

## **Appendix G**

### ***Root Cause Analysis and Related Requirements Record Review***

# Root Cause Analysis and Related Requirements Record Review

## SPP/APR Indicator #1 – Timely Services

Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.				
<b>Data Source: Data System and Self-Assessment</b>				
Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
1. Was each service initiated on its respective projected date, i.e. no later than 30 calendar days following the parent's approval (signature/date) of the IFSP? (303.344(f))				The reviewer should identify any IFSP service that was not initiated within 30 days of the date the parent signed consent for the service. <b><u>If not, calculate number of days for #2.</u></b>  If answered no to #1, <b><u>calculate number of days</u></b> from date parent consented to the service to date the service was initiated and subtract 30 days.
2. If not, how long (# of days) was the service delayed beyond the projected initiation date?				
3. What were the reasons for the delay:				
a. Due to family circumstances?				
b. Due to CDC circumstances?				
c. Due to provider circumstances?				
d. Other (specify) _____?				

**1. Root Cause Analysis Record Review (SPP/APR Indicator #1 – Timely Services)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. if some services were not provided in a timely manner, which of the following ones were delayed:				If all services were provided in a timely manner (within 30 days of the date the parent signed the IFSP), indicate N/A. Otherwise, respond to the question by checking the services that were delayed		Policies & Procedures Practices T & TA Personnel Funding
a. Occupational Therapy?						
b. Physical Therapy?						
c. Speech Language?						
d. Nutrition?						
e. Medical?						
f. Special Instructor?						
g. Psychology?						
h. Audiology?						
i. Social Work?						
2. If some of the services were not provided in a timely manner, was the delay in implementing services after:				If all services were provided in a timely manner (within 30 days of the date the parent signed the IFSP), indicate N/A. Otherwise, respond to the question by checking when the delays occurred.		Policies & Procedures Practices T & TA
a. The Initial IFSP?						
b. An IFSP review or annual IFSP meeting when new services were added?						

**1. Related Requirement Record Review (SPP/APR Indicator #1 – Timely Services)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
3. Does each eligible child have an IFSP? (303.340(c))				An IFSP is required to be developed and implemented for each eligible child in accordance with Part C requirements.	
4. Is there documentation that the contents of the IFSP has been fully explained to the parents and that informed written consent has been provided prior to provision of early intervention services? (303.342(e))				The reviewer should check that the parent has signed the IFSP indicating that the IFSP was fully explained to them and that they are providing consent for services to be provided.	See Wyoming indicator 12c – Both accomplished by signing signature page on IFSP. Signature acknowledges consent and that IFSP has been explained.
5. If the family declined any recommended IFSP service, is there appropriate documentation? (303.405)				Although the IFSP team decides if an ITP service is needed, the family can determine whether or not they will accept or decline any ITP service without jeopardizing their right to receive other ITP services. If the parent does not provide consent to any service, this should be documented in a the child's record. Mark N/A if the family did not decline any services.	
6. Are only those services for which the parent gave consent provided? (303.342(e))				The reviewer should check to see if the parent refused consent or withdrew consent for the provision of any services and check to make that only those services for which the parent gave consent were provided.	
7. Are services and supports included on the IFSP? (303.344(d)(1)) If no, skip to Question #11					
8. Do the services listed on the IFSP seem appropriate to achieve the child and family outcomes identified given the developmental status of the child (unique needs) and the family's concerns, priorities and resources? (303.344 Note 3; 303.12 (a)(1))				303.344 Note 3 states that the early intervention services in 303.344(d) are those services that a State is required to provide to a child in accordance with 303.12 (a)(1). 303.12 (a)(1) states that early intervention services are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development. Therefore, services listed should meet the unique needs of the child and family to achieve the outcomes identified including the frequency, intensity and method of delivering services.	
9. Do the services outlined in the IFSP appear to be based on peer reviewed research, to the extent practicable in meeting the needs of the child and family? (20 USC 1436(d))				The reviewer should base the response to this question on evidence-based practices in early intervention services (e.g., children learn best through everyday experiences and interactions with family people in familiar contexts, primary role of the service provider is to work with and support the family members and caregivers in the child's life),	

**1. Related Requirement Record Review (SPP/APR Indicator #1 – Timely Services)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
10. Do all IFSP services listed include:				Look at all services when responding to these questions. A yes response can be provided for each item (a), (b) and (c) if all services meet the criteria.	
a. Frequency?					
b. Intensity?					
c. Method of delivering the services? (303.344(d)(1)(i))					
11. Does the IFSP have projected dates to initiate IFSP services? (303.344 (f)(1))				Projected date cannot be longer than 30 days after the date of parental approval of the IFSP	
12. Does the IFSP indicate the anticipated duration of the services? (303.344 (f)(2))				The duration of the service should be specified in terms of month and year.	
13. Are physician orders present for therapy services identified on the IFSP that require a physician's order prior to implementing services?				A copy of the physician orders must be in the record for all treatment services.	
14. Are medical and other services that the child needs, but not required under Part C, included in the IFSP as appropriate? (303.344(e))					
a. If yes, are the funding sources to pay for these other services or the steps that will be taken to secure these services through public or private sources included? (303.344(e))					
15. Does the IFSP include the name of the service coordinator? (303.344(g))					

**1. Related Requirement Record Review (SPP/APR Indicator #1 – Timely Services)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
16. Is there evidence that the service coordinator carried out each of the following service coordination activities: (303.23)					
a. Coordinating all services across agency lines including with medical and health providers?				Mark N/A if the child if the child is not of age for transition.	
b. Serving as the single point of contact in helping parents to obtain and gain access to the services and assistance they need?					
c. Coordinating and monitoring the provision of available early intervention services and other services?					
d. Facilitating the timely delivery of available services?					
e. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility?					
f. Coordinating the performance of evaluations and assessments?					
g. Facilitating and participating in the development, review, and evaluation of IFSPs?					
h. Assisting families in identifying available service providers?					
i. Informing families of the availability of advocacy services?					
j. Facilitating the development of a transition plan to preschool services, if appropriate?					
17. Which of the following required participants participated in the initial IFSP Meeting? (303.343(b))				Only review those IFSP meetings that occurred during the fiscal year from July 1 <sup>st</sup> to June 30 <sup>th</sup> . IF an initial IFSP was not conducted during this time line, indicate N/A.	
a. Parent/Surrogate Parent					

**1. Related Requirement Record Review (SPP/APR Indicator #1 – Timely Services)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
b. Other family members as requested by the parent, if feasible to do so				Mark N/A only if the parent did not request that other family members participate.	
c. An advocate or person outside of the family if the parent requests that the person participate				Mark N/A only if the parent did not request that an advocate or person outside of the family participate.	
d. Service Coordinator designated for the child and family				Federal regulations require that the service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated to be responsible for implementation of the IFSP must participate in the IFSP meeting.	
e. Person(s) directly involved in conducting the evaluations and assessments				If an individual who is directly involved in conducting the evaluation and assessment is unable to attend the meeting, arrangements are made for the person's involvement through other means including (a) use of telephone, (b) knowledgeable representative attend meeting, or (c) making pertinent records available at the meeting. Documentation of how persons unable to attend the IFSP review participated in the review or meeting must be made in order to select YES.	
f. As appropriate, persons who will be providing services to the child/family					
18. Which of the following required participants participated in the IFSP periodic review meeting:  (303.343(b))				Only review those IFSP meetings that occurred during the fiscal year from July 1 <sup>st</sup> to June 30 <sup>th</sup> . If an IFSP periodic review did not take place during this time line, and was suppose to occur indicate "No". If it did not occur and was not supposed to take place, indicate N/A.	
a. Parent/Surrogate Parent?					
b. Other family members as requested by the parent, if feasible to do so?				Mark N/A only if the parent did not request that other family members participate.	
c. An advocate or person outside of the family if the parent requests that the person participate?				Mark N/A only if the parent did not request that an advocate or person outside of the family participate.	
d. Service Coordinator designated for the child and family?				Federal regulations require that the service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated to be responsible for implementation of the IFSP must participate in the IFSP meeting.	

**1. Related Requirement Record Review (SPP/APR Indicator #1 – Timely Services)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
e. Person(s) directly involved in conducting the evaluations and assessments?				If conditions warrant, provisions must be made for these individuals to participate in the IFSP review. Mark N/A if these individuals were not needed and they did not participate.	
f. As appropriate, persons who will be providing services to the child/family?					
19. Which of the required participants participated in the annual meeting to evaluate the IFSP: (303.343)				Only review those IFSP meetings that occurred during the fiscal year from July 1 <sup>st</sup> to June 30 <sup>th</sup> . If an initial IFSP was not conducted during this time line, indicate N/A. If an annual IFSP meeting did not take place during this time line, and was suppose to occur indicate "No". If it did not occur and was not supposed to take place, indicate N/A.	
a. Parent/Surrogate Parent?				Mark N/A only if the parent did not request that other family members participate.	
b. Other family members as requested by the parent, if feasible to do so?					
c. An advocate or person outside of the family if the parent requests that the person participate?				Mark N/A only if the parent did not request that an advocate or person outside of the family participate.	
d. Service Coordinator designated for the child and family?				Federal regulations require that the service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated to be responsible for implementation of the IFSP must participate in the IFSP meeting.	
e. Person(s) directly involved in conducting the evaluations and assessments				If an individual who is directly involved in conducting the evaluation and assessment is unable to attend the meeting, arrangements are made for the person's involvement through other means including (a) use of telephone, (b) knowledgeable representative attend meeting, or (c) making pertinent records available at the meeting. Documentation of how persons unable to attend the IFSP review participated in the review or meeting must be made in order to select YES.	
f. As appropriate, persons who will be providing services to the child/family					
<p>See self-assessment data and related requirements record review items for:</p> <ul style="list-style-type: none"> <li>Wyoming Indicator 13 – Services provided as outlined on the IFSP and provided by qualified personnel.</li> <li>SPP/APR Indicator 2 – Natural Environments</li> </ul>					

