceptable documentation. The date the EISC confirmed a diagnosis received via an applicable HBCF or ODH referral with the parent is the date documentation of diagnosis was obtained</li> <li>○ If the diagnosis is hearing loss: a copy of the applicable contact page which indicates a referral from ODH for hearing loss is acceptable documentation. The date the EISC confirmed a diagnosis received via an applicable HBCF or ODH referral with the parent is the date documentation of diagnosis was obtained</li> </ul> <p><input type="checkbox"/> Form EI-12 is complete and includes the specific diagnosis, at least one box checked for potential area of delay, and medical professional information, including signature</p> <ul style="list-style-type: none"> <li>○ If diagnosis is not on the list: EISC case notes document the date form EI-12 "Documentation of Diagnosed Condition" was sent to health professional, all attempts to receive documentation from health professional, and date documentation was received. The date the EISC receives completed form EI-12 from health professional is the date documentation of diagnosis was obtained</li> </ul> <p><input type="checkbox"/> EISC entered eligibility data into EIDS and data entered is accurate and consistent with physical record/document(s)</p> <p>If child is evaluated:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Case notes reflect EISC explained evaluation process and parent consented</li> <li><input type="checkbox"/> Top of form EI-02 filled out completely</li> <li><input type="checkbox"/> Box checked to indicate intent to conduct evaluation</li> <li><input type="checkbox"/> Parent initialed applicable space to document consent and show understanding of what their child is receiving</li> <li><input type="checkbox"/> Parent signed and dated form EI-02. Copy in file</li> <li><input type="checkbox"/> Documentation shows EISC explained Prior Written Notice (PWN) and consent and parent understood and had opportunity to ask questions</li> <li><input type="checkbox"/> If evaluation is conducted before the 11<sup>th</sup> day after notice is provided (check middle right box for date), parent initialed and dated the waiver of timeline on form EI-02</li> </ul>	

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<div> <input type="checkbox"/> Evaluation team documented all steps and activities taken to complete evaluation         </div> <div> <input type="checkbox"/> Documentation reflects evaluation team considered/discussed Informed Clinical Opinion (ICO) if child was not eligible via scores on the evaluation tool         </div> <div> <input type="checkbox"/> Evaluation team completed form EI-03. Copy in file         </div> <div> <input type="checkbox"/> If child is determined eligible, documentation shows the EISC reviewed eligibility results with parent and sent form EI-03 within 5 calendar days of eligibility determination  <i>(*evaluation tool should be kept in the child's record; EISC may provide parent friendly report or summary pages to family when reviewing results. The evaluation tool in its entirety should NOT be provided to the parent/family)</i> </div> <div> <input type="checkbox"/> If child is determined not eligible, documentation shows the EISC reviewed eligibility results and provided forms EI-03 and EI-10 with Parent Rights brochure to parent within 5 calendar days of eligibility determination. Copies in file.         </div> <div> <input type="checkbox"/> EISC entered eligibility data into EIDS and data entered is accurate and consistent with physical record/documents  <i>(*ALL evaluations must be entered into EIDS, regardless of whether the child is determined eligible or not eligible)</i> </div> <div> <b>Form EI-03: Evaluation Summary</b> </div> <div> <input type="checkbox"/> Top of form EI-03 filled out completely         </div> <div> <input type="checkbox"/> Child's age and adjusted age (if applicable) complete         </div> <div> <input type="checkbox"/> Date eligibility determined documented         </div> <div> <input type="checkbox"/> Correct box checked indicating child's eligibility status (i.e., eligible due to diagnosed condition, eligible due to developmental delay, not eligible)         </div> <div> <input type="checkbox"/> If child is eligible via diagnosed condition:           <div> <input type="radio"/> Name of diagnosed condition(s) documented             <input type="radio"/> Type of documentation used to confirm diagnosis listed (e.g., form EI-12, discharge summary, etc.)           </div> </div> <div> <input type="checkbox"/> If child is eligible due to developmental delay(s) on approved evaluation tool or ICO           <div> <input type="radio"/> Correct box checked indicating whether child was determined eligible via scores on tool or ICO             <input type="radio"/> Box(es) checked with area(s) of delay           </div> </div> <div> <input type="checkbox"/> Methods used to determine eligibility section complete with dates each activity was completed  <i>(*section not completed for children eligible via diagnosed condition)</i> </div>	

