

New Mexico Family Infant Toddler Program
Child Record Review

Child's Name:	Date of Birth:	Date of Referral:
Reviewer:	Review Date:	Provider Agency:

Use Sample 1

Referral and Intake	YES	NO	N/A	Evidence	Comments
1) Referral date clearly documented (on intake / referral form); Matches Referral Date in FIT KIDS				Yes = Referral date on referral form matches date above (FIT KIDS) No = Referral date on referral form does not match date above (FIT KIDS)	
2) DOB clearly documented; Matches DOB in FIT KIDS				Yes = DOB on referral form matches date above (FIT KIDS) No = DOB on referral form does not match date above (FIT KIDS)	
3) If county is served by more than one provider, freedom of choice form is signed and in file.				Yes = Signed/dated Freedom of Choice with program indicated for correct county No = Freedom of Choice form not in file; or form not signed by parent or program not indicated on form N/A = only 1 provider in county	
4) Family received rights / procedural safeguards - FIT Family Handbook given to family & discussed (FSC case notes).				Yes = FSC log or program form No = No form or FSC note indicated they reviewed rights, etc.	
5) Public and Private Insurance Form completed. <i>(If family does not have Medicaid or private insurance, the, Medicaid worksheet is completed)</i>				Yes = Insurance form in file with consent boxes checked; insurance information entered in FIT KIDS or worksheet completed and in file No = Consent boxes not checked; form not in file; worksheet not completed	

Evaluation & eligibility determination	YES	NO	N/A	Evidence	Comments
6) PWN for CME provided.				Yes = PWN for CME with date, time, activity completed No = PWN not completed (date, time, activity blank or TBD)	
7) CME conducted by at least 2 qualified professionals				Yes = CME with team member signatures No = CME not in file; does not list two disciplines; not signed by two disciplines	
8) Medical Records present in the child's record prior to completion of the CME.				Yes = MR in file; MR requested multiple times prior to CME; timely requests No = No MR in file; requests are not timely; no requests made. If eligibility AR, M/B or EC - must be in file prior to eligibility determination.	
9) CME includes child's level of functioning in each developmental area: Cognitive Communication Social & Emotional Adaptive Physical Vision Hearing				Yes = CME covers each developmental area (including hearing and vision); includes the unique needs of the child and family. If child referred on OAE, there must be follow up. If there are vision concerns, must be referral to NMSBVI No = All developmental areas not included; hearing and vision results not included; no follow up on hearing/vision	
10) Information from the routines-based interview process shall be included in the CME report noting child strengths and parent concerns.				Yes = Includes statements of what the child can do in everyday routines and activities. Includes what is challenging as well as what is working. No = Only reflects how the child did on test items, a description of isolated, domain-based skills, strengths not relevant to the family's everyday routines.	
11) Evaluation tools shall be used in accordance with the manual and established protocols for that tool. ➤ The following must be completed on the IDA Record: <ul style="list-style-type: none"> • Cover page • Provence Profile protocol for least three different age zones i.e. above and below the child's age (adjusted if applicable) for all eight domains 				Yes = Age box on cover completed; 3 age zones scored for all 8 domains No = Age box on cover not completed; 3 age zones not scored for all 8 domains N/A= IDA not required	