## SPP/APR Indicator #2 – Natural Environments

Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

**Data Source: 618 Data**

### 2. Root Cause Analysis Record Review (SPP/APR Indicator #2 – Natural Environments)

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. Does the IFSP contain a statement of the natural environments in which services will be provided? (303.344(d)(1)(iii))				Infants and toddlers and their families, to the maximum extent appropriate, are provided services in natural environments, including the home, and community settings in which children without disabilities participate. Natural environments means settings that are natural or normal for the child's age peers who have no disabilities.		Policies & Proc Practice T & TA Funding
2. If any service is not provided in a natural environment, is there an appropriate justification documented? (303.344(d)(1)(ii))				Each justification should specify why the outcome(s) cannot be achieved in the child's natural environment and rationale for why the setting selected is appropriate.		Policies & Proc Practice T & TA
g. Does the justification include a plan to move the services into natural environments? (quality)				For outcomes to be achieved through service settings other than a natural environment, the justification should also include a plan that includes steps toward eventually providing this part of the child's early intervention in the child's natural environments.		Policies & Proc Practice T & TA
<p>See data related to:</p> <ul style="list-style-type: none"> <li>WY Indicator #10 – Timely data (specifically for submission of data on settings)</li> </ul>						

### **SPP/APR Indicator #3 – Early Childhood Outcomes**

Percent of infants and toddlers with IFSPs who demonstrate improved: a) Positive social-emotional skills (including social relationships); b) Acquisition and use of knowledge and skills (including early language and skills (including early language/communication skills; and c) Use of appropriate behaviors to meet their needs.

**Data Source: COSF and Data System**

Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
<p>4. Does the child's initial and/or exit COSF include functional evidence that is appropriate for each outcome area and that is consistent with the rating provided by the team?</p> <p style="text-align: center;">(quality)</p>				<p>The reviewer should review COSFs completed during the fiscal year and should consider the following when reviewing COSFs:</p> <ol style="list-style-type: none"> <li>1. Is the evidence provided on the COSF functional information about the child's skills and behaviors?</li> <li>2. Is the evidence provided for each outcome clearly related to the appropriate outcome area? (Is the evidence for outcome 1 related to the child's social and emotional skills including how the child relates to adults and peer? Is the evidence for outcome 2 related to the child's thinking, reasoning and problem-solving skills? Is the evidence for outcome 3 related to how the child acts on the world to get his/her needs met?)</li> <li>3. Is there a sufficient amount of evidence provided on the COSF to support the ratings given in each outcome area?</li> <li>4. Is the evidence provided consistent with the ratings given on the COSF? (i.e. If the rating is "5", is there a mix of age appropriate and non-age appropriate skills and behaviors?)</li> <li>5. Is the evidence in the child's file consistent with the ratings given on the COSF?</li> </ol>

### 3. Root Cause and Related Requirements Record Review (SPP/APR Indicator #3 – Early Childhood Outcomes)

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
<p>1. Was the initial evaluation and assessment completed by individuals from at least two disciplines, including an evaluation/assessment of the child's current developmental status and a review of pertinent information from other sources? (303.17, 303.322(c)(3)(i))</p>				<p>Federal Part C regulations require that a review of pertinent records related to the child's current health status &amp; medical history be conducted as part of the evaluation &amp; assessment. Any available Information related to vision &amp; hearing, existing developmental/therapeutic/medical evaluation &amp; assessment, birth history, physician records, and information from other state early intervention programs should be included in the review regardless of age of information to determine what evaluation &amp; assessments are necessary. Information related to the child's developmental status and unique needs in all developmental areas should be current if used in determining eligibility and for the IFSP team to develop a meaningful IFSP. If the child is eligible as a result of an established condition, current developmental status is not necessary for determining eligibility, but is necessary for intervention planning &amp; developing the IFSP.</p>		<p>Policy &amp; Procedures T &amp; TA Supervision Personnel Practices</p>
<p>2. Does the IFSP include a statement of the child's present levels of development in all developmental areas? (303.344(a))</p>				<p>All developmental areas include cognitive, physical (e.g., gross motor, fine motor, vision, hearing and health), communication (e.g. expressive and receptive language), social or emotional, and adaptive.</p>		<p>Policies &amp; Procedures Practices T &amp; TA</p>
<p>3. Are the child's present levels of development based on professionally acceptable, objective criteria? (303.344(a))</p>				<p>Professionally acceptable objective criteria should reflect results of developmental evaluations/assessments, clinical opinion, developmental skills, etc.</p>		<p>Policies &amp; Procedures Practices T &amp; TA</p>
<p>4. Is the statement of the child's current status in each required developmental area described functionally, including strengths and needs relevant to challenges and what is working well in everyday routines and activities? (quality)</p>				<p>A "No" response would be indicated if the child's current status is only summarized in terms of <b><u>one or more of the following:</u></b></p> <ol style="list-style-type: none"> <li>1. test scores</li> <li>2. child's deficits</li> <li>3. vague child strengths without describing developmental status as it relates to everyday routines and activities</li> <li>4. description of isolated, domain-based skills (e.g. stacks 3 blocks, hops on one foot)</li> </ol>		<p>Policies &amp; Procedures Practices T &amp; TA</p>

**3. Root Cause and Related Requirements Record Review (SPP/APR Indicator #3 – Early Childhood Outcomes)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
5. Does the status of current abilities includes sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities, and is there information on how the child’s concerns, fears or dislikes impact successful participation? (quality)				A “No” Response would be noted if the status of current abilities <b>does not</b> include information about people, places and things that are motivators, interests, fears and dislikes.		Policies & Procedures  Practices  T & TA
6. Is there a statement of the family’s resources, concerns and priorities related to enhancing their child’s development? (303.344(b))				The statement of the family’s resources, concerns and priorities is based on the family assessment as outlined in 303.322(d).		Policies & Procedures  Practices  T & TA
7. If no, is there evidence that the family declined the family assessment?						
<p>See self-assessment data and related requirements record review items for:</p> <ul style="list-style-type: none"> <li>• Wyoming Indicator #11b – Evaluation/assessment in all areas</li> <li>• Wyoming Indicator #13a - Service Provision</li> <li>• Wyoming Indicator #14 – timely IFSP Meetings</li> <li>• Wyoming Indicator #15 – Functional IFSP Outcomes and Strategies</li> <li>• Wyoming Indicator #17 – Informed Clinical Opinion</li> </ul>						

## **SPP/APR Indicator #4 – Family Outcomes**

Percent of families participating in Part C who report that early intervention services have helped the family:  
a) Know their rights; b) Effectively communicate their children's needs; and c) Help their children develop and learn.

**Data Source: Family Survey**

### **4. Root Cause and Related Requirements Record Review (SPP/APR Indicator #4 –Family Outcomes)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. Does the file include information to show the family identified its resources, priorities and concerns related to enhancing their child's development through a family-directed assessment?  (303.322(d))				A family directed assessment of the family's concerns, priorities, and resources related to enhancing their child's development should be completed. Participation by the family in this assessment is voluntary because it is at the family's discretion what information is shared and what they want included as part of evaluation and intervention planning. Personal interviews with the family must be used to conduct the family assessment, whether done informally or using more formal protocols.		Policies & Procedures  Practices  T & TA
2. If no, is there documentation that the family declined?  (303.322(d)(2))				In the event that the family declines to participate in a family directed assessment, this must be documented in a service note or evaluation report. The reviewer should mark "N/A" if the family chose not to participate in the family assessment.		Policies & Procedures  Practices  T & TA

**4. Root Cause and Related Requirements Record Review (SPP/APR Indicator #4 –Family Outcomes)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
3. Does the family assessment include the parents' perceptions of their child's abilities and needs related to participation in everyday routines and activities? (quality)				In addition to information in the IFSP, the reviewer should look for information that may have been identified by the family at the time of referral, through the team evaluation narrative or in service coordinator initial and ongoing notes. The reviewer should only mark "N/A" if the family declined the family assessment.		Policies & Procedures  Practices  T & TA
4. Is the family assessment conducted by personnel qualified to utilize appropriate methods and procedures, including personal interviews? (303.322(d)(3)(i)-(ii))				The reviewer should compare the name of the person completing the family assessment with their credentials to ensure that they are qualified to carry out the family assessment. The reviewer should only mark "N/A" if the family declined the family assessment.		Policies & Procedures  Practices  T & TA  Personnel
5. Did the initial evaluation and assessment of the child include documentation of a review of pertinent records related to the child's health status and medical history? ( 303.322(c)(3)(i))				The evaluation/assessment report and the IFSP should include a summary of relevant information on the child's medical history and health status that may impact the child's participation in early intervention services.		Policies & Procedures  Practices  T & TA
6. Is there a statement of the family's resources, concerns and priorities related to enhancing their child's development in the IFSP? (303.344(b))				The statement of the family's resources, concerns and priorities is based on the family assessment as outlined in 303.322(d). Completion of the relevant sections of the IFSP form satisfies this requirement.		Policies & Procedures  Practices  T & TA
7. Does the IFSP include measureable results or outcomes related to pre-literacy and language expected to be achieved for the child, as developmentally appropriate? [20 U.S.C. 1436(d)]						Policies & Procedures  Practices  T & TA
8. Are the services outlined in the IFSP based on peer reviewed research, to the extent practicable, to meet the needs of the child and family? (20 USC 1436(d))				The reviewer should base the response to this question on evidence-based practices in early intervention services (e.g., children learn best through everyday experiences and interactions with family people in familiar contexts, primary role of the service provider is to work with and support the family members and caregivers in the child's life),		Policies & Procedures  Practices  T & TA