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<div> <input type="checkbox"/> Summary of evaluation findings clearly describes what the team observed during the evaluation         </div> <div> <input type="checkbox"/> Team Participation section is complete and reflects that the evaluator(s) represent two different disciplines         </div> <div> <input type="checkbox"/> If child is determined eligible, EISC contact information listed on top portion of page 3         </div> <div> <input type="checkbox"/> If child is not determined eligible, EISC contact information, community supports and resources, and ideas/suggestions to promote the child's development are listed on bottom portion of page 3         </div> <div> <b>Child Assessment Consent:</b> <div> <input type="checkbox"/> EISC case notes reflect EISC explained child assessment process and parent consented           </div> <div> <input type="checkbox"/> Top of form EI-02 filled out completely           </div> <div> <input type="checkbox"/> Box checked to indicate intent to conduct child assessment           </div> <div> <input type="checkbox"/> Parent initialed correct field(s) to document consent and show understanding of what their child is receiving           </div> <div> <input type="checkbox"/> Parent signed and dated form EI-02. Copy in file           </div> <div> <input type="checkbox"/> If child assessment conducted before the 11<sup>th</sup> day after notice is provided (check middle right box for date), parent initialed and dated the waiver of timeline           </div> <div> <input type="checkbox"/> Assessment team documented all steps and activities taken to complete child assessment           </div> <div> <input type="checkbox"/> EISC entered child assessment data into EIDS and data is accurate and consistent with physical record/document(s)           </div> </div> <div> <b>Family-Directed Assessment (FDA) Consent:</b> <div> <input type="checkbox"/> Case notes document EISC explained family-directed assessment process and indicate whether parent consented or declined to participate in FDA           </div> <div> <input type="checkbox"/> Top of form EI-02 filled out completely, including date FDA was offered           </div> <div> <input type="checkbox"/> Box checked to indicate intent to conduct FDA           </div> <div> <input type="checkbox"/> If FDA summary section (section 3) of IFSP is complete, refer to form EI-02 to confirm parent initialed applicable field indicating consent to participate in FDA; Signed and dated copy of form EI-02 in file           </div> <div> <input type="checkbox"/> If FDA summary section of IFSP indicates parent declined FDA, refer to form EI-02 to verify absence of parent initials in applicable field, indicating parent declined to consent (<i>*FDA summary section should not be complete if parent declined to</i> </div> </div>	

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<p><i>consent to FDA on form EI-02</i>); Signed and dated copy of EI-02 in file</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If FDA is completed before the 11th day after notice is provided (check middle right box for date), parent initialed and dated the waiver of timeline</li> <li><input type="checkbox"/> EISC entered FDA data into EIDS and data is accurate and consistent with physical record/document(s)</li> </ul>	
<p><b>IFSP Process:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> EISC documented all steps and activities taken to coordinate IFSP meeting</li> <li><input type="checkbox"/> EISC completed form EI-13 and provided to parent, service providers, Evaluation and Assessment (E&amp;A) team, and anyone else that parent wishes to attend the meeting early enough to ensure they are able to attend. Copy of form in file</li> <li><input type="checkbox"/> Case notes reflect that the parent and EISC were physically present at the initial and annual IFSP meeting, including any justification for completing these meetings virtually, if applicable</li> <li><input type="checkbox"/> Documentation shows that someone directly involved in conducting the evaluations and assessments participated in the initial and annual IFSP (<i>*participation can occur in-person, via technology, authorized representative, or written report</i>)</li> </ul> <p><b>IFSP (EI-04) First Page Header:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Box(es) checked indicating type and date of IFSP (<i>*More than one box only checked if IFSP includes Transition Planning Conference (TPC)</i>)</li> <li><input type="checkbox"/> ETID number listed</li> </ul> <p><b>Section 1: Child and Family Information</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All required fields of section 1 are complete for at least one parent (<i>*Field can be left blank or N/A noted when there is not another parent involved, child does not have a nickname, and/or parent is the biological or adoptive parent</i>)</li> </ul> <p><b>Section 2: Service Coordinator Information</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current EISC and EISC Supervisor contact information (phone/email) documented (<i>*Documentation shows that if/when there are changes to the EISC and/or EISC Supervisor,</i></li> </ul>	

