Annual Compliance Chart Audit Tool V2020

Child's Name: _____ **Child's MCI#:** _____ **County:** _____

CDW Service Coordinator: _____ **Reviewer:** _____ **Date of Chart Review:** _____

Age (months): _____ **DOB:** _____

All eligible infants & toddlers receive an evaluation and initial IFSP meeting within the 45-day timeline (MDA and IFSP Timeline; Indicator 7)					
	In Compliance	**Noncompliance Identified**			
MDA within 45 days of referral Referral Date: Consent Date Eligibility Date: MDA Date:			*Reason for Delay:* ❑ Family Availability ❑ Child Condition ❑ Child Hospitalization ❑ Child/Family Illness ❑ Family cancelled	❑ Family No Show ❑ Fam Avail/CDW not avail ❑ Clinic Cancelled ❑ Interpreter Issues (language?) ❑ FSC Scheduled Late	❑ Transportation Issues ❑ Difficult Contact ❑ Lost Contact ❑ No Doc/Needs Follow Up
Initial IFSP mtg within 45 days of referral Date of IFSP: IFSP DATES			*Reason for Delay:* ❑ Late MDA ❑ Child Condition ❑ Child Hospitalized ❑ Child/Family Illness ❑ Family Requested Delay	❑ Family No Show ❑ Family avail/CDW not avail ❑ FSC Scheduled Late ❑ Difficult Contact ❑ Lost Contact	❑ No Doc/Needs Follow Up

All families understand their rights under Part C (General Supervision; Indicator 9)			
	In Compliance	**Noncompliance Identified**	**Comments:**
Family Rights provided at intake			
Family Rights provided annually			

Insurance information					
	In Chart		**In DHSSCares**		
	Yes	**No**	**Yes**	**No**	**Comments:**
Insurance information is collected for all children and entered in DHSSCares					
Appropriate insurance consent signed					

Child's Name: _____ **Child's MCI#:** _____ **County:** _____

All infants and toddlers will receive all early intervention services on their IFSPs in a timely manner (Service Delivery Timelines; Indicator 1)							
				In Compliance		Noncompliance Identified	
Services started within 30 days from IFSP SIGNATURE DATE?							
Count of ALL Services:							
Services out of timeline ONLY:							
Service 1		**Provider**		*Reason for Delay:* ❑Child Condition ❑Child Hospitalized ❑Child Family Illness	❑Family No Show ❑Parent refused after referral made ❑FSC Scheduled Late	❑No documentation/Needs Follow Up	
IFSP Signature Date	**Date of Consent to Release Information**	**Start Date**	**# Days**	❑Family Requested Delay ❑Family Cancelled ❑Family Rescheduled	❑Difficult Contact ❑Provider Cancellation ❑Service Unavailable		
Service 2		**Provider**		*Reason for Delay:* ❑ Child Condition ❑ Child Hospitalized ❑ Child Family Illness	❑ Family No Show ❑Parent refused after referral made ❑ FSC Scheduled Late	❑No documentation/Needs Follow Up	
IFSP Signature Date	**Date of Consent to Release Information**	**Start Date**	**# Days**	❑ Family Requested Delay ❑ Family Cancelled ❑ Family Rescheduled	❑ Difficult Contact ❑ Provider Cancellation ❑ Service Unavailable		
Service 3		**Provider**		*Reason for Delay:* ❑ Child Condition ❑ Child Hospitalized ❑ Child Family Illness	❑ Family No Show ❑Parent refused after referral made ❑ FSC Scheduled Late	❑No documentation/Needs Follow Up	
IFSP Signature Date	**Date of Consent to Release Information**	**Start Date**	**# Days**	❑ Family Requested Delay ❑ Family Cancelled ❑ Family Rescheduled	❑ Difficult Contact ❑ Provider Cancellation ❑ Service Unavailable		
Service 4		**Provider**		*Reason for Delay:* ❑ Child Condition ❑ Child Hospitalized ❑ Child Family Illness	❑ Family No Show ❑Parent refused after referral made ❑ FSC Scheduled Late	❑No documentation/Needs Follow Up	
IFSP Signature Date	**Date of Consent to Release Information**	**Start Date**	**# Days**	❑ Family Requested Delay ❑ Family Cancelled ❑ Family Rescheduled	❑ Difficult Contact ❑ Provider Cancellation ❑ Service Unavailable		

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Child's Name: _____ **Child's MCI#:** _____ **County:** _____

All services will be delivered in Natural Environments (Natural Environments: Indicator 2)			
	In Compliance	**Noncompliance Identified**	**Comments:**
Natural environments discussed with family			
All services held in natural environments			

Identify ONLY those early intervention services which were NOT held in natural environments below:

Service:	Provider:	Location:	*Reason for Delay:*
			☐IFSP Team Decision ☐Parent Request ☐Provider Capacity
			☐Medically Fragile ☐Insurance Delays ☐No documentation/Needs Follow Up
			☐Child Needs ☐Provider Issue

Service:	Provider:	Location:	*Reason for Delay:*
			☐ IFSP Team Decision ☐Parent Request ☐Provider Capacity
			☐ Medically Fragile ☐Insurance Delays ☐No documentation/Needs Follow Up
			☐Child Needs ☐Provider Issue

Service:	Provider:	Location:	*Reason for Delay:*
			☐ IFSP Team Decision ☐Parent Request ☐Provider Capacity
			☐ Medically Fragile ☐Insurance Delays ☐No documentation/Needs Follow Up
			☐Child Needs ☐Provider Issue

Service:	Provider:	Location:	*Reason for Delay:*
			☐ IFSP Team Decision ☐Parent Request ☐Provider Capacity
			☐ Medically Fragile ☐Insurance Delays ☐No documentation/Needs Follow Up
			☐Child Needs ☐Provider Issue

Child's Name: _____   **Child's MCI#:** _____   **County:** _____

TO BE COMPLETED FOR ALL CHILDREN 24 MONTHS AND OLDER

All children exiting Part C will receive transition planning; all transition conferences will be held no later than 90 days prior to their third birthday and no earlier than 9 months prior to their third birthday (Transition; Indicator 8)			
	In Compliance	**Noncompliance Identified**	**Comments:**
Did IFSP include Transition Steps? (Notes & Section 7)			
Did School District participate in Transition Conference? (Section 10) *District:*			
If potentially Part B eligible, was transition conference held within timeline? *Transition Conference Date:*		*If Transition Conference Held Outside Timeline, Reason for Delay:* ❑Late Referral ❑Lost Contact ❑Family Scheduling ❑School District ❑Family Initially Refused ❑CDW Scheduling ❑Child/Family Illness ❑No Documentation/Needs Follow Up ❑Family Moved ❑Other: ❑Difficult Contact *If Transition Conference Not Held, Reason for Delay:* ❑Late Referral ❑School District ❑Family Scheduling ❑CDW Scheduling ❑Family Refused ❑ No Documentation/Needs Follow Up ❑ Child/Family Illness ❑Other: ❑Family Moved ❑Lost Contact		