**4. Root Cause and Related Requirements Record Review (SPP/APR Indicator #4 –Family Outcomes)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
9. Are the services and supports identified in the IFSP designed to enhance the capacity of the family in meeting the developmental needs of their child? (303.322(d)(1))				There is evidence that services reflect the needs the of the family as reported in the interview with the family to gather information about everyday routines and activities as well as their concerns, priorities and resources. Service notes should reflect service providers modeling, problem solving, and coaching families as part of every session.		Policies & Procedures  Practices  T & TA
10. Do all IFSP services listed include:				Look at all services when responding to these questions. A YES response can be provided for each item (a), (b) and (c) if all services meet the criteria.		Policies & Procedures  Practices
a. Frequency?						T & TA
b. Intensity?						
c. Method of delivering the services? (303.344(d)(1)(i))						
11. Is there documentation that the contents of the IFSP has been fully explained to the parents and that informed written consent has been provided prior to provision of early intervention services? (303.342(e))				The reviewer should check that the parent has signed the IFSP indicating that the IFSP was fully explained to them and that they are providing consent for services to be provided.	See Wyoming indicator 12c – Both accomplished by signing signature page on IFSP. Signature acknowledges consent and that IFSP has been explained.	Policies & Procedures  Practices  T & TA
12. If the family declined any recommended IFSP service, are only those services for which the parent gave consent provided? (303.342(e))				The reviewer should check to see if the parent refused consent or withdrew consent for the provision of any services and check to make that only those services for which the parent gave consent were provided.		Policies & Procedures  Practices  T & TA
See data and related requirements record review items for: <ul style="list-style-type: none"> <li>• Wyoming Indicator #11 – Evaluation/assessment in all areas and conducted by qualified personnel</li> <li>• Wyoming Indicator #12 – Procedural Safeguards</li> <li>• Wyoming Indicator #15 – Functional IFSP Outcomes and Strategies</li> <li>• Wyoming Indicator #17 – Informed Clinical Opinion</li> </ul>						

**SPP/APR Indicators #5 and #6 – Number of Children Served  
(Birth to Age One and Birth to Age Three)**

Percent of infants and toddlers birth to 1 with IFSPs compared to State data.  
**Data Source: 618 Data**

Percent of infants and toddlers birth to 3 with IFSPs compared to State data  
**Data Source: 618 Data**

**5 & 6. Root Cause and Related Requirements Record Review (SPP/APR Indicators #5 and #6 – Number of Children Served (Birth to Age One and Birth to Age Three))**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. Was a service coordinator assigned as soon as possible after receiving the referral? (303.521(e)(1))						Policies & Procedures Supervision Practice T & TA
See data and related requirements record review items for: <ul style="list-style-type: none"> <li>• SPP/APR Indicator #7 – 45 Day Timeline</li> <li>• Wyoming Indicator #10 – Timely Data</li> </ul> (Note compare regional program's data with other regions and the state for SPP/APR Indicators #5 and #6)						

## SPP/APR Indicator #7 – 45 Day Timeline

Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

**Data Source: Data System**

### 7. Root Cause Analysis Record Review ( SPP/APR Indicator #7 – 45 Day Timeline)

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. How many days following referral was the service coordinator assigned (e.g., regulations require as soon as possible after receiving the referral)?  (303.521(e)(1))				Count the number of days between the referral and when the service coordinator was assigned		Policies & Procedures  Supervision  T & TA  Personnel  Funding
2. Did the family identify its resources, priorities and concerns related to enhancing their child's development through a family-directed assessment?  (303.322(d))				A family directed assessment of the family's concerns, priorities, and resources related to enhancing their child's development should be completed. Participation by the family in this assessment is voluntary because it is at the family's discretion what information is shared and what they want included as part of evaluation and intervention planning. Personal interviews with the family must be used to conduct the family assessment, whether done informally or using more formal protocols.		Policies & Procedures  Practices  T & TA
3. If yes, How many days from referral was this family assessment completed?				Count the number of days from the date of referral to the date of the family assessment		

**7. Related Requirements Record Review (SPP/APR Indicator #7 – 45 Day Timeline)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
1. Were early intervention services initiated through an interim IFSP prior to the evaluation being completed? (303.345)				34 CFR 303.345 indicates that early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment if parental consent is obtained, an interim IFSP is developed and the evaluation and assessment are completed and IFSP meeting is held within the 45 days.	
<b>If yes:</b>				NOTE: The interim IFSP must be written in the family's native language or other mode of communication.	
a. Was eligibility determined before initiating interim IFSP services?					
b. At the time of referral, were there obvious, immediate needs (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible)? (303.345 Note)					
c. Did the interim IFSP include the name of the service coordinator who will be responsible for implementation of the interim IFSP, the services that are needed immediately, and the outcomes and activities when recommended? (303.345(b))					
d. Was parental consent obtained? (303.345(a))				Parent signature on the interim IFSP is considered parental consent.	
2. For those children's IFSPs where there is no information about family identified resources, priorities and concerns, is there documentation that the family declined? (303.322(d)(2))				In the event that the family declines to participate in a family directed assessment, this must be documented in a service note or evaluation report. If there is information in the IFSP on the family's resources, priorities and concerns, indicate N/A.	
3. If a family assessment was completed, does the family assessment include the parents' perceptions of their child's abilities and needs related to participation in everyday routines and activities? (quality)				In addition to information in the IFSP, the reviewer should look for information that may have been identified by the family at the time of referral, through the team evaluation narrative or in service coordinator initial and ongoing notes. The reviewer should only mark "N/A" if the family declined the family assessment.	

**7. Related Requirements Record Review (SPP/APR Indicator #7 – 45 Day Timeline)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
4. Was the initial evaluation and assessment completed by individuals from at least two disciplines, including an evaluation/assessment of the child's current developmental status and a review of pertinent information from other sources? (303.17, 303.322(c)(3)(i))				Federal Part C regulations require that a review of pertinent records related to the child's current health status & medical history be conducted as part of the evaluation & assessment. Any available Information related to vision & hearing, existing developmental/therapeutic/medical evaluation & assessment, birth history, physician records, and information from other state early intervention programs should be included in the review regardless of age of information to determine what evaluation & assessments are necessary. Information related to the child's developmental status and unique needs in all developmental areas should be current if used in determining eligibility and for the IFSP team to develop a meaningful IFSP. If the child is eligible as a result of an established condition, current developmental status is not necessary for determining eligibility, but is necessary for intervention planning & developing the IFSP.	
5. Does the composition of the evaluation and assessment team correspond with the child/family needs and information shared or gathered from the family/caregivers and other providers? (quality)				Determining response to this item involves reviewing and evaluating referral information and information gathered from families during the intake process.	
<b>If not</b>					
a. Was there a discipline that should have been involved but was not? If, so which?				Respond "Yes" if a discipline should have been involved but was not.	
i. Occupational Therapy					
ii. Physical Therapy					
iii. Speech Language					
iv. Nutrition					
v. Medical					
vi. Special Instructor					
vii. Psychology					
viii. Audiology					
ix. Social Work					

**7. Related Requirements Record Review (SPP/APR Indicator #7 – 45 Day Timeline)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
b. Was there a discipline involved that was not necessary? If, so which?				Respond "Yes" if a discipline was involved that was not necessary.	
i. Occupational Therapy					
ii. Physical Therapy					
iii. Speech Language					
iv. Nutrition					
v. Medical					
vi. Special Instructor					
vii. Psychology					
viii. Audiology					
ix. Social Work					
6. Was the child and family evaluated and assessed in the family's native language or mode of communication if appropriate and feasible to do so? (303.323)					
7. Were assessment materials and procedures selected so as not to be racially or culturally discriminatory? (303.323)					
8. Is there evidence that no single procedure was used as the sole criterion for determining the child's eligibility? (303.323)				Multiple methods and procedures should be used in the evaluation and assessment of the child to determine the child's eligibility. These may include: review of records from other sources (e.g., medical, health); observation of the child in various settings and activities; parent report regarding their child's functional skills; test scores clinical judgment.	
9. Which of the following required participants participated in the initial IFSP Meeting? (303.343)				Only review those IFSP meetings that occurred during the fiscal year from July 1 <sup>st</sup> to June 30 <sup>th</sup> . If an IFSP periodic review did not take place during this time line, and was suppose to occur indicate "No". If it did not occur and was not supposed to take place, indicate N/A.	
a. Parent(s)/Surrogate Parent					
b. Other family members as requested by the parent, if feasible to do so					

**7. Related Requirements Record Review (SPP/APR Indicator #7 – 45 Day Timeline)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
c. An advocate or person outside of the family if the parent requests that the person participate				Mark N/A only if the parent did not request that an advocate or person outside of the family participate.	
d. Service Coordinator designated for the child and family				Federal regulations require that the service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated to be responsible for implementation of the IFSP must participate in the IFSP meeting.	
e. Person(s) directly involved in conducting the evaluations and assessments				If an individual who is directly involved in conducting the evaluation and assessment is unable to attend the meeting, arrangements are made for the person's involvement through other means including (a) use of telephone, (b) knowledgeable representative attend meeting, or (c) making pertinent records available at the meeting. Documentation of how persons unable to attend the IFSP review participated in the review or meeting must be made in order to select YES.	
f. As appropriate, persons who will be providing services to the child or family					
10. Is the IFSP statement of the child's present levels of development in each required developmental area described functionally, including strengths and needs relevant to challenges and what is working well in everyday routines and activities? (quality)				A "No" response would be indicated if the child's current status is only summarized in terms of <b>one or more of the following:</b> <ol style="list-style-type: none"> <li>1. test scores</li> <li>2. child's deficits</li> <li>3. vague child strengths without describing developmental status as it relates to everyday routines and activities</li> </ol>	
11. Does the IFSP statement of the child's present levels of development include sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities, and is there information on how the child's concerns, fears or dislikes impact successful participation? (quality)				A "No" Response would be noted if the status of current abilities <b>does not</b> include information about people, places and things that are motivators, interests, fears and dislikes.	
13. Is there a statement in the IFSP of the family's resources, concerns and priorities related to enhancing their child's development? (303.344(b))				The statement of the family's resources, concerns and priorities in the IFSP is based on the family assessment as outlined in 303.322(d).	