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<i>the applicable contact information was updated in a timely manner and a copy of the revised document was provided to parent)</i>	
<b>IFSP (EI-04) Section 3: Child and Family Assessment</b> <b>Child Assessment</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dates completed for all required E&amp;A activities in top portion of Section 3; if parent declined FDA, "N/A" is marked</li> <li><input type="checkbox"/> Child's History Summary clearly describes the health, education, and history of the child</li> <li><input type="checkbox"/> Daily Activities and Routines Summary section completed</li> <li><input type="checkbox"/> Summary of child's development section is completed by the E&amp;A team for each of the three Child Outcome Summary (COS) areas:             <ul style="list-style-type: none"> <li>o Developing Positive Social-Emotional Skills</li> <li>o Acquiring and Using Knowledge and Skills</li> <li>o Using Appropriate Action to Meet Needs</li> </ul> </li> <li><input type="checkbox"/> Child's strengths are summarized (<i>clearly shows child's strengths across activities and settings, not skills learned from a tool</i>).</li> <li><input type="checkbox"/> Child's needs are summarized (<i>clearly documents the child's needs across routines, situations/activities; does not list next skills or next steps</i>)</li> <li><input type="checkbox"/> Child Outcome Summary Statement is selected (box checked is supported by documentation of assessment summary); If annual IFSP completed, question asking whether child has shown any new skills or behaviors has been answered for each of the three COS areas</li> </ul> <b>Family-Directed Assessment Summary</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> If no information is listed here, refer to copy of form EI-02; verify absence of parent initials in applicable field, indicating parent declined consent (<i>*FDA summary section should not be complete if parent declined to consent to FDA on form EI-02</i>)</li> <li><input type="checkbox"/> Name of person(s) completing tool documented</li> <li><input type="checkbox"/> FDA summary clearly identifies family's concerns, family's resources (informal and formal supports), and family's priorities (What the family hopes to acquire from EI)</li> </ul>	



Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<p><b>IFSP Section 4: Your Child and Family Outcomes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The first outcome on the IFSP should start with "1"; outcome number stays the same until completed or discontinued; numbers are not reused</li> <li><input type="checkbox"/> Date outcome added to IFSP recorded</li> <li><input type="checkbox"/> A box is checked indicating child <u>or</u> family focused outcome; if outcome is child focused, one or more COS boxes checked (<i>*An outcome is either a child outcome or a family outcome. Do not check child outcome addresses box(es) AND the family outcome addresses box(es) for the same outcome</i>)</li> <li><input type="checkbox"/> Outcome meets the <i>Six Step Criteria</i> (see IFSP Guidance Document)</li> <li><input type="checkbox"/> Brief description of what's happening now with respect to the outcome (i.e., child's present levels of development relating to the outcome are documented, such as level of assistance needed and family knowledge related to the topic)</li> <li><input type="checkbox"/> Steps and activities listed support how children learn and build on child and family interest, familiar activities, and routines</li> <li><input type="checkbox"/> Strategies answer the question "<i>Who is doing what to help the family achieve the outcome?</i>"</li> <li><input type="checkbox"/> Updates to strategies are documented and reflected within case notes and/or joint action plan; Strategies written clearly and detailed enough for another provider to understand and implement</li> <li><input type="checkbox"/> Resources listed include formal and informal supports which can help with outcome achievement</li> </ul> <p><b>Section 5: Child and Family Transition Plan</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dates to develop transition plan (between 9 months and 90 days prior to child's third birthday) are documented and accurate</li> <li><input type="checkbox"/> Date the transition plan was developed is complete</li> <li><input type="checkbox"/> Potential future resources, placements, and/or services are listed (i.e., parent preferences, resources/information needed, placements/services the family is interested in when child turns three)</li> <li><input type="checkbox"/> Child and/or family transition outcome(s) documented</li> <li><input type="checkbox"/> Child-focused transition outcome(s) meet <i>Six Step Criteria</i> (see IFSP Guidance Document)</li> </ul>	