Evaluation & eligibility determination	YES	NO	N/A	Evidence	Comments
12) CME includes . . . at least one appropriate instrument: a) under one (< 1) month of age (adjusted) the IDA will not be used. Instead one of the approved tools (right) shall be used together with informed clinical opinion. b) over one (>1) month of age (adjusted) and under four (<4) months of age (adjusted) the IDA shall be used in conjunction with one of the approved tools: c) For 4 months of age and older, the Infant-Toddler Developmental Assessment (IDA) must be used. Other tools, such as domain specific tools, may be used in addition.				Yes = <1 month = tool & ICO statement; >1 - <4 months = IDA plus approved tool > 4 months = IDA No = Correct tool for age not used	
d) For children referred between 18 months and 30 months of age the M-CHAT-R autism screening shall be conducted and as part of their CME. For children referred who are younger than 18 months the M-CHAT-R/F autism screening shall be conducted once the child is 18 months old and again at 24 months of age				Yes = Completed M-CHAT including follow up questions in file No = M-CHAT not completed at required age N/A = Child not at required age	
e) For a child who is blind, the CME team, in collaboration with NMSBVI, will administer The Oregon Project Skills Inventory (in lieu of IDA).				Yes = Oregon Project Skills Inventory in file; administered by NMSBVI (no IDA) No = IDA completed; Oregon Project Skills Inventory not used; NMSBVI not included N/A = Child not blind	
f) For a child who has visual impairments or low vision, but who is not blind, the IDA may be used with supplemental items from the Oregon Project Skills Inventory with consultation from NMSBVI.				Yes = Oregon & IDA protocols; NMSBVI administers Oregon No = IDA only; NMSBVI not included in administering Oregon N/A = Child does not have visual impairments	
g) For a child who has a hearing loss or is deaf the following tools are approved: <ul style="list-style-type: none"> ▪ The Visual Communication & Sign Language Checklist ▪ The McCarther-Bates Communicative Developmental Inventories ▪ The Language Development Scale ▪ The REEL-3 ➤ NMSD will consult the CME team and administer one or more of these tools. ➤ Information will be used to supplement developmental information gained from the IDA				Yes = Approved tool in completed & in file; administered by NMSD; IDA in file No = only IDA used; NMSD not involved N/A = Child does not have hearing impairment/not deaf	
13) Child's correct eligibility documented on the CME and the initial IFSP.				Yes = Eligibility on CME report and initial IFSP match No = Eligibility on CME report and initial IFSP are different	
14) If child's eligibility is AR, E , CME includes information from ERA tool and completed tool is in file.				Yes = ERAT in file No = ERAT not in file N/A = Child not eligible under ER	

Evaluation & eligibility determination	YES	NO	N/A	Evidence	Comments
15) Eligible due to EC or AR, M/B , condition is listed on the approved list of conditions OR agency has documentation showing the FIT Program has recognized a condition as an EC or AR, M/B				Yes = Condition/diagnosis on recognized list; agency has FIT approval No = Condition/diagnosis not on recognized list; agency does not have FIT approval N/A = Child not eligible due to EC or M/B Risk	
16) For a child enrolled due to EC or M/B Risk , medical records include the diagnosis. (Condition or diagnosis is present at the time eligibility is being determined.)				Yes = MR include the condition/diagnosis No = MR do not include the condition/diagnosis N/A = Child not eligible due to EC or M/B	
17) For a child enrolled due to developmental delay , one of the following criteria apply: <ul style="list-style-type: none"> ➤ There is a 25% delay documented utilizing the tool(s) approved ➤ if the FIT program approved tool does not indicate a 25% delay, a domain-specific tool was used to establish eligibility and the score is 1.5 standard deviations below the mean or greater ➤ informed clinical opinion was used and was documented as "significant atypical development" 				Yes = 25% delay indicated on IDA or a 1.5 SD indicated on other tool or ICO No = There is not a 25%; or 1.5 SD nor a ICO statement N/A = Child not eligible due to DD	
18) If Informed Clinical Opinion was used to determine the child's eligibility, documentation must be provided to justify the child's eligibility including: <ul style="list-style-type: none"> ➤ A description of the impact on daily routines and activities ➤ A description of the child's skills compared the skills of a typical same age peer and is used only for the following circumstances: <ul style="list-style-type: none"> ➤ a clear developmental level could not be gained through the use of the approved tool(s) or domain-specific tools; or ➤ there were inconsistencies in the child's performance or inconsistencies in the results of the evaluation 				Yes = ICO statement contains criteria on left and is used only as described on left No = ICO statement does not meet criteria on left and/or is not used as described on left N/A = Not eligible with ICO	
19) If informed clinical opinion is used to determine the child's eligibility, there is documentation of a second level review and sign off within the early intervention provider agency by someone of equal or higher certification or licensure that was not part of the evaluation team				Yes = 2 nd level reviewer signature No = No 2 nd level reviewer signature N/A = ICO statement not required	
Interim IFSP	Yes	No	N/A	Evidence	Comments
20) Interim IFSP only used if services need to begin prior to the initial IFSP				Yes = Documentation that services needed to start prior to the completion of the IFSP No = Inadequate documentation that services needed to start prior to the completion of the IFSP N/A = There is no interim IFSP	