**7. Related Requirements Record Review (SPP/APR Indicator #7 – 45 Day Timeline)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
14. Does the IFSP include measureable results or outcomes related to pre-literacy and language expected to be achieved for the child, as developmentally appropriate? [20 U.S.C. 1436(d)]					
15. Are services and supports included on the IFSP? (303.344(d)(1))					
16. Do the services outlined in the IFSP appear to be based on peer reviewed research, to the extent practicable, to meet the needs of the child and family? (20 USC 1436(d))				The reviewer should base the response to this question on evidence-based practices in early intervention services (e.g., children learn best through everyday experiences and interactions with family people in familiar contexts, primary role of the service provider is to work with and support the family members and caregivers in the child's life),	
17. Do the services listed on the IFSP seem appropriate to achieve the child and family outcomes identified given the developmental status of the child (unique needs) and the family's concerns, priorities and resources? (303.344 Note 3; 303.12 (a)(1))				303.344 Note 3 states that the early intervention services in 303.344(d) are those services that a State is required to provide to a child in accordance with 303.12 (a)(1). 303.12 (a)(1) states that early intervention services are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development. Therefore, services listed should meet the unique needs of the child and family to achieve the outcomes identified including the frequency, intensity and method of delivering services.	
18. Are the services and supports identified in the IFSP designed to enhance the capacity of the family in meeting the developmental needs of their child? (303.322 (d)(1))					
19. Do all IFSP services listed include:				To answer (a) through (c) below, the reviewer must look at all services. If each of the IFSP services contain the frequency for which they will be provided, the reviewer responds "yes" to (a). The same applies to Intensity (b) and method of delivering the service (c).	
h. Frequency?					
i. Intensity?					
j. Method of delivering the services? (303.344(d)(1)(i))					
20. Does the IFSP have projected dates to initiate IFSP services? (303.344 (f)(1))				Projected date cannot be longer than 30 days after the date of parental approval of the IFSP	

**7. Related Requirements Record Review (SPP/APR Indicator #7 – 45 Day Timeline)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
21. Does the IFSP indicate the anticipated duration of the services? (303.344 (f)(2))				The duration of the service should be specified in terms of month and year.	
22. Does the IFSP contain a statement of the natural environments in which services will be provided? (303.344(d)(1)(ii))				Infants and toddlers and their families, to the maximum extent appropriate, are provided services in natural environments, including the home, and community settings in which children without disabilities participate. Natural environments means settings that are natural or normal for the child's age peers who have no disabilities.	
23. If any service is not provided in a natural environment, is there appropriate justification documented? (303.344(d)(1)(ii))				Mark N/A if all services are provided in the natural environment.	
24. Does the IFSP include the name of the service coordinator? (303.344(g))					
25. Is there evidence that the service coordinator carried each of the following service coordination activities: (303.23)					
a. Coordinating all services across agency lines including with medical and health providers?					
b. Serving as the single point of contact in helping parents to obtain and gain access to the services and assistance they need?					
c. Coordinating and monitoring the provision of available early intervention services and other services?					
d. Facilitating the timely delivery of available services?					
e. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility?					
f. Coordinating the performance of evaluations and assessments?					

**7. Related Requirements Record Review (SPP/APR Indicator #7 – 45 Day Timeline)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
g. Facilitating and participating in the development, review, and evaluation of IFSPs?					
h. Assisting families in identifying available service providers?					
i. Informing families of the availability of advocacy services?					
j. Facilitating the development of a transition plan to preschool services, if appropriate?					
26. Is there documentation of transition steps in the IFSP? (303.344(h))					
27. Is there documentation that the contents of the IFSP has been fully explained to the parents and that informed written consent has been provided prior to provision of early intervention services? (303.342(e))				The reviewer should check that the parent has signed the IFSP indicating that the IFSP was fully explained to them and that they are providing consent for services to be provided.	
<p>See data and related requirements record review items for:</p> <ul style="list-style-type: none"> <li>• Wyoming Indicator #11 – Evaluation and assessment in all areas and conducted by qualified personnel</li> <li>• Wyoming Indicator #12 – Procedural Safeguards (prior notice, consent for evaluation/assessment, consent for services)</li> <li>• Wyoming Indicator #15 – Functional IFSP Outcomes and Strategies</li> <li>• Wyoming Indicator #17 – Informed Clinical Opinion</li> </ul>					

**Section VII: SPP/APR Indicator #8 – Transition (IFSP Steps, Notification to LEA, and Transition Conference)**

<p align="center">Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: a) IFSPs with transition steps and services; b) Notification to LEA, if child potentially eligible for Part B; and c) Transition conference, if child potentially eligible for Part B.</p> <p align="center"><b>Data Source: Self-Assessment (8a and 8c) and Notification Report (8b)</b></p>				
Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
5. Does the transition plan include the following steps to be taken to support the transition of the child (303.344 (h)(2)):				The IFSP must include steps to be taken to support the transition of the child to preschool special education or to other services.
a. Discussions with and training of parents regarding future placements and other matters related to the child’s transition? (303.344 (h)(2)(i))				Answer N/A <b>ONLY</b> if child is not yet age eligible for transition.
b. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting? (303.344 (h)(2)(ii))				Answer N/A <b>ONLY</b> if child is not yet age eligible for transition.
6. Was the transition planning conference held? (303.148(b)(2)(ii))  If “yes”, skip to Question #7.				It is the responsibility of the service coordinator to convene a transition planning conference (with parent agreement). This planning meeting can be held up to 9 months before the child’s third birthday if all participants are in agreement, but must be convened no later than 90 days prior to the child’s 3rd birthday (see indicator 7 below). If the LEA cannot attend, the planning conference must proceed. In the case of children who may not be eligible for preschool special education, with the approval of the family, reasonable effort should be made to convene a transition planning conference with providers of appropriate services to discuss the services that may be provided. Note: The transition planning conference should occur in the family’s native language or other mode of communication.
7. If not, what were the reasons? (indicate all that apply)				This items means that referral to Part C was made too late to schedule a transition planning conference.
a. Late referral to Part C				
b. Parent did not agree to having a transition conference				

Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
c. Family Scheduling difficulties				Family scheduling difficulties could include parent delaying evaluations, parent rescheduling meetings, family failing to show for the conference, etc.
d. Child/Family Illness				
e. Scheduling difficulties of LEA or provider of other services				“Providers of other services” refers to those providers that will be providing services to the child when the child is not being referred to preschool special education services.
f. Service Coordinator scheduling difficulties				
g. Other (specify) _____				
8. Did the transition planning conference occur at least 90 days (or at the discretion of the parties up to 9 months) before the child is eligible for preschool services under Part B? (303.148(b)(2)(i))				This question should only be answered for children who have been referred to preschool special education services.
9. If not, indicate why not (all that apply)				
a. Late referral to Part C				Indicates that referral was made too late to schedule a 90 day meeting.
b. Parent did not agree to having a transition conference				
c. Family Scheduling difficulties				Family scheduling difficulties could include parent delaying evaluations, parent rescheduling meeting(s), family failing to attend conference, etc.
d. Child/Family Illness				
e. Scheduling difficulties of LEA				
f. Service Coordinator scheduling difficulties				
g. Other				

**8: Related Requirements Record Review (SPP/APR Indicator #8 – Transition [IFSP Steps, Notification to LEA, and Transition Conference])**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
<p>1. Is the child potentially eligible for (or was the child referred to) preschool services under Part B of IDEA?</p> <p>If yes, respond to the following (If no skip the following questions):</p>					
<p>2. Is there evidence that the family provided consent for the transmission of information about the child to the LEA? (303.148 (2)(1), 303.344 (h)(2)(iii) 34 CFR 99.30 and 99.32- FERPA)</p>				<p>Releases should have an expiration date. If date of record review is past expiration date, verify that no information has been released since the expiration date. Use of the NC ITP Authorization to Disclose Health Information meets this requirement. <b>Documentation should be in family’s native language or other mode of communication.</b> Information may include evaluation and assessment information and copies of IFSPs that have been developed and implemented.</p>	
<p>3. Is there a service coordinator assigned to the child and family? (303.23)</p>					
<p>4. Is there evidence that the service coordinator carried out the responsibility of coordinating services across agency lines, serving as the single point of contact in helping parents to obtain the services they needs, and facilitating the development of a transition plan to preschool services if appropriate? (303.23(b))</p>					
<p>5. Is there documentation that the LEA was invited to the transition planning conference? (303.148(b)(2)(i))</p>				<p>Service note or copy of invitation can be used to document that the LEA was invited.</p>	
<p>6. Is there documentation as to who attended the transition planning conference? (303.148(b)(2)(i)) If so, indicate who from the following list participated:</p>				<p>Documentation should be found in a service note.</p>	
<p>a. Personnel from the CDSA</p>					
<p>b. LEA representative</p>					
<p>c. Family</p>					
<p>d. Others</p>					

**8: Related Requirements Record Review (SPP/APR Indicator #8 – Transition [IFSP Steps, Notification to LEA, and Transition Conference])**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
7. Is there documentation that the child's program options for the period from the child's third birthday through the remainder of the school year were reviewed?					
8. If the child is not transitioning to the LEA, was reasonable effort made to convene a transition conference with providers of appropriate services (with approval of the family)?  (303.148(b)(2)(ii))					

## ***SPP/APR Indicator #9 – Correction of Noncompliance***

General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification

**Data Source: CAP Tracking Log**

Note: There are no record review items for conducting Root Cause Analysis related to the correction of noncompliance

## **Wyoming Indicator #10 (Correlates to SPP/APR Indicator #14) – Timely Data**

Regional program reported data (child count and exiting data, monthly data entry, contract submission requirements, CAPs, etc.) are timely.