Child's Name:	Reviewer:
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<ul style="list-style-type: none"> <li><input type="checkbox"/> The transition outcome number follows the last outcome number used in Section 4; If the outcome is continued in Section 5 as written in Section 4, the outcome number remains the same; If a previously developed child or family outcome is used as the transition outcome, it must meet transition outcome criteria; If a child or family outcome is used as a transition outcome, the same outcome number is used for both outcomes, but the steps/strategies in Section 5 must clearly document any relevant transition activities</li> <li><input type="checkbox"/> If transition outcome is child focused, one or more Child Outcome Summary box(es) checked</li> <li><input type="checkbox"/> Strategies and activities to support a smooth transition are documented, including who will do what and when</li> <li><input type="checkbox"/> Strategies answer the question "Who is doing what to help the family achieve the transition outcome?"</li> <li><input type="checkbox"/> Updates to strategies are documented and reflected within case notes and/or joint action plan; Strategies written clearly and detailed enough for another provider to understand and implement</li> </ul> <p><b>Section 6: Early Intervention Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date of IFSP recorded above service grid</li> <li><input type="checkbox"/> All columns on the grid are complete for each service</li> <li><input type="checkbox"/> Service type is listed in first column, not the provider</li> <li><input type="checkbox"/> Box checked indicating whether each service will be provided by Primary Service Provider (PSP) or Secondary Service Provider (SSP)</li> <li><input type="checkbox"/> If service is new, "new service" box is checked on grid</li> <li><input type="checkbox"/> Projected start date is within 30 calendar days (m/d/y); end date is no more than 180 calendar days (m/d/y) from the IFSP date (i.e., date parent provided consent to the IFSP as written) <i>and</i> not past the child's third birthday; Projected start date is based on actual anticipated start date</li> <li><input type="checkbox"/> If service is added during current IFSP, box is checked indicating service is a new service</li> <li><input type="checkbox"/> Documentation shows PWN was completed and provided, if applicable. (<i>*any changes to the first seven columns of the grid require PWN</i>); If new or changed service is expected to be provided within 11 days of current IFSP meeting, refer to the "Waiver of Timeline" in Section 8 of the IFSP to ensure parent waived PWN</li> </ul>	

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<input type="checkbox"/> If service is addressing outcomes at different frequencies and/or session length, a separate line on the grid is completed for each <input type="checkbox"/> When IFSP grid indicates services will be delivered in a nonnatural environment (i.e., when "other" is selected as location), natural environment section is complete, including steps as applicable <input type="checkbox"/> Services "needed, but not yet coordinated" are documented, including steps as applicable or N/A is marked  <b>Section 7: Team Participation</b> <input type="checkbox"/> EISC name and contact information documented <input type="checkbox"/> Name and contact info completed for all individuals who contributed to the evaluation, assessment, and development of the IFSP <input type="checkbox"/> Boxes checked indicating each participant's role and discipline <input type="checkbox"/> At least two disciplines represented  <b>Section 8: Prior Written Notice and Consent for EI Services</b> <input type="checkbox"/> Parent name, signature, and date complete <input type="checkbox"/> Documentation reflects EISC and any providers added to IFSP attended and/or participated in IFSP meeting, including name, discipline, signature & date; additional IFSP participants should be listed in the bottom section for "other participants" (e.g., evaluators/assessors who will not be providing services, Local Education Agency (LEA) representative, etc.) <input type="checkbox"/> EISC case notes reflect all attempts to obtain signatures for participants who will be providing services, but were not physically present at IFSP meeting <input type="checkbox"/> All IFSP signature dates match <input type="checkbox"/> All names, disciplines, signatures, and dates are clearly written on the IFSP <input type="checkbox"/> Documentation shows PWN to initiate service(s) explained to parent; If new or changed service is expected to be provided within 11 days of current IFSP meeting, refer to the "Waiver of Timeline" in Section 8 of the IFSP to ensure parents waived PWN <input type="checkbox"/> Professional Referral Follow-up Form (EI-14) is provided within 10 calendar days of IFSP meeting, if applicable	

