OSSE Part C Monitoring Tool

_____ EI Program	_____ Date of Birth	_____ Date of Record Review
_____ Child Name	_____ Child ID	_____ Record Review Completed By

Item # Regulation/ Authority	Item Text	Response Criteria	Y	N	NA	Corrective Actions: Child Level and Program Level
IEV – 1 §303.403(a) Evaluation site	Prior written notice was provided upon initial referral or parent request for evaluation.	**Yes =** Prior written notice form is in file. **No =** Prior written notice form is NOT in file.				**Child Level =** Not correctable at child level. **EI Program Level =** Review next 5 initial referral files for completed prior notice form. If all files do not contain completed prior notice form, EI program must review polices and procedures regarding issuance of prior notice. Provide documentation of above to OSSE.
IEV – 2 §303.403(b) Evaluation site	Upon initial referral, or parent request for evaluation, parents were provided procedural safeguards.	**Yes =** Consent form documents family acknowledgement of receipt of procedural safeguards OR file contains documentation of receipt of procedural safeguards. **No =** File does NOT contain documentation of family acknowledgement or other documentation of receipt of procedural safeguards.				**Child Level =** Within 10 days of the date of the monitoring report, provide a copy of procedural safeguards to family. **EI Program Level =** Randomly select 5 files and document that procedural safeguards were provided in all cases. If not, provide copies of procedural safeguards to all families of children who received initial evaluations in last 6 months. Provide documentation of above to OSSE.
IEV – 3 §303.404(a) Evaluation site	Parental consent obtained prior to conducting initial evaluation.	**Yes =** Signed consent form on file AND signature date was prior to initial evaluation. **No =** No signed consent form in file OR consent form has signature date after date of initial evaluation.				**Child Level =** Not correctable at child level. **EI Program Level =** Conduct root cause analysis as to why timely signed consent forms are not in files and advise OSSE of steps taken to correct noncompliance. Provide documentation of above to OSSE.
IEV – 4	The initial multidisciplinary evaluation was conducted by	**Yes =** Evaluation report signed by personnel from two different disciplines.				**Child Level =** Contact family to complete evaluation according to requirements.

§303.322(a) Evaluation site	at least two qualified personnel from two different disciplines (as defined by §303.17).	**No =** Evaluation report NOT signed by personnel from two different disciplines.			**EI Program Level =** Conduct training of EI program personnel on evaluation requirements. Review next 5 files for evidence of correct evaluation procedures. Provide documentation of above to OSSE.
IEV – 5 §303.322(c) Evaluation site	Initial evaluation includes the child's level of functioning in the five developmental areas.	**Yes =** Evaluation report documents functioning in ALL five developmental areas. **No =** Evaluation report does NOT document functioning in ALL five developmental areas.			**Child Level =** Contact family to complete evaluation according to requirements. **EI Program Level =** Conduct training of EI program personnel on evaluation requirements. Review next 5 files for evidence of correct evaluation procedures. Provide documentation of above to OSSE.
IEV – 6 §303.322(c) Evaluation site	Initial evaluation includes a review of pertinent records related to the child's current health status and medical history.	**Yes =** Evaluation report documents the review of pertinent records related to health status and medical history OR evaluation report documents health status and medical history was discussed with family. **No =** Evaluation report does NOT document the review of pertinent records related to health status and medical history OR a discussion with family.			**Child Level =** Contact family to obtain information regarding child's health status and medical history and include information in file. **EI Program Level =** Conduct training of EI program personnel on evaluation requirements. Review next 5 files for evidence of correct evaluation procedures. Provide documentation of above to OSSE.
IEV – 7 §303.322(d) Evaluation site	A family assessment was completed as a part of the initial evaluation process.	**Yes =** IFSP contains completed family resources, concerns and priorities section OR file contains documentation that the family declined the family assessment. (Part II) **No =** IFSP does NOT contain completed family resources, concerns and priorities section OR file does not document that the family declined. (Part II)			**Child Level =** Contact family to obtain information regarding family resources, concerns and priorities and include information in file OR after contact, document that family declined. **EI Program Level =** Randomly select 10 files and document that a family assessment was included. If not, contact family to obtain information regarding family resources, concerns and priorities and include information in file OR after contact, document that family declined. Provide documentation of above to OSSE.
IEV – 8 §303.342(d) Evaluation site	Invitation (written notice) was provided to families and other participants prior to the initial IFSP meeting.	**Yes =** Invitation is in file and date is before the meeting. **No =** Invitation is NOT in file or date is on or after the meeting.			**Child Level =** Not correctable at child level. **EI Program Level =** Review next 10 initial referral files for invitation. If all files do not include invitation, EI program must provide training to service coordinators regarding Part C