Local reported data are submitted on or before due dates :

1. June 30<sup>th</sup> Child Count and Exiting Data: July 30<sup>th</sup>
2. December 1<sup>st</sup> Child Count and Exiting Data: December 10<sup>th</sup>
3. Data Entry for Each Child's IFSPs: previous month's data is entered by the 10<sup>th</sup> of each month
4. Personnel List: submitted annually with the contract and changes in personnel are submitted by the 10<sup>th</sup> of each month
5. Regional Contract Submission Requirements: June 30<sup>th</sup>
6. Self-Assessment Data: June 30<sup>th</sup>
7. Corrective Action Plans: 30 days after receipt of written identification of noncompliance by the state following onsite visit, findings from complaint investigations, etc.
8. Corrective Action Plan Progress Reports: as specified in each CAP's evidence of change statement (specified by the state)
9. Child Outcome Summary Forms: COSF is entered within 30 days after the COSF is completed; state staff check web entries quarterly
10. Family Surveys: July 30<sup>th</sup>, October 30<sup>th</sup>, January 30<sup>th</sup>, April 30<sup>th</sup>

**Data Source: Data Submission Tracking Log**

Note: There are no record review items for conducting Root Cause Analysis related to the submission of timely data.

## Section X: Wyoming Indicator #11 – Child Evaluation and Assessment

Percent of children’s evaluations/assessments that are: a) Conducted by qualified personnel; and b) Completed in all developmental areas, including vision and hearing.				
<b>Data Sources: Data System (11a) and Self-Assessment (11b)</b>				
<b>Self-Assessment Questions for 11b</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Guidance for Self-Assessment Record Reviewer</b>
10. Did the initial evaluation/assessment identify present levels of functioning and the unique needs of the child in each of the following developmental domains <span style="float: right;">(303.322(c)(3))</span>				
a. Cognitive?				
b. Physical (e.g., gross motor, fine motor, vision, hearing and health)?				<p>Evaluation and assessment requirements specify that, for purposes of determining initial eligibility, the multidisciplinary team must, with parent consent, include a review of pertinent records from the primary care physician and other sources related to the child’s current health status, physical development (<b>including vision and hearing</b>), and medical history, or arrange for participation by primary health care providers. Many times information about hearing and vision are included in these records. Vision screenings of Part C children must be conducted according to a state approved vision-screening checklist. In cases where a child fails the checklist the child shall be referred to an appropriate professional for diagnosis and treatment. Please note that hearing and vision testing required for the Part C evaluation and assessment is not for the purpose of diagnosing specific hearing and/or vision conditions, but is only for the purpose of identifying those children who need further diagnostic evaluation by a specialist. Information about the child’s hearing and vision status must be recorded in the child’s record and summarized in the IFSP.</p> <p>Relevant health information related to the child’s participation in early intervention should be included in the IFSP. Information may include chronic medical conditions, relevant birth history, concerns expressed by the child’s physician, etc.</p>
c. Communication (e.g., expressive and receptive language)?				
d. Social or emotional?				
e. Adaptive?				

**11: Root Cause Record Review ( Wyoming Indicator #11 – Child Evaluation and Assessment)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. Was the initial evaluation and assessment completed by at least two disciplines, including an evaluation/assessment of the child’s current developmental status and a review of pertinent information from other sources? (303.17, 303.322(c)(3)(i))				Federal Part C regulations require that a review of pertinent records related to the child’s current health status & medical history be conducted as part of the evaluation & assessment. Any available Information related to vision & hearing, existing developmental/therapeutic/medical evaluation & assessment, birth history, physician records, and information from other state early intervention programs should be included in the review regardless of age of information to determine what evaluation & assessments are necessary. Information related to the child’s developmental status and unique needs in all developmental areas should be current if used in determining eligibility and for the IFSP team to develop a meaningful IFSP. If the child is eligible as a result of an established condition, current developmental status is not necessary for determining eligibility, but is necessary for intervention planning & developing the IFSP.		Policies & Procedures T & TA Supervision Personnel Practices Funding
2. Does the composition of the evaluation and assessment team correspond with the child/family needs and information shared or gathered from referral? (quality)				Determining response to this item involves reviewing and evaluating referral information and information gathered from families during the intake process.		Practices Personnel Supervision
If not :						
a. Was there a discipline that should have been involved but was not? If, so which?				Respond “Yes” if a discipline should have been involved but was not. The reviewer should review information about the child presented at referral and information shared by the family and determine if presenting needs were reflected in the choice of those individuals who conducted the evaluation and assessment.		Practices Personnel Supervision
i. Occupational Therapy						
ii. Physical Therapy						
iii. Speech Language						
iv. Nutrition						
v. Medical						
vi. Special Instructor						
vii. Psychology						
viii. Audiology						
ix. Social Work						

**11: Root Cause Record Review ( Wyoming Indicator #11 – Child Evaluation and Assessment)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
b. Was there a discipline involved that was not necessary? If, so which?				Respond "Yes" if a discipline was involved that was not necessary. The reviewer should review information about the child presented at referral and information shared by the family and determine if presenting needs were reflected in the choice of those individuals who conducted the evaluation and assessment.		Practices Personnel Supervision Funding
x. Occupational Therapy						
xi. Physical Therapy						
xii. Speech Language						
xiii. Nutrition						
xiv. Medical						
xv. Special Instructor						
xvi. Psychology						
xvii. Audiology						
xviii. Social Work						

**11: Related Requirements Record Review (Wyoming Indicator #11 – Child Evaluation and Assessment)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
1. Was the child and family evaluated and assessed in the family’s native language or mode of communication, unless clearly not feasible to do so? (303.323(a))				Federal regulations require that the tests and other evaluation materials and procedures be administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so.	
2. Were assessment materials and procedures selected so as not to be racially or culturally discriminatory? (303.323)				The reviewer should look at the child and family information and determine if assessment materials selected so as not be racially or culturally discriminatory.	
3. Is there evidence that no single procedure was used as the sole criterion for determining the child’s eligibility? (303.323)				Multiple methods and procedures should be used in the evaluation and assessment of the child to determine the child’s eligibility. These may include: review of records from other sources (e.g., medical, health); observation of the child in various settings and activities; parent report regarding their child’s functional skills; test scores clinical judgment.	
4. Have subsequent evaluations been provided? (If no, skip to #5)				Federal regulations do not require re-evaluations on any standard schedule, but must be arranged as needs arise. Since on-going assessment is required (303.322(2) (ii), as part of intervention sessions, need for re-evaluation should be infrequent. One reason for conducting a re-evaluation may include the need to determine ongoing eligibility, especially if the child’s development, risk status, or medical/health status has changed.	
a. If yes, is there documentation to demonstrate that subsequent evaluations were necessary to either determine continuing eligibility and/or determining the status and the unique needs of the child in each of the developmental areas? (303.322(b))					
5. Is there documentation that ongoing assessment has been conducted to identify the child’s unique strengths and needs and services appropriate to meet those needs, and the family’s resources, concerns and priorities and supports and services necessary to enhance the family’s capacity to the needs of their child? (303.322(b)(2))				Information documented in ongoing service notes should reflect the child’s progress, including changes in the child’s unique strengths and needs, strategies & activities, and services & supports. In addition, information documented in ongoing service notes should reflect changes in family’s resources, concerns & priorities, and gains in family’s capacity. The IFSP should reflect changes in outcomes and services & supports as changes in the unique needs of children and families are documented in service notes. Answer <b>N/A</b> only if IFSP services have not been implemented.	
<p>See self-assessment data for:</p> <ul style="list-style-type: none"> <li>Wyoming indicator 12b – Procedural safeguards (consent prior to evaluation and assessment)</li> </ul>					

## Wyoming Indicator #12 – Procedural Safeguards

<p>Percent of children whose parents received procedural safeguards at the appropriate times including: a) written prior notice before proposing or refusing to initiate or change the identification, evaluation, or placement of the child or the provision of EI services to the child and family; b) consent prior to conducting the evaluation and assessment; and c) consent prior to providing IFSP services.</p> <p><b>Data Sources: Self-Assessment (12a and 12b) and Data System (12c)</b></p>				
Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
<p>11. Is there evidence that the parent was given written prior notice before each of the following events and that the content of the notice clearly described the action that will be taken and its purpose: <span style="float: right;">(303.403(b)),</span></p>				<p>Written prior notice must be given to the parents in a reasonable time before the early intervention program proposes, or refuses, to initiate or change the identification, evaluation or placement of the child, or prior to providing early intervention services. The notice must be in sufficient detail to inform the parents about the action that is being proposed or refused; the reasons for the action; all procedural safeguards; and the state's complaint procedures. <b>Notice must be provided in family's native language or other mode of communication.</b> For (a) through (j) below, the reviewer should compare the date on the copy of the written prior notice with each of the actions that occurred and required written prior notice.</p>
a. Screening, if provided?				
b. Initial evaluation and assessment?				
c. Initial IFSP meeting?				
d. Initiating of services on the IFSP?				
e. IFSP reviews?				
f. Initiating of new services on the IFSP?				
g. Subsequent evaluations?				
h. Annual IFSP meetings?				
i. Transition Conference?				
j. Discontinuing/exiting services?				
<p>12. Was parental consent obtained prior to conducting the initial evaluation and assessment? <span style="float: right;">(303.345(a))</span></p>				<p>The reviewer should compare the date on the copy of the consent for initial evaluation and assessment with the date the initial evaluation and assessment was provided.</p>

Note: There are no additional record review items for conducting Root Cause Analysis related to procedural safeguards.