Child's Name:	Reviewer:
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<input type="checkbox"/> Completed copy of IFSP is provided to the parent and provider/s within 10 calendar days; If parent consented on form EI-06, EISC documented sending copy of IFSP to child's primary medical provider ASAP after the IFSP is completed  <b>System of Payments (completed prior to initial and annual IFSP)</b> <input type="checkbox"/> Top of form EI-15 is completed <input type="checkbox"/> One source of documentation is checked unless the parent has chosen not to share their financial information; if parent opted not to share financial information, applicable space is initialed <input type="checkbox"/> Appropriate box checked indicating whether parent is able or unable to pay based on documentation provided <input type="checkbox"/> Case notes reflect form EI-15 was completed prior to IFSP being signed <input type="checkbox"/> Regardless of determination, parent and EISC signed and dated form EI-15. Copy in file <input type="checkbox"/> Top of form EI-05 is completed <input type="checkbox"/> Parent selected one box for each: private and public insurance <input type="checkbox"/> If parent consented, insurance information is completed <input type="checkbox"/> Case notes reflect form EI-05 was completed prior to the IFSP being signed <input type="checkbox"/> Parent signed and dated each section of form EI-05. Copy in file <input type="checkbox"/> IFSP reflects more than one funding source if services will exceed 100 units in the remainder of the IFSP year <input type="checkbox"/> Information from form EI-15 is accurately entered into SOP tab of EIDS prior to each initial and annual IFSP <input type="checkbox"/> Documentation reflects tracking of SOP units, regardless of whether Department Contracted Provider (DCP) funding is being accessed  If accessing DCP (formerly Payor of Last Resort (POLR)) Funding: <input type="checkbox"/> Form EI-16 Payment for EI Services is completed with parent signature. Copy in file <input type="checkbox"/> Case notes reflect forms EI-04, EI-05 (if applicable), and EI-16 were submitted to DCY within 14 calendar days  If family is able to pay:	

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<input type="checkbox"/> Case notes reflect EISC provided Extraordinary Medical Expenses (EME) information to parent if determined able to pay <input type="checkbox"/> Case notes document EISC monitored service units used and revisited EME conversation with parent when close to expending/exceeding 100 units	
<b>Timely Receipt of Service (TRS)/Monitoring of Service Delivery</b> <input type="checkbox"/> Documentation reflects steps taken by EISC to seek out providers and funding sources for any needed EI services <input type="checkbox"/> Case notes document EISC activities related to the coordination, facilitation, and monitoring the delivery of EI services, including contacts, meetings, requests for provider documents, and follow-up activities to ensure that services, including those needed but not yet coordinated, are provided as written on the IFSP and in a timely manner <input type="checkbox"/> PWN (Section 8 of IFSP) is completed whenever any of the first seven columns of the service grid are changed (EI-04). Copy in file <input type="checkbox"/> PWN (form EI-11) is completed whenever an EI provider proposes to end a service prior to an IFSP review. Copy in file <input type="checkbox"/> Documentation reflects contacts around scheduling an IFSP review, including sending IFSP Meeting Notice (form EI-13) to participants in enough time for them to attend <input type="checkbox"/> For providers, case notes include: <ul style="list-style-type: none"> <li>○ Documentation of the EI services provided, including the date, length, duration, frequency, method of delivery, location, and all activities related to IFSP outcomes</li> <li>○ Provider name, discipline, and evidence the provider's licensure matches the service type</li> <li>○ Description of service provided (i.e., how information was provided to, or intervention occurred with, the family)</li> <li>○ Any adjustments made to intervention strategies and activities</li> <li>○ Documentation of the reasons for any delays in service delivery, including all correspondence and/or</li> </ul>	

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conversations, contact attempts, scheduling conflicts for the family, attempts to reschedule, dates offered/declined, etc. ○ Documentation to explain why a service is inconsistent with what is listed on IFSP (e.g., method, location, session length, etc.) ○ Provider name, discipline, signature and date <i>(*Reminder – Providers are required to provide case notes to the EISC within 10 days of request)</i>	
<b>Periodic IFSP Review</b> <input type="checkbox"/> Case notes document all steps and activities taken to coordinate IFSP meeting <input type="checkbox"/> EISC completed IFSP Meeting Notice (form EI-13) and provided to parent, service providers, and anyone else that parent wishes to attend the meeting. Copy in file <input type="checkbox"/> Applicable sections of IFSP updated using new pages <input type="checkbox"/> Team addressed outcome progress on section 4 and/or section 5 ○ If outcome is met - box checked and dated ○ If continuing outcome and strategies- box checked and dated ○ If continuing outcome but revising strategies and/or services - box checked and dated. Rewrite outcome on new page (keep same number) ○ If revised outcome/strategies/services - box checked and dated. Develop new outcome (new number) <input type="checkbox"/> New grid page created at each review <i>(*If IFSP meeting is held to conduct the TPC, a new grid page is not needed if no changes are made to services and the projected end date is the child's third birthday)</i> <input type="checkbox"/> Parent and EISC signed and dated <input type="checkbox"/> Parents and providers received a copy of any updated pages within 10 calendar days <input type="checkbox"/> Periodic reviews occur at least every 180 calendar days <input type="checkbox"/> If applicable, PWN (Section 8 of IFSP) was completed and provided. If waived, parent has initialed and dated	