Appendix C

					requirements. Provide documentation of above to OSSE.
IEV – 9 §303.343(a) Evaluation site	Initial IFSP meeting included the required team members.	**Yes =** IFSP meeting included parent and service coordinator; and involvement from evaluator and if appropriate, service providers. **No =** IFSP meeting did NOT include parent, service coordinator AND involvement from evaluator.			**Child Level =** Reconvene IFSP meeting and include all required participants. **EI Program Level =** Conduct training of EI program personnel on IFSP meeting requirements. Provide documentation of above to OSSE.
IFSP – 10 §303.344(d) Evaluation site SC Agencies	IFSP contains a statement of the natural environments in which EI services will be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.	**Yes =** Natural environment location is included in Part IV of IFSP OR appropriate justification included in explanation box in Part IV of IFSP. **No =** Setting location is NOT completed in Part IV OR the justification box is not completed for setting other than the natural environment.			**Child Level =** Reconvene IFSP meeting and include natural environment location OR justification. **EI Program Level =** Review next 5 IFSPs for completed natural environment section. For any IFSP without required content, reconvene IFSP meeting and include natural environment location OR justification. Provide documentation of above to OSSE.
IFSP – 11 §303.344(a) Evaluation site SC Agencies	IFSP includes a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development and adaptive development.	**Yes =** IFSP contains statement of present levels in all required areas. (Part I) **No =** IFSP does NOT contain statement of present levels in ALL required areas. (Part I)			**Child Level =** Reconvene IFSP meeting and include present levels of development in ALL areas. **EI Program Level =** Review next 5 IFSPs for statements of present levels of development. For any IFSP without required content, reconvene IFSP meeting and include present levels of development in ALL areas. Provide documentation of above to OSSE.
IFSP – 12 §303.344(c) Evaluation site SC Agencies	IFSP includes a statement of the major outcomes expected to be achieved for the child and family.	**Yes =** IFSP contains statement of major outcomes. (Part III) **No =** IFSP does NOT contains statement of major outcomes. (Part III)			**Child Level =** Reconvene IFSP meeting and include statement of major outcomes. **EI Program Level =** Review next 5 IFSPs for statements of major outcomes. For any IFSP without required content, reconvene IFSP meeting and include statement of major outcomes. Provide documentation of above to OSSE.
IFSP – 13 §303.344(d)	IFSP contains a statement of EI services including the frequency, intensity and method of delivering	**Yes =** IFSP contains statement of EI services including frequency, intensity and method. (Part IV) **No =** IFSP does NOT contain statement of EI services			**Child Level =** Reconvene IFSP meeting and include statement of EI services including frequency, intensity and method.