**12. Related Requirements Record Review (Wyoming Indicator #12 – Procedural Safeguards)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
1. If necessary, was a surrogate parent appointed? (303.406)  If no, skip to #2				Answer "No" if a surrogate parent was necessary but not appointed. Answer N/A if a surrogate parent was not necessary.	
a. If a surrogate parent was appointed, is there documentation that reasonable effort was made to identify a "parent" before appointing a surrogate parent? (303.406(a))				This is not required for children who are in the custody of the Department of Social Services. For all other children, service notes should describe these efforts, i.e. searching records, asking family and friends, sending certified mail to addresses where the parent may have lived, making visits to those addresses	
2. If the parents refused to provide consent for evaluation, is there evidence in the child's record that the program made reasonable efforts to ensure that the parent: (303.404(b))				Mark N/A for (a) and (b) if the parent did not refuse to provide consent for evaluation.	
a. Is fully aware of the nature of the evaluation and assessment or the services that would be available;					
b. Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.					
3. Does the record include:					
a. A signed authorization for all outgoing correspondence including child specific information (including purpose for releasing information) that is in the parent's native language)? (34 CFR 99.30 & 99.32- FERPA)				Authorizations should have an expiration date. Expiration date may be a specific date, event, or condition (if condition or event, it must be within one year of authorization). If date of record review is past expiration date, verify that no information has been released since the expiration date. <b>Authorization must be in family's native language or other mode of communication.</b>	
b. A signed authorization for requested information from another agency/provider (including purpose for obtaining information) that is in the parent's native language? (34 CFR 99.30 & 99.32 – FERPA)					
4. Does the record include a list of individuals who have had access to the record, including date of access and reason for accessing? (34 CFR 99.32 - FERPA)				This document is for those individuals who are not personnel authorized to review records within individual programs. The Part C office is able to access and review these records (i) because monitoring is required by federal law; (ii) Part C is authorized as a health oversight agency to perform this function.	

**12. Related Requirements Record Review (Wyoming Indicator #12 – Procedural Safeguards)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
5. Is there documentation reflecting that evaluations and assessments <b>were conducted in the native language of family or other mode of communication used by the family unless clearly not feasible to do so?</b> (303.323(a))				Federal regulations require that the tests and other evaluation materials and procedures be administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so.	
6. Is there documentation that reflects that each of <b>the following IFSP meetings was conducted in the native language of family or other mode of communication used by the family unless clearly not feasible to do so:</b> (303.342(d)(1)(ii))					
a. Initial IFSP Meeting?					
b. IFSP Review?				Mark N/A if the 6 month review timeline has not yet occurred.	
c. Annual IFSP Evaluation Meeting?				Mark N/A if 365 days from the initial IFSP has not yet passed.	
7. Is there evidence that the IFSP team members received notification in sufficient time in order for them to participate in the following: (303.342 (d)(2))					
a. Initial IFSP Meeting?					
b. IFSP Review?				Mark N/A if the 6 month review timeline has not yet occurred.	
c. Annual IFSP Evaluation Meeting?				Mark N/A if 365 days from the initial IFSP has not yet passed.	
8. If the family declined any recommended IFSP service, is there appropriate documentation? (303.405)				The reviewer should check to see if the parent refused consent or withdrew consent for the provision of any services and check to make that only those services for which the parent gave consent were provided. If the parent does not provide consent to any service, this should be documented in the child's record. Mark N/A if the parent did not decline any services	
9. Are only those services for which the parent gave consent provided? (303.342(e))				Although the IFSP team decides if an ITP service is needed, the family can determine whether or not they will accept or decline any ITP service without jeopardizing their right to receive other ITP services. Answer N/A only if IFSP services have not yet been implemented	

## Wyoming Indicator #13 – Service Provision

Percent of children for whom services are provided: a) as outlined on the IFSP; and b) by qualified personnel.

**Data Sources: Self-Assessment**

Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
13. Were the following services identified on the IFSP provided as specified: <span style="float: right;">(303.12)</span>				For (a) through (j) below, the reviewer should compare the services listed on each IFSP and its frequency, intensity, and duration with the service notes to determine if each of the services were provided in accordance with the IFSP. If the services is not on the IFSP mark N/A. Then, for services not provided as specified on the IFSP, check all of the applicable reasons.
a. Occupational Therapy				
If not, indicate which of the following reasons apply:				
i. Due to family circumstances?				Family circumstances could include family/child illness, parent unable to scheduling appointments according to frequency/intensity of services on the IFSP, family failing scheduled appointments, etc.
ii. Due to CDC circumstances?				CDC circumstances may be related to staff case load at capacity, staff vacancies, staff illness, staff vacation, etc.
iii. Due to provider circumstances?				Provider circumstances may be related to provider case load at capacity, no provider available, provider illness, provider vacation, etc.
iv. Other (specify) _____?				
b. Physical Therapy				
If not, indicate which of the following reasons apply:				See above
i. Due to family circumstances?				
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				
iv. Other (specify) _____?				

Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
c. Speech Language				
If not, indicate which of the following reasons apply:				See above
i. Due to family circumstances?				
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				
iv. Other (specify) _____?				
d. Nutrition				
If not, indicate which of the following reasons apply:				See above
i. Due to family circumstances?				
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				
iv. Other (specify) _____?				
e. Medical				
If not, indicate which of the following reasons apply::				See above
i. Due to family circumstances?				
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				
iv. Other (specify) _____?				
f. Special instruction				
If not, indicate which of the following reasons apply:				See above
i. Due to family circumstances?				
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				
iv. Other (specify) _____?				
g. Psychology				
If not, indicate which of the following reasons apply:				See above
i. Due to family circumstances?				

Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				
iv. Other (specify) _____				
h. Audiology				
If not, indicate which of the following reasons apply:				See above
i. Due to family circumstances?				
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				
iv. Other (specify) _____?				
i. Social Work				See above
If not, indicate which of the following reasons apply:				
i. Due to family circumstances?				
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				
iv. Other (specify) _____?				See above
j. Other (Specify) _____				
If not, indicate which of the following reasons apply:				
i. Due to family circumstances?				
ii. Due to CDC circumstances?				
iii. Due to provider circumstances?				For the services listed below, (i) through (x), the reviewer should compare the names/credentials of personnel providing services with the personnel/contractor list submitted with the application for funds (using the most recent updated list). Check N/A <u>only</u> if the service is <u>not</u> on the IFSP.
iv. Other (specify) _____?				
1. If the following services were identified as necessary to meet the needs of the child and family in the IFSP, were they provided by qualified personnel? <p style="text-align: right;">(303.361)</p>				
i. Occupational Therapy				
ii. Physical Therapy				
iii. Speech Language				
iv. Nutrition				

Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
v. Medical				
vi. Special Instruction				
vii. Psychology				
viii. Audiology				
ix. Social Work				
x. Other _____				

Note: There are no additional record review items for conducting Root Cause Analysis related to procedural safeguards.

**13. Related Requirements Record Review ( Wyoming Indicator #13 – Service Provision)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
1. Do the services outlined in the IFSP appear to be based on peer reviewed research, to the extent practicable in meeting the needs of the child and family? (20 USC 1436(d))				The reviewer should base the response to this question on evidence-based practices in early intervention services (e.g., children learn best through everyday experiences and interactions with family people in familiar contexts, primary role of the service provider is to work with and support the family members and caregivers in the child's life),	
2. Are the services and supports identified in the IFSP designed to enhance the capacity of the family in meeting the developmental needs of their child? (303.322 (d)(1))				There is evidence that services reflect the needs the of the family as reported in the interview with the family to gather information about everyday routines and activities as well as their concerns, priorities and resources. Service notes should reflect service providers modeling, problem solving, and coaching families as part of every session.	
3. Do the services listed on the IFSP seem appropriate to achieve the child and family outcomes identified in the IFSP taking into account the developmental status of the child (unique needs) and the family's concerns, priorities and resources? (303.344 Note 3; 303.12 (a)(1))				303.344 Note 3 states that the early intervention services in 303.344(d) are those services that a State is required to provide to a child in accordance with 303.12 (a)(1). 303.12 (a)(1) states that early intervention services are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development. Therefore, services listed should meet the unique needs of the child and family to achieve the outcomes identified including the frequency, intensity and method of delivering services.	
4. Are all services provided, including contacts with or on behalf of the child/family, documented in the record with a service note?					
5. Does each service note for services provided include:					
a. all parties involved in the service provided, including parents and caregivers				A proper signature contains an original legal signature [no signature stamps] with date of signature, along with the appropriate clinical credentials for the documented service provided. Job titles alone do not always indicate proper credentials. Licensure or certification credentials as appropriate to the service, such as LCSW, ITFS, etc. must be included.	
b. the date and place of the service and the amount of time (and the corresponding units) spent providing the service?					
6. Does each service note for services that are provided indicate: (quality)					
a. the specific interventions utilized?				Answer N/A only is no IFSP services have been implemented.	