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System of Payments: <ul style="list-style-type: none"> <li><input type="checkbox"/> Form EI-05 is reviewed if a DCP provider is being used; Updated form is completed and signed if there are changes. Copy in file</li> <li><input type="checkbox"/> IFSP reflects more than one funding source if services will exceed 100 units in the remainder of the IFSP year</li> <li><input type="checkbox"/> EISC documentation reflects tracking of units</li> </ul> If accessing DCP (formerly POLR) Funding: <ul style="list-style-type: none"> <li><input type="checkbox"/> Form EI-16 Payment for EI Services completed with parent signature. Copy in file</li> <li><input type="checkbox"/> Case notes reflect forms EI-04, EI-05 (if applicable), and EI-16 were submitted to DCY within 14 calendar days of IFSP/parent consent</li> </ul> If family is able to pay: <ul style="list-style-type: none"> <li><input type="checkbox"/> Case notes reflect EISC provided EME information to parent if determined able to pay</li> <li><input type="checkbox"/> Case notes document EISC monitored service units expended and revisited EME conversation with parent when close to expending/exceeding 100 units</li> </ul>	
<b>Annual IFSP Review</b> Annual Child and Family Assessments: <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of new form EI-02 completed with parent signature and date</li> <li><input type="checkbox"/> Boxes checked coincide with what child received (child assessment/FDA)</li> <li><input type="checkbox"/> Assessments occurred not more than 90 calendar days before the annual IFSP due date</li> </ul> Annual IFSP: <ul style="list-style-type: none"> <li><input type="checkbox"/> EISC documented all steps and activities taken to coordinate IFSP meeting             <ul style="list-style-type: none"> <li>○ Annual and periodic reviews of IFSPs that are due within 90 calendar days of a child's third birthday must be completed no later than the end dates of the services on the IFSP</li> </ul> </li> <li><input type="checkbox"/> EISC completed form EI-13 and provided to parent, service providers, and anyone else that parent wishes to attend the</li> </ul>	

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<p>meeting early enough to ensure they are able to attend. Copy in file</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Case note documents the parent and EISC are physically present at the IFSP meeting.</li> <li><input type="checkbox"/> A new IFSP form (EI-04) was started</li> <li><input type="checkbox"/> Each of the three COS areas were reviewed and box is checked to indicate whether or not the child has shown progress</li> <li><input type="checkbox"/> Team addressed outcome progress on section 4 and/or section 5             <ul style="list-style-type: none"> <li>○ If outcome is met - box checked and dated (on previous IFSP)</li> <li>○ If continuing outcome and strategies - box checked and dated (on previous IFSP)</li> <li>○ If continuing outcome but revising strategies and/or services - box checked and dated (on previous IFSP). Rewrite outcome on new page (keep same number) (on new annual IFSP)</li> <li>○ If revised outcome/strategies/services - box checked and dated (on previous IFSP). Develop new outcome (new number) on new annual IFSP)</li> </ul> </li> <li><input type="checkbox"/> New grid page created at each review (<i>*when an IFSP meeting is held to conduct the TPC, a new grid page is not needed <u>IF</u> no changes are made to services and the projected end date is the child's third birthday</i>)</li> <li><input type="checkbox"/> Date of IFSP documented on IFSP grid</li> <li><input type="checkbox"/> If new service added, box checked to indicate service is new</li> <li><input type="checkbox"/> Parent and EISC signed and dated</li> <li><input type="checkbox"/> Any providers added to the IFSP grid signed and dated</li> <li><input type="checkbox"/> Parent and provider/s received a copy of IFSP within 10 days</li> <li><input type="checkbox"/> If parent consented on form EI-06, EISC documented sending copy of IFSP to child's primary medical provider ASAP after IFSP is completed</li> <li><input type="checkbox"/> If applicable, PWN (Section 8 of IFSP) completed and provided. If waived, parent has initialed and dated</li> </ul> <p>System of Payments:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Case notes reflect EISC explained SOP and provided brochure</li> <li><input type="checkbox"/> System of Payments forms EI-05 and EI-15 are completed at IFSP meeting</li> </ul>	



Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Data from form EI-15 entered into EIDS and data is accurate and consistent with physical form</li> <li><input type="checkbox"/> IFSP reflects more than one funding source if services will exceed 100 units in the remainder of the IFSP year</li> <li><input type="checkbox"/> EISC case notes reflect tracking of units</li> </ul> <p>If accessing DCP (formerly POLR) funding:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Form EI-16 Payment for EI Services must be completed with parent signature</li> <li><input type="checkbox"/> Case notes reflect forms EI-04, EI-05 (if applicable), and EI-16 were submitted to DCY within 14 calendar days of IFSP being signed</li> <li><input type="checkbox"/> Documentation shows EISC provided parent with a copy of parent rights brochure, reviewed, and answered any questions</li> </ul> <p>If family is able to pay:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Case notes reflect EISC provided information to parent about being determined unable to pay via EME</li> <li><input type="checkbox"/> Case notes reflect EISC monitored service units expended and revisited EME conversation with parent when close to expending/exceeding 100 units</li> </ul>	
<p><b>Transition</b></p> <p>When referral is after child's second birthday:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Case note documents EISC had conversation during initial visit regarding transition</li> <li><input type="checkbox"/> Header of form EI-07 filled out completely.</li> <li><input type="checkbox"/> Form EI-07 completed to show that parent made a choice whether to schedule TPC and invite LEA representative to attend TPC</li> <li><input type="checkbox"/> Parent has signed and dated bottom section of form EI-07. Copy in file</li> </ul> <p>For children 24 months of age or older</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Top section of form EI-07 is completed</li> <li><input type="checkbox"/> Parent has checked that they do or do not consent to schedule TPC and invite LEA representative to attend TPC</li> <li><input type="checkbox"/> Parent name, signature, and date are complete. Copy in file</li> </ul> <p>For all children within 90 days of their third birthday</p>	

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<div> <input type="checkbox"/> On the top section of EI-07, box checked indicating whether parent consented or declined to consent to schedule TPC meeting         </div> <div> <input type="checkbox"/> Parent name, signature, and date are complete. Copy in file         </div> <div> <input type="checkbox"/> EI-06 completed for all agencies/LEA that the parent wants to share information with as part of TPC/transition process. Copy in file         </div> <div> <input type="checkbox"/> Transition outcome documented in Section 5 of the IFSP, including the date the outcome was created (<i>*Note: If 9-month date has passed but 90-day date is still applicable, list N/A in the 9-month blank space and the accurate 90-day date. If both 9-month and 90-day date have passed, list N/A for both blank spaces. Ensure accurate and complete case notes with additional information regarding referral date and transition timeline are included in child's file</i>)         </div> <div> <input type="checkbox"/> If transition outcome is child-focused, it meets the <i>Six Step Criteria</i> and describes what the family would like to happen to support transition         </div> <div> <input type="checkbox"/> The strategies section describes the steps and activities needed to meet the transition outcome         </div> <div> <input type="checkbox"/> Section 5 of the IFSP documents that the transition outcome and steps were developed during the required time period (no more than 9 months, and not fewer than 90 days, before the child's third birthday)         </div> <div> <p>For children referred 90 or fewer calendar days prior to their third birthday but more than 45 calendar days before their third birthday</p> <div> <input type="checkbox"/> EISC completed EI-13 and provided to parent, service providers, LEA (if applicable), and anyone else that parent wishes to attend the meeting early enough to ensure they are able to attend. Copy in file           </div> <div> <input type="checkbox"/> Top of the IFSP (EI-04) has type of IFSP meeting and date           </div> <div> <input type="checkbox"/> Section 5 of the IFSP completed with transition outcome(s), including steps and services           </div> <div> <input type="checkbox"/> If child is determined eligible more than 45 days but less than 90 days prior to third birthday, documentation reflects that EISC notified LEA and submitted copy of applicable referral to DCY           </div> <div> <p style="text-align: center;">(*TPC is not required)</p> </div> </div>	