Review current IFSP only

IFSP	Yes	No	N/A	Evidence	Comments:
21) Prior Written Notice (PWN) for the IFSP meeting (current IFSP)				Yes = PWN for IFSP meeting with date, time, activity listed & signed by parent No = PWN for IFSP meeting does not have date, time, activity listed and/or not signed by parent	
22) Documentation that a routine based interview process (Your Family) was conducted or documentation the family declined				Yes = Description includes details on each major routine/activity: what's challenging at home & in community, what's working at home & in the community, what's motivating for the child, who is involved in the activity, and what the child likes and dislikes No = Family schedule is listed; "no concerns"; areas blank	
23) The IFSP outcomes are reflective of the concerns, priorities and resources of the family & the child's present levels of functioning				Yes = There is a clear connection between the IFSP outcome(s) and the priorities identified by the family through the RBI process. No = Outcome(s) seems to be based on provider priorities or something other than family concerns and priorities	
24) Supports and services are incorporated into the family's everyday routines, activities, and places				Yes = At least 1 family routine is used in a strategy; strategy to complete OAE if OAE not completed during CME No = No family routines are used (generic strategies), uses vague terms without relevance to everyday routines and activities; if OAE not completed during CME and not completed by IFSP - must have a strategy to complete the OAE.	
25) Services relate to the outcomes for the child and family				Yes = services seem reasonable given: the unique developmental needs of the child, the family's concerns, priorities and resources, and are necessary to achieve the IFSP outcomes No = Services do not address the unique developmental needs of the child or the concerns, priorities and resources of the family or seem likely to be overwhelming or burdensome to the family rather than building family capacity.	
26) IFSP meeting included at least parent(s), SC, and EI provider				Yes = FSC, 1 EI provider and parent present, face to face, @ IFSP meeting. (evaluation team representation does not have to be face to face) No = FSC and parent only; FSC & parent face to face with EI provider on phone; FSC, EI provider, parent on phone	
27) Reason documented if the initial IFSP meeting is not held within 45 days of the referral				Yes= FSC notes reflect at least 3 attempts on various days/times to schedule the IFSP within 45 days; FSC notes reflect at least 3 cancellations/no shows by family during the referral - IFSP process; FSC notes reflect a family request to delay the IFSP meeting;	

IFSP	Yes	No	N/A	Evidence	Comments:
				No = FSC notes do not reflect at least 3 attempts to schedule within 45 days; FSC notes reflect a gap between referral date and first contact; Family is given one choice for the IFSP meeting; FSC notes are not clear as to what is being scheduled N/A = IFSP meeting held within 45 days of referral	
28) Frequency and intensity are listed at the lowest denominator (e.g. 1 x week rather than 12 x quarter)				Yes = 1 x week, 2 x month, 1 x quarter No = 4 x month, 12 x year	
29) Justification provided if service will not be provided in natural environment (home / community setting)				Yes = Justification supports services not in a natural environment & includes plan to return services to a natural environment No = No justification statement N/A = Services are in a natural environment	
30) Initial Early Childhood Outcomes (ECO) summary form is completed within 60 days of the initial IFSP meeting				Yes = ECO summary form completed within 60 days No = ECO summary form is not completed within 60 days of the IFSP N/A = It has not been 60 days since the IFSP	
31) The FSC will coordinate the collection of information and data for the Early Childhood Outcomes score in accordance with the ECO manual. ECO Manual page 28, #4: Sufficient information requires: All developmental levels documented using age ranges obtained from evaluation and assessment results Functional descriptions of strengths and needs provided Functional descriptions include what will support the child in making progress in each developmental area All information is written using family friendly language Relevant to daily life				Yes = PASN page includes: <ul style="list-style-type: none"> • all developmental levels using age ranges, • functional descriptions of strengths and needs as well as what will support the child in making progress, • information that is written using family friendly language, • information must be relevant to the family's daily life No = Summary does not include the minimum requirements stated above; summary only includes test items; summary is not relevant to the family's daily life	
32) Annual IFSP meeting held prior to the initial IFSP end date.				Yes = held before initial expired; FSC documentation reflects at least 3 attempts to schedule prior to end of initial No = not held prior to initial expiring; no FSC documentation of at least 3 attempts to schedule. N/A = Annual not required	
33) Annual IFSP - Ongoing assessment tool updated and is used to inform the IDA regarding eligibility re-determination.				Yes = Assessment tool & IDA protocol completed prior to the Annual IFSP No = Assessment tool not updated prior to the Annual IFSP; IDA not updated N/A = Annual IFSP not required	