**13. Related Requirements Record Review ( Wyoming Indicator #13 – Service Provision)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
b. IFSP goals and outcomes that were the focus of the service?					
c. the effectiveness of the interventions used, including measurable progress noted and the child and family/caregiver's response to interventions and recommendations?					
7. Do the service notes reflect the use of strategies and interventions that support how children learn including identifying activities that the child and family like to do and the various learning opportunities that naturally occur throughout everyday routines and activities of the child and family in accordance with the IFSP? (quality)				Answer N/A only is no IFSP services have been implemented.	
8. Do the service notes reflect the use of a variety of methods to support parents and caregivers in facilitating their child's learning opportunities? (quality)				A variety of methods should be used to support parents and caregivers in facilitating their child's learning. Such methods may include modeling or demonstrating, videoing activities, using conversations and listening, providing written information, coaching, joining in with the parent/child interactions, observing and summarizing, etc. Answer N/A only is no IFSP services have been implemented	
9. Do the service notes reflect that parent priorities and concerns are being addressed? (quality)				The reviewer should review the concerns and priorities identified by the parents during the family assessment and review service notes to determine if they are being addressed. Answer N/A only is no IFSP services have been implemented	
10. Do the service notes reflect problem solving with parents and caregivers regarding what's working and challenging between intervention sessions? (quality)				Answer N/A only is no IFSP services have been implemented	
11. Is there documentation that ongoing assessment has been conducted to identify the child's unique strengths and needs and services appropriate to meet those needs, and the family's resources, concerns and priorities and supports and services necessary to enhance the family's capacity to the needs of their child? (303.322(b)(2))				Information documented in ongoing service notes should reflect the child's progress, including changes in the child's unique strengths and needs, strategies & activities, and services & supports. In addition, information documented in ongoing service notes should reflect changes in family's resources, concerns & priorities, and gains in family's capacity. The IFSP should reflect changes in outcomes and services & supports as changes in the unique needs of children and families are documented in service notes. Answer N/A only is no IFSP services have been implemented.	

**13. Related Requirements Record Review ( Wyoming Indicator #13 – Service Provision)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
12. Is there documentation in the record that demonstrates changes in service delivery are made when needed based ongoing assessment and service notes? (quality)				Information documented in ongoing service notes should reflect the child's progress, including changes in the child's unique strengths and needs, strategies & activities, and services & supports. In addition, information documented in ongoing service notes should reflect changes in family's resources, concerns & priorities, and gains in family's capacity. The IFSP should reflect changes in outcomes and services & supports as changes in the unique needs of children and families are identified. Answer N/A only is no IFSP services have been implemented	
See data and root cause analysis for: <ul style="list-style-type: none"> <li>• <a href="#">SPP/APR Indicator #1 - Timely Services</a></li> </ul>					

## Wyoming Indicator #14 – Timely IFSP Meetings

Percent of children who received timely IFSP meetings: a) 6 month reviews; and b) Annual IFSP evaluation.

**Data Source: Data System**

### 14. Root Cause Record Review ( Wyoming Indicator #14 – Timely IFSP Meetings)

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. If the 6 months review was not provided within 6 months, which of the following reasons apply:				Answer N/A only if an IFSP review was not conducted.		Policies & Procedures
a. Due to family circumstances?						T & TA
b. Due to CDC circumstances?						Practices
c. Due to provider circumstances?						Funding
d. Other (specify) _____?						Supervision
2. If the annual IFSP evaluation meeting is not conducted within 365 days from the initial IFSP, which of the following reasons apply:				Answer N/A only if annual IFSP evaluation meeting was not conducted.		Policies & Procedures
a. Due to family circumstances?						T & TA
b. Due to CDC circumstances?						Practices
c. Due to provider circumstances?						Funding
d. Other (specify) _____?						Supervision

**14. Related Requirements Record Review (Wyoming Indicator #14 – Timely IFSP Meetings)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
1. Has an IFSP Review or annual IFSP evaluation meeting been held?  If not, skip the remaining questions					
2. Has an IFSP Review been held at least every 6 months?  (303.342(b))				The purpose of the periodic review is to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the outcomes or services is necessary. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants. Records should document that IFSP reviews are held 6 months from date of the last IFSP. An IFSP review is required if there is to be a change in services or outcomes. Answer N/A only if 6 months have not yet passed requiring an IFSP review.	
3. Is there documentation in the record that demonstrates that IFSP reviews are held more frequently than once every 6 months if necessary to review and modify the IFSP?  (303.342(b)(a))				Federal regulations require that a review of the IFSP must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. Outcomes and services (including frequency and intensity) cannot be modified without an IFSP review. Mark N/A if the IFSP review is not needed prior to 6 months	
4. Is there documentation that ongoing assessment has been conducted to identify the child's unique strengths and needs and services appropriate to meet those needs, and the family's resources, concerns and priorities and supports and services necessary to enhance the family's capacity to the needs of their child?  (303.322(b)(2))				Information documented in ongoing service notes should reflect the child's progress, including changes in the child's unique strengths and needs, strategies & activities, and services & supports. In addition, information documented in ongoing service notes should reflect changes in family's resources, concerns & priorities, and gains in family's capacity. The IFSP should reflect changes in outcomes and services & supports as changes in the unique needs of children and families are documented in service notes. Mark N/A only if IFSP services have not yet been implemented.	
5. Does the IFSP review document progress toward achieving outcomes?  (303.342(b)(1)(i))				Mark N/A only if IFSP services have not yet been implemented.	
6. Does the IFSP review document if any revisions to the IFSP were made?  If no, skip to #7  (303.342(b)(1)(ii))				Mark N/A only if IFSP services have not yet been implemented.	
7. If yes, were modifications made to:					
a. Child and family outcomes?					
b. Entitled early intervention supports and services?					

**14. Related Requirements Record Review (Wyoming Indicator #14 – Timely IFSP Meetings)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
c. Do the modifications seem appropriate based upon ongoing assessment and information in the child's record?					
d. Is there documentation that the parent agreed to revise or not revise the IFSP?				The reviewer should look for a signature of the family on the IFSP.	
8. Which of the following required participants participated in the IFSP periodic review meeting? (303.343(b))				Only review those IFSP meetings that occurred during the fiscal year from July 1 <sup>st</sup> to June 30 <sup>th</sup> . If an IFSP periodic review did not take place during this time line, and was suppose to occur indicate "No".	
a. Parent/Surrogate Parent					
b. Other family members as requested by the parent, if feasible to do so				Mark N/A only if the family did not request if other family members participate.	
c. An advocate or person outside of the family if the parent requests that the person participate				Mark N/A only if the family did not request that an advocate or person outside of the family participate.	
d. Service Coordinator designated for the child and family				Federal regulations require that the service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated to be responsible for implementation of the IFSP must participate in the IFSP meeting.	
e. Person(s) directly involved in conducting the evaluations and assessments				If conditions warrant, provisions must be made for these individuals to participate in the IFSP review. Mark N/A if these individuals were not needed and they did not participate.	
f. As appropriate, persons who will be providing services to the child/family					
9. Has the IFSP been evaluated, updated, and signed within 365 calendar days of the initial or prior annual IFSP? (303.342(c)) If the annual IFSP meeting has not yet occurred, skip the following questions.				Mark N/A only if the annual IFSP meeting is not yet required to occur.	
10. Who participated in the annual meeting to evaluate the IFSP? (303.343)				Only review those IFSP meetings that occurred during the fiscal year from July 1 <sup>st</sup> to June 30 <sup>th</sup> . If an initial IFSP was not conducted during this time line, indicate N/A. If an annual IFSP meeting did not take place during this time line, and was suppose to occur indicate "No". If it did not occur and was not yet required to occur, indicate N/A.	
a. Parent/Surrogate Parent					
b. Other family members as requested by the parent, if feasible to do so				Mark N/A only if the family did not request if other family members participate.	

**14. Related Requirements Record Review (Wyoming Indicator #14 – Timely IFSP Meetings)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
c. An advocate or person outside of the family if the parent requests that the person participate				<b>Mark N/A only if the family did not request that an advocate or person outside of the family participate.</b>	
d. Service Coordinator designated for the child and family				Federal regulations require that the service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated to be responsible for implementation of the IFSP must participate in the IFSP meeting.	
e. Person(s) directly involved in conducting the evaluations and assessments				If an individual who is directly involved in conducting the evaluation and assessment is unable to attend the meeting, arrangements are made for the person's involvement through other means including (a) use of telephone, (b) knowledgeable representative attend meeting, or (c) making pertinent records available at the meeting. Documentation of how persons unable to attend the IFSP review participated in the review or meeting must be made in order to select YES.	
f. As appropriate, persons who will be providing services to the child/family					
11. Is there documentation that reflects that each of the following IFSP meetings was conducted in the native language of family or other mode of communication used by the family unless clearly not feasible to do so: (303.342(d)(1)(ii))					
a. IFSP Review?					
b. Annual IFSP Evaluation Meeting?				Mark N/A only if the Annual IFSP Evaluation Meeting was not yet required to occur.	
12. Is there evidence that the IFSP team members received notification in sufficient time in order for them to participate in the following: (303.342 (d)(2))					
a. IFSP Review?					
b. Annual IFSP Evaluation Meeting?				Mark N/A only if the Annual IFSP Evaluation Meeting was not yet required to occur.	