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<b>Exit</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Box is checked in EIDS exit entry to indicate if the child has shown any new skills or behaviors for each of the three COS areas (<i>*data may also be documented on optional COS form in addition to entering in EIDS</i>)</li> <li><input type="checkbox"/> Documentation shows the EISC sent the family form EI-10 with Parent Rights brochure (unless exiting at age three or child deceased)</li> <li><input type="checkbox"/> Documentation reflects EISC waited until PWN expired to exit child from EIDS</li> <li><input type="checkbox"/> EISC entered all data into EIDS within one business day of child's exit (unless exiting at age three or child deceased)</li> </ul>	
<b>Transfers</b> Sending County <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintained original record</li> <li><input type="checkbox"/> Provided paper/electronic copy to the new county within 10 calendar days from record request of the new county</li> <li><input type="checkbox"/> EISC updated all information in EIDS prior to transfer and ensured data entry is complete and accurate</li> <li><input type="checkbox"/> Referral made to Central Intake</li> </ul> Receiving County <ul style="list-style-type: none"> <li><input type="checkbox"/> Requested record from previous county, including information on SOP tracking and number of units expended</li> <li><input type="checkbox"/> EISC reviewed child history in EIDS for annual due dates</li> <li><input type="checkbox"/> Within 45 days of transfer ensured completion of:             <ul style="list-style-type: none"> <li>○ A review of existing eligibility/assessment information</li> <li>○ Update of assessment, as necessary</li> <li>○ IFSP review</li> </ul> </li> </ul>	
<b>Noncompliance Reasons (NCRs)</b> For any late timeline, case notes are needed to support exceptional family circumstances <ul style="list-style-type: none"> <li><input type="checkbox"/> Case note supports reason for missed or late timelines (unable to reach family, no show, family requested later date, child was ill, etc.) Delays due to staff or system reasons are not acceptable (provider cancellation, lack of slots, etc.)</li> <li><input type="checkbox"/> If delay was due to an emergency situation, a dated document with details of event (weather emergency, closure, etc.) is on file</li> </ul>	

Child's Name: EIDS Tracking ID (ETID):	Reviewer: Date Reviewed:
<input type="checkbox"/> Documentation shows that exceptional circumstances occurred prior to the timeline ending <input type="checkbox"/> Documentation shows there were attempts to schedule the activity within the timeline and, if family was unavailable, staff attempted to schedule as soon as possible after the delay <input type="checkbox"/> Documentation includes all contacts and attempted contacts, dates offered, dates declined, family scheduling preferences, etc. <input type="checkbox"/> Date of case note is documented <input type="checkbox"/> Case note includes signature or initials of individual who had contact with the family regarding the delay	
<b>EIDS Data Entry</b> <input type="checkbox"/> EISC entered all activities completed into EIDS within 30 days of activity occurring <input type="checkbox"/> EISC entered all exit data within one business day of child exit ( <i>*unless child turned 3 or is deceased</i> ) <input type="checkbox"/> Data entered into EIDS is complete and consistent with physical record/document(s)	

## RESOURCES

EI Rules and Regulations - <https://ohioearlyintervention.org/federal-and-state-regulations>

EI Forms - <https://ohioearlyintervention.org/forms>

Determining an EI Parent: Step by Step Process - [IdentifyingEIParent\\_0824.pdf \(ocali.io\)](#)

PWN Guidance - [https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/PriorWrittenNoticeandConsent\\_0824.pdf](https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/PriorWrittenNoticeandConsent_0824.pdf)

Determining Eligibility: Step by Step Process - [DeterminingEligibility\\_0824.pdf \(ocali.io\)](#)

IFSP Guidance Document - [IFSPGuidanceDocument7.18.24.pdf \(ocali.io\)](#)

Service Delivery Guidance Document - [EI Service Delivery Guidance 08.24 \(ocali.io\)](#)

Verification Standards - <https://ohioearlyintervention.org/monitoring>

Transition Timeline Checklist - [https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/TransitionTimelineChecklist\\_0824.pdf](https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/TransitionTimelineChecklist_0824.pdf)

Transition: Steps for Success Guidance - [https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/TransitionSteps\\_0824.pdf](https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/TransitionSteps_0824.pdf)

Transition: What It Does and Does Not Look Like - [https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/TransitionDoes\\_Doesnot\\_0824.pdf](https://ims.ocali.io/storage/ocali-ims-sites/ocali-ims-oei/documents/TransitionDoes_Doesnot_0824.pdf)

Noncompliance Reasons (NCRs) - [EI-NCR-Examples-11-21-2024.pdf](#)

EIDS Data Entry Guide - [EI-Data-Entry-Guide-20241024.pdf](#)

Provider Documentation Guidance - <https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Provider-Documentation-Guidance.pdf>