



Verification Compliance Checklist

This guidance document is intended to serve as an additional checklist for compliance documentation. It is not an exhaustive list of requirements and does not address related requirements. If you have questions about documentation and/or compliance, please contact your program consultant.

45-Day Verification

Component	Verification document	Source of information	Requirement
ETID on child record	Every document	Upper right corner of each page	Must be on all pages
Eligibility Type	IFSP	Section IV	Initial Eligibility Determination box checked; date Eligibility Type box checked & completed
Eligibility Date	<i>Tool:</i> Attachment A	Eligibility Tool	Appropriate box for tool checked (Bayley or Battelle) Date/s Domains completed (all 5) Evaluator(s) representing 2 disciplines/licenses (bottom)
	<i>Informed Clinical Opinion:</i> Attachment A and	Summary	Written explanation of how eligibility was determined Evaluators representing 2 disciplines
	IFSP	Section IV	Initial Eligibility Date on Section IV of IFSP (page 2)
	<i>Diagnosis on the list (per Appendix 07-A):</i> Documentation of diagnosed physical or mental condition with a high probability of resulting in a developmental delay and	Document from health professional confirming diagnosis on list	Child's name Child's diagnosis Professional signature (a professional licensed to diagnose and treat mental or physical conditions) [NCH discharge document with dx acceptable] Date the documentation was received



Component	Verification document	Source of information	Requirement	
	Case note and IFSP	Case note Section IV of IFSP	Documentation of date documentation of diagnosis was received Initial Eligibility Date on Section IV of IFSP (page 2)	
	<i>Diagnosis on the form: Documentation of Diagnosed Conditions: HEA 8024</i> and Case note and IFSP	Completed copy of 8024 Case note Section IV of IFSP	Child's name Name of diagnosis Medical signature (a professional licensed to diagnose and treat mental or physical conditions) Documentation of the date form HEA 8024 was received Initial Eligibility Date on Section IV of IFSP (page 2)	
	<i>Documentation of out-of-state eligibility comparable to Ohio requirements (Dx on the list, or developmental delay of at least 1.5 SD below the mean, or the equivalent determined through ICO): See appropriate category above</i>	See appropriate category above	1.5 SD or diagnosed condition on the list	
	Hearing Screening	Hearing Status Questionnaire and Attachment A	Child's name "Today's date" Hearing Screen	First and last name Date complete Result
		Documentation of a diagnosed condition related to hearing	Dx on list – Signed documentation	Diagnosis & signature of a professional licensed to diagnose and treat mental or physical conditions



Component	Verification document	Source of information	Requirement
	and Case note	Dx not on list – HEA 8024 Case note	Documentation of the date documentation of the diagnoses was received
	Comparable screening conducted by a qualified professional (including UNHS)	Copy of screening results	Qualified professional Signature Date up to 180 days prior to 1 st ever program referral Result
Vision Screening	Taking a Look (both pages)	Child’s name Date at top of form	First and last name Date complete Result
	Documentation of a diagnosed condition related to vision and Case note	Dx on list – Signed documentation Dx not on list – HEA 8024 Case note	Diagnosis Signature of a professional licensed to diagnose and treat mental or physical conditions Date Documentation of the date documentation of the diagnoses was received
	Comparable screening conducted by a qualified professional	Copy of screening results	Qualified professional Signature Date up to 180 days prior to program referral Result
	Child Assessment Date	Attachment A	Att. A - Child Assessment (use last date if multiple)
Family Assessment Date	If declined – Documentation on Attachment A that it was offered and declined.	Attachment A (Family-Directed Assessment)	Documentation under “comments” showing that it was offered and declined, and date
	If not declined – Attachment A	Attachment A (Family-Directed Assessment)	Tool (name) Date completed
Child Outcome Summary	IFSP	Section V: Summary of the team input (A, B, & C)	All three child outcomes (A, B & C) completed with a summary statement (compared to typical peers)



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IFSP Date	IFSP	Signature page	Parent signature & date SC signature & date Interventionist/s signature & date
NCR	Case note	Case note with date/s	Must support reason & reflect date within 45-day window Date of case note (within 30 days) Signature or initials
	Other sources, such as a newspaper article, email, etc.	Dated document with details of event (weather emergency, closure, etc.)	Documentation with details of event

TRS Verification

Component	Verification document	Source of information	Requirement
ETID on child record	Every document	Upper right corner of each page	Must be on all pages
IFSP date	IFSP	Section X: Signatures & Acknowledgements	Parent signature & date Service Coordinator signature & date Interventionist/s signature & date
New service	IFSP	Section VI: Our Child and Family Outcomes	Outcome identified All new EI services listed on the grid (EI Services Necessary to Meet this Outcome) How Often, Session Length & Duration of Service complete
		Section IX: Our Child's Transition Planning	
Service start date	Service provider note	Any written service provider note	Specific activity (including initial assessment) Date (start date on or after date of IFSP & w/in 30 days) Provider name & discipline Provider within his/her licensure (provider and service type must match)
	Service provider form	Any written service provider form	



Component	Verification document	Source of information	Requirement
			Information was provided to, or intervention occurred with, the family An outcome was clearly addressed Provider signature (Reviewer must be able to ascertain the service type that was delivered & who provided the service)
NCR	Case note	Case note with date/s	Must support reason & reflect date within 30-day window Date of case note (within 30 days) Signature or initials of service provider
	Other sources, such as a newspaper article, email, etc.	Dated document with details of event (weather emergency, closure, etc.)	Documentation with details of event

Transition Verification

Component	Verification document	Source of information	Requirement
ETID on child record	Every document	Upper right corner of each page	Must be on all pages
Steps & Services (A)	IFSP	Section IX: Our Child's Transition Planning	Specific steps or activities completed
TPC (C)	IFSP	Section IX: Our Child's Transition Planning	Transition Planning Conference (TPC) date within time frame (or with NCR)
		Section I: Our Child and Family Information	Date of birth
NCR	Case note	Case note with date/s	Must support reason & reflect date prior to due date Date of case note (within 30 days)



			Signature or initials
	Other sources, such as a newspaper article, email, etc.	Dated document with details of event (weather emergency, closure, etc.)	Documentation with details of event
LEA Reporting (B)	Quarterly LEA Report from Early Track	County Report Date Report Run Child info	Appropriate county selected Correct date selected (Feb 1 for baseline) Run date in lower left corner is from 10-day window prior to report date No manual edits made to report (write-ins, cross-outs, etc.)