Ongoing services (current IFSP)	Yes	No	N/A	Evidence	Comments:
34) Reason documented if all services are not provided within 30 days (except E&A, service coordination, respite, or non-FIT services that may be listed on the IFSP, such as child care, Early Head Start, etc.)				Yes = FSC documentation demonstrates at least 3 attempts by EI provider and/or FSC to contact the family to schedule the first visit No = FSC documentation does not reflect EI provider attempts to schedule a visit or documentation reflects that the EI provider did not contact the family soon enough to schedule a visit within 30 days, no home visit logs from EI provider indicating a family cancellation or no show. N/A = ALL ongoing IFSP services are provided within 30 days of the IFSP meeting or service start date	
35) PWN is given if the services / location / frequency of service(s) are changed.				Yes = PWN is completed appropriately No = PWN does not indicate the change in services or PWN not signed N/A = Services have not changed since the IFSP start	
36) For children eligible under Biological/medical Risk or Environmental Risk , services are limited to 24 hours of early intervention per IFSP year. <i>Not included in the 24 hours: FSC, Collaborative Consultation, E&A.</i>				Yes = IFSP service hours = or < 24 per year No = IFSP service hours exceed 24 hours per year N/A = Child not eligible as AR, MB or AR, E	
37) Ongoing assessment tool updated for the Periodic Review (6 Month)				Yes = Assessment tool updated prior to 6-month periodic review No = Assessment tool not updated prior to the 6-month periodic review N/A = Not timeframe for 6-month periodic review	
38) Periodic Review (6 Month) held within correct timeframe				Yes = Periodic Review must be held prior to the 6 month date (not just month) of the IFSP start date; FSC documentation reflects at least 3 attempts to schedule the review No = Review held late N/A = Not the timeframe for 6-month review	
39) Periodic Review (6 Month) included at least parent(s) and Service Coordinator				Yes = Parent and FSC @ 6-month periodic review No = Parent or FSC not @ 6-month periodic review; review not completed N/A = Not the timeframe for 6-month periodic review	

Date Child Turns Three:

Notes: A transition plan and conference are required for all children regardless of their eligibility category. Families cannot “choose” to not have a transition plan and/or conference.

Transition Planning	Yes	No	N/A		Comments:
40) Transition Plan, Part 1 completed at initial IFSP				Yes = Part 1 completed @ initial IFSP meeting No = Part 1 not completed @ initial IFSP meeting	
41) By the time the child is 24 months of age, Part 2 of the transition plan is completed <i>(at a minimum, projected completion dates have been entered in Part 2)</i>				Yes = Part 2 completed with all projected dates by the child's 2 nd birthday or at initial IFSP No = Part 2 not completed by age 2 or is incomplete N/A = Child is not age 2	
42) Referral sent to LEA (or other preschool providers) at least 60 days prior to transition conference.				Yes = Referral sent at 60 days prior to TC No = Referral sent less than 60 prior to TC; not sent N/A = TC not req'd within 60 days; child not eligible for LEA	
43) Transition Assessment Summary sent at least 30 days prior to transition conference.				Yes = TAS sent at least 30 days prior to TC No = TAS sent less than 30 days prior to TC; not sent N/A = TC not req'd within 30 days; child not eligible for LEA	
44) Invitation to LEA sent at least 30 days prior to transition conference.				Yes = Invitation sent to LEA 30 days prior to TC No = Invitation sent less than 30 days prior to TC; not sent N/A = TC not req'd within 30 days; child not eligible for LEA	
45) Transition Conference held at least 90 days and no more than 9 months prior to child's 3 rd birthday; Part 3 of Transition Plan is finalized.				Yes = TC held at least 90 prior to 3 rd birthday; FSC documentation reflects at least 3 attempts to schedule the TC in a timely manner; No = TC held less than 90 prior to 3 rd birthday; TC not held; FSC documentation does not reflect at least 3 attempts to schedule the TC in a timely manner. N/A = TC not req'd due to child's age	
46) Transition Conference included at least parent(s), SC, and EI provider.				Yes = FSC, parent, EI provider attended TC No = One of the three not present; on phone N/A = TC not req'd due to child's age	
47) Agency discontinued services at appropriate time for child who has turned 3.				Yes = Child is inactivated on 3 rd birthday No = Child is active past 3 rd birthday N/A = Child not 3 years of age	

