

## **Instructions for Completion of Personnel List for Agency Monitoring Review**

If you need assistance in completion of this list after reading these instructions, call 800-852-3685, ext 287.

### **Please complete your personnel list electronically**

- Please use the Personnel List Template form provided at <http://providers.ipro.org/index/early-intervention>. Note, there are two formats available: WORD and Excel. Please choose one.
- E-mail it as soon as possible, and **NO LATER THAN 3 WEEKS PRIOR** to the first day of your monitoring review.
- E-mail it to our Quality Improvement Mailbox at: [QIM@ipro.org](mailto:QIM@ipro.org)
- Please include the **name of your agency and your NYS DOH Early Intervention Program approval identification number in the subject box of the e-mail**. This will ensure accurate routing and processing of the list prior to the review.

**\*Important Note:** Correct and accurate completion of this form, according to the instructions, will assist and expedite your monitoring review process, and may help you avoid delays and/or additional monitoring days. You will be asked to provide supportive documentation for any discrepancies between the data you provide, and what is found during the review process.

### **COLUMNS A, B & C: GENERAL INSTRUCTIONS (\*Please refer to ‘Sample Personnel List’ on last page)**

- Please list all personnel currently providing early intervention service coordination, evaluation or service provision. List only active personnel. This includes all EI personnel employed or contracted at the time of the on-site review (i.e. personnel who are working continuously, personnel who are called on an as-needed basis such as evaluators or substitutes, and personnel who are available to work and who would be assigned to EI work immediately if needed). Do not include inactive personnel who are on leave, no longer work at your agency, and will no longer be assigned to work for your agency.
  - Paraprofessionals/aides, volunteers and individual consultants who have regular and substantial contact with children in the EI program, should be included on the list.
  - If your agency contracts with any agency(ies) to provide EI service, please include the actual agency name. Do not fill in Column H (Type of Certification/Effective Date or License) for agencies.
  - If your agency is approved as a direct provider of transportation as an EI service, and currently contracts to provide this EI service, include bus drivers and bus aides. If another agency or municipality contracts with the transportation provider to deliver this service to the EI children in your program, do not list any bus drivers or bus aides.
  - Include any other personnel who work directly with children in your EI program as a licensed/certified practitioner, even though they do not provide early intervention service coordination, evaluation, or service provision. This may include a physician under contract with your agency to provide physical examinations when needed, a registered nurse who administers medication and/or takes care of children who are ill, etc.
- Personnel names must be listed by last name, and must be listed in the same order that the personnel records will be presented at the on-site review. Alphabetical order, by last name, is preferred.
  - Personnel names (including middle initial, etc. if applicable) must match the name that is on their NY State license/certification, unless that is no longer their legal name.
  - Personnel providing EI services who have more than one credential for the EI services provided (e.g. Sally Dunn is a Speech Pathologist, and also a Teacher of the Speech and Hearing Handicapped), should be listed on multiple lines, consecutively. Each name should have one number in column A (See Personnel List Example for Sally Dunn).

### **COLUMN D: NAME INFORMATION**

If there is a name discrepancy between the name listed on the Personnel List provided to IPRO, and the credential, health assessment, or SCR clearance letter:

- Write a brief comment in Column D, and be prepared with appropriate documentation to show that both names identify the same person (i.e. marriage license, court papers, or other records).
- If an Agency is listed in the “Last Name”, Column B, please list the word “Agency” in Column D.

**COLUMN E: DATE OF CONTRACT OR EMPLOYMENT COLUMN**

For each person, insert the date that personnel member began work for this agency in the early intervention program. Please use date format in sample.

**COLUMN F: EMPLOYEE OR CONTRACTOR OR VOLUNTEER STATUS COLUMN**

List whether the personnel is an Employee, Contractor, or Volunteer. You may use the codes E, C or V if you wish.

**COLUMN G: DATE OF