Evaluation site SC Agencies	services.	including ALL required information (frequency, intensity and method). (Part IV)			**EI Program Level =** Review next 5 IFSPs for statements EI services including frequency, intensity and method. For any IFSP without required content, reconvene IFSP meeting and include statement of EI services including frequency, intensity and method. Provide documentation of above to OSSE.
IFSP – 14 §303.342(b) SC Agencies	IFSP is reviewed and revised, if necessary, at least every 6 months.	**Yes =** The file contains documentation that an IFSP meeting was held at least 6 months from the date of the prior meeting. **No =** The file does NOT contain documentation that an IFSP meeting was held at least 6 months from the date of the prior meeting.			**Child Level =** Within 15 days of the date of this report, reconvene IFSP meeting for review. **EI Program Level =** Conduct root cause analysis as to why reviews are not timely and advise OSSE of steps taken to correct noncompliance. Provide documentation of above to OSSE.
IFSP – 15 §§303.342(b) & 303.344(c) SC Agencies	At the 6-month review, the IFSP team documented the degree to which progress toward achieving outcomes is being measured.	**Yes =** Progress report OR documentation of progress in Part III in IFSP. **No =** Progress report OR documentation of progress in Part III NOT in IFSP.			**Child Level =** Include progress report or update progress in file. **EI Program Level =** Submit monthly progress reports to lead agency on progress of all children served by program.
IFSP – 16 §303.342(c) SC Agencies	IFSP meeting is conducted at least on an annual basis.	**Yes =** The file contains documentation that an IFSP meeting was held at least one year from the date of the prior annual meeting (or from initial meeting). **No =** The file does NOT contain documentation that an IFSP meeting was held at least one year from the date of the prior annual meeting (or initial meeting).			**Child Level =** Within 15 days of the date of this report, reconvene IFSP meeting. **EI Program Level =** Conduct root cause analysis as to why meetings are not timely and advise OSSE of steps taken to correct noncompliance. Provide documentation of above to OSSE.
C2B – 17 §303.148(b) Evaluation site SC Agencies	LEA representative was invited to participate in the transition conference for children who are potentially eligible for Part B.	**Yes =** The transition IFSP meeting invitation includes an LEA representative. **No =** The transition IFSP meeting invitation does NOT include an LEA representative. **NA =** The file contains documentation that the family did not want a transition IFSP meeting.			**Child Level =** Reconvene IFSP meeting and invite LEA representative. **EI Program Level =** Review next 5 IFSPs for invitation to LEA representative. For any IFSP without invitation to LEA representative, reconvene IFSP meeting and invite LEA representative. Provide documentation of above to OSSE.
C2B – 18 §303.344(h) Evaluation site SC Agencies	IFSP includes steps to be taken to support the transition of the child to Part B or other services.	**Yes =** Steps to support transition are included in boxes 1 AND 4 in Part VI of the IFSP. **No =** Steps to support transition are NOT included in Part VI of the IFSP.			**Child Level =** Reconvene IFSP meeting and include transition steps and services. **EI Program Level =** Conduct training of EI program personnel on transition IFSP requirements.

		NA = The child is younger than 2 years 6 months.				Provide documentation of above to OSSE.
DAT – 19 Intake unit	Date of initial referral in file is same as date of initial referral in ESST.	**Yes =** Date of initial referral in file is same as date of initial referral in ESST. **No =** Date of initial referral in file is NOT same as date of initial referral in ESST.				**Child Level =** Correct data in file or in ESST. **EI Program Level =** Train personnel responsible for data entry. Provide documentation of above to OSSE.
DAT – 20 Intake unit	Date of initial IFSP meeting in file is same as date of initial IFSP meeting in ESST.	**Yes =** Date of initial IFSP meeting in file is same as date of initial IFSP meeting in ESST. **No =** Date of initial IFSP meeting in file is NOT same as date of initial IFSP meeting in ESST.				**Child Level =** Correct data in file or in ESST. **EI Program Level =** Train personnel responsible for data entry. Provide documentation of above to OSSE.
DAT – 21 Intake unit SC agencies	Date of signed IFSP in file is same as date of signed IFSP in ESST.	**Yes =** Date of signed IFSP in file is same as date of signed IFSP in ESST. **No =** Date of signed IFSP in file is NOT same as date of signed IFSP in ESST.				**Child Level =** Correct data in file or in ESST. **EI Program Level =** Train personnel responsible for data entry. Provide documentation of above to OSSE.
DAT – 22 SC agencies	Date of initiation of services in file is same as date of date of initiation of services in ESST.	**Yes =** Date of initiation of services in file is same as date of date of initiation of services in ESST. **No =** Date of initiation of services in file is NOT same as date of date of initiation of services in ESST.				**Child Level =** Correct data in file or in ESST. **EI Program Level =** Train personnel responsible for data entry. Provide documentation of above to OSSE.
DAT – 23 Intake unit	Date of birth in file is same as date of birth reported in ESST.	**Yes =** Date of birth in file is same as date of birth reported in ESST. **No =** Date of birth in file is NOT same as date of birth reported in ESST.				**Child Level =** Correct data in file or in ESST. **EI Program Level =** Train personnel responsible for data entry. Provide documentation of above to OSSE.
DAT – 24 Intake unit SC agencies	Date of transition conference in file is same as date of transition conference in ESST.	**Yes =** Date of transition conference in file is same as date of transition conference in ESST. **No =** Date of transition conference in file is NOT same as date of transition conference in ESST.				**Child Level =** Correct data in file or in ESST. **EI Program Level =** Train personnel responsible for data entry. Provide documentation of above to OSSE.
		EI Program Level Questions				
FIS – 25	The program submits invoices for services rendered and items purchased within the previous month by the 10th day of the subsequent	**Yes =** Invoices for past two months are date stamped as received by the 10th of the month AND date of service of items purchased is within the previous month. **No =** Invoices for past two months were NOT date stamped as received by the 10th of the month OR date				**EI Program Level =** Provide documentation to OSSE that next 6 monthly invoices are timely submitted and are for services or items that were purchased within the month previous to the submission.

	month.	of service of items purchased is NOT within the previous month.			
FIS – 26	Appropriate documentation for services rendered is included with invoice submission.	**Yes =** OSSE Contracting Officer Technical Representative affirms that ALL documentation for services rendered is included with invoice submission. **No =** OSSE Contracting Officer Technical Representative does NOT affirm that ALL documentation for services rendered is included with invoice submission. **NA =** The program has not paid for services with federal funds.			**EI Program Level =** For next 6 months, include documentation for services rendered with invoice submission.
FIS – 27	Appropriate documentation for transportation costs is included with invoice submission.	**Yes =** OSSE Contracting Officer Technical Representative affirms that ALL documentation for transportation costs is included with invoice submission. **No =** OSSE Contracting Officer Technical Representative does NOT affirm that ALL documentation for transportation costs is included with invoice submission. **NA =** The program has not paid for transportation costs with federal funds.			**EI Program Level =** For next 6 months, include documentation to for transportation costs with invoice submission.
FIS – 28	Appropriate documentation for items purchased is included with invoice submission.	**Yes =** OSSE Contracting Officer Technical Representative affirms that ALL documentation for items purchased is included with invoice submission. **No =** OSSE Contracting Officer Technical Representative does NOT affirm that ALL documentation for items purchased is included with invoice submission. **NA =** The program has not purchased items with federal funds.			**EI Program Level =** For next 6 months, include documentation for items purchased with invoice submission.
FIS – 29 §80.42 & DC Standard Contract Provisions	The program retains financial records and relevant supporting documentation for the required time period, which is 5 years.	**Yes =** Program has demonstrated that it has a records retention policy that ensures that records are retained for 5 years. **No =** Program has NOT demonstrated that it has a records retention policy that ensures that records are retained for 5 years.			**EI Program Level =** Program must develop policy/procedures that ensures that financial records are retained for at least 5 years. Provide documentation of above to OSSE.
FIS – 30 §80.20(3) &	The program has controls in place to protect track and return assets acquired with	**Yes =** The program maintains an inventory list of assets acquired with federal funds.			**EI Program Level =** Program must develop policy/procedure that ensures assts procured with federal funds are protected, particularly those

OSSE Contract	federal funds costing more than $300.	**No =** The program does NOT maintain an inventory list of assets acquired with federal funds. **NA =** The program has not purchased assets with federal funds costing more than $300.			assets costing more than $300. Provide documentation of the above to OSSE.
FIS – 31 OMB Circular A-133	If the program received an A-133 audit in the last federal fiscal year, the program submitted a copy of the management letter from the A-133 audit to OSSE.	**Yes =** OSSE received a copy of the program's A-133 audit. **No =** OSSE did NOT receive a copy of the program's A-133 audit. **NA =** The program did not receive an A-133 audit.			**EI Program Level =** Within 30 days of this report, submit a copy of the program's A-133 audit to OSSE.