## Wyoming Indicator #15 – Functional IFSP Outcomes and Strategies

<p>Percent of children whose IFSP includes: a) Outcomes that are measurable; b) Outcomes that are related to family priorities, concerns and resources; c) Outcomes that are functional and reflect the child and family’s every day routines and activities; and d) Strategies/activities designed to support the capacity of the family to enhance the child’s development.</p> <p><b>Data Sources: Self-Assessment</b></p>				
Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
2. Does the IFSP include outcomes (or statements of measurable results) that are expected to be achieved, including pre-literacy and language as developmentally appropriate?				
If yes, answer (a) through (d) below.				For (a) through (d) below, the reviewer should provide a “yes” response to the following questions, (a) through (d), <u>ONLY</u> if the reviewer can answer <u>yes</u> that <b>all IFSP outcomes (or strategies) for the child comply with the item / question.</b>
a. Are IFSP outcomes measurable? (303.12 (a)(1), 303.344 (c))				IFSP Outcomes should include criteria, procedures, and timelines for determining progress and whether modifications or revisions are necessary. Outcomes should state what the child will do or have, under what circumstances, and when. Outcomes should be specific enough to be able to determine when the outcome is achieved.
b. Are the IFSP outcomes stated to reflect family priorities, concerns and resources?  (303.12(a)(2))				A yes response to this question is if all child and family IFSP outcomes are clearly based on family concerns and priorities (e.g. there are clear connections between information on Family Information section of the IFSP and the IFSP outcomes).
c. Are the IFSP outcomes functional and stated in terms of the child’s participation in everyday routines and activities?  (quality)				In determining if child IFSP outcomes are functional, a yes response would be if they reflect what the child will do in everyday routines and activities. Child outcomes are not functional if they are written: <ul style="list-style-type: none"> <li>• as services to be provided, and/or</li> <li>• in discipline-specific therapeutic language, and/or</li> <li>• in vague terms, and/or</li> <li>• without relevance to everyday routines and activities.</li> </ul>
d. Do the strategies/activities support the capacity of the family/caregivers to enhance the child’s development and achieve each IFSP outcome?  (quality)				A yes response should be made if strategies and activities reflect that the professional is supporting the family/caregivers to implement intervention strategies, which take place in the home and community settings. If strategies and activities reflect only what the professional will do with the child and only include specialized places and equipment, then strategies are not designed to support the capacity of the family/caregiver.

**14. Root Cause Record Review ( Wyoming Indicator #14 – – Functional IFSP Outcomes and Strategies)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. Did the family identify its resources, priorities and concerns related to enhancing their child's development through a family-directed assessment? (303.322(d))				A family directed assessment of the family's concerns, priorities, and resources related to enhancing their child's development should be completed. Participation by the family in this assessment is voluntary because it is at the family's discretion what information is shared and what they want included as part of evaluation and intervention planning. Personal interviews with the family must be used to conduct the family assessment, whether done informally or using more formal protocols.		Policies & Procedures  T & TA  Practices
2. Does the family assessment include the parents' perceptions of their child's abilities and needs related to participation in everyday routines and activities? (quality)				In addition to information in the IFSP, the reviewer should look for information that may have been identified by the family at the time of referral, through the team evaluation narrative or in service coordinator initial and ongoing notes. The reviewer should only mark "N/A" if the family declined the family assessment.		T & TA  Practices

**15. Related Requirement Record Review ( Wyoming Indicator #15 – Functional IFSP Outcomes and Strategies)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
1. For those records where there is no information about family identified resources, priorities and concerns, is there documentation that the family declined? (303.322(d)(2))				In the event that the family declines to participate in a family directed assessment, this must be documented in a service note or evaluation report.	
2. Does the IFSP include measurable results or outcomes related to pre-literacy and language expected to be achieved for the child, as developmentally appropriate? [20 U.S.C. 1436(d)]					
3. Do IFSP strategies incorporate how children learn including activities that the child and family like to do and find interesting and the various learning opportunities that naturally occur throughout everyday routines and activities of the child and family? (quality)					
4. Are the services and supports identified in the IFSP designed to enhance the capacity of the family in meeting the developmental needs of their child? (303.322 (d)(1))					

## Wyoming Indicator #16 – IFSP Statement of Child’s Functional Skills

Percent of children whose IFSPs include a statement/description of the child’s developmental status in all areas including: a) The child’s functional skills (in each area); and b) The child’s developmental levels (in each area).

**Data Source: Data System**

### 16. Root Cause Record Review (Wyoming Indicator #16 – IFSP Statement of Child’s Functional Skills)

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
15. Was the initial evaluation and assessment completed by at least two disciplines, including an evaluation/assessment of the child’s current developmental status and a review of pertinent information from other sources?  (303.17, 303.322(c)(3)(i))				Federal Part C regulations require that a review of pertinent records related to the child’s current health status & medical history be conducted as part of the evaluation & assessment. Any available Information related to vision & hearing, existing developmental/therapeutic/medical evaluation & assessment, birth history, physician records, and information from other state early intervention programs should be included in the review regardless of age of information to determine what evaluation & assessments are necessary. Information related to the child’s developmental status and unique needs in all developmental areas should be current if used in determining eligibility and for the IFSP team to develop a meaningful IFSP. If the child is eligible as a result of an established condition, current developmental status is not necessary for determining eligibility, but is necessary for intervention planning & developing the IFSP.		Policies & Proc  Supervision  Personnel  T & TA  Funding

**16. Root Cause Record Review (Wyoming Indicator #16 – IFSP Statement of Child’s Functional Skills)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. Does the composition of the evaluation and assessment team correspond with the child/family needs and information shared or gathered from the family/caregivers and other providers?  (quality)				Determining response to this item involves reviewing and evaluating information gathered from families as well as other service providers that are involved with child and family.		Supervision Personnel T & TA Funding
If not						
a. Was there a discipline that should have been involved but was not? If, so which?				Respond “Yes” if a discipline should have been involved but was not.		Policies & Proc Supervision Personnel T & TA Funding
Occupational Therapy						
Physical Therapy						
Speech Language						
Nutrition						
Medical						
Special Instructor						
Psychology						
Audiology						
Social Work						
c. Was there a discipline involved that was not necessary? If, so which?				Respond “Yes” if a discipline was involved that was not necessary.		Policies & Proc Supervision Personnel T & TA Funding
Occupational Therapy						
Physical Therapy						
Speech Language						
Nutrition						
Medical						
Special Instructor						
Psychology						
Audiology						
Social Work						

**16. Related Requirement Record Review ( Wyoming Indicator #16 – IFSP Statement of Child’s Functional Skills)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
1. Was the child and family evaluated and assessed in the family’s native language or mode of communication if appropriate and feasible to do so? (303.323)					
2. Were assessment materials and procedures selected so as not to be racially or culturally discriminatory? (303.323)					
3. Is there evidence that no single procedure was used as the sole criterion for determining the child’s eligibility? (303.323)				Multiple methods and procedures should be used in the evaluation and assessment of the child to determine the child’s eligibility. These may include: review of records from other sources (e.g., medical, health); observation of the child in various settings and activities; parent report regarding their child’s functional skills; test scores clinical judgment.	
4. Is the statement of the child’s current status in each required developmental area described functionally, including strengths and needs relevant to challenges and what is working well in everyday routines and activities? (quality)				A “No” response would be indicated if the child’s current status is only summarized in terms of <b><u>one or more of the following:</u></b> 4. test scores 5. child’s deficits 6. vague child strengths without describing developmental status as it relates to everyday routines and activities	
5. Does the status of current abilities includes sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities, and is there information on how the child’s concerns, fears or dislikes impact successful participation? (quality)				A “No” Response would be noted if the status of current abilities <b><u>does not</u></b> include information about people, places and things that are motivators, interests, fears and dislikes.	
<p>See data from self-assessment and data system for:</p> <ul style="list-style-type: none"> <li>Wyoming Indicator 11 – Evaluation and Assessment in all areas by qualified personnel</li> </ul>					

**Wyoming Indicator #17 – Informed Clinical Opinion**

Percent of children whose eligibility determinations included the use of clinical opinion				
Data Sources: Self-Assessment				
Question	Yes	No	N/A	Guidance for Self-Assessment Record Reviewer
16. Is there documentation showing evidence that informed clinical opinion was used during evaluation and assessment?  (303.322 (c)(2))				<p>The reviewer should review the evaluation and assessment reports (MDT) and eligibility statements to determine if informed clinical opinion was use to determine eligibility.</p> <p>The evaluation report(s) should contain information beyond test scores, including a description of developmental skills and evidence that informed clinical opinion was used to determine eligibility. (See NECTAC Notes: Informed Clinical Opinion)</p>

**17. Root Cause and Related Requirement Record Review ( Wyoming Indicator #17 – Informed Clinical Opinion)**

Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments	Root Cause
1. Does evaluation and assessment of the child include professional expertise and observations to assist in forming a determination regarding difficult to measure aspects of the child's developmental status? (quality)				The reviewer should look for information such as a physical therapist observing the child in various activities and routines and making clinical judgments about such things as muscle tone and its impact on a child's functional skills. The use of informed clinical opinion is especially important if there are no standardized measures, or if the standardized procedures are not appropriate for a given age or developmental area		T & TA Practices Personnel
2. Is there evidence in the child's record that reflects information and observations by the child's parents and caregiver's about the child's abilities and needs in everyday routines reported are incorporated into the assessment of the child? (quality)						T & TA Practices Personnel
3. Is there evidence that the professional observed interactions between the parent and child? (quality)						T & TA Practices Personnel
4. Is there evidence that the team synthesized individual practitioner's clinical opinion and that no one team member decides eligibility or developmental status? (quality)						T & TA Practices Personnel
<p>See data from self-assessment and data system for:</p> <ul style="list-style-type: none"> <li>Wyoming Indicator 11 – Evaluation and Assessment in all developmental areas by qualified personnel</li> </ul>						

**Section XVII: SPP/APR Indicator #18 – Qualified Personnel**

Percent of personnel employed by program and their contractors that meet state personnel standards/qualifications

**Data Source: Personnel Report**

See data related to Wyoming Indicator #11a - Evaluation and assessment conducted by qualified personnel and Wyoming Indicator #13b - IFSP Services provided by qualified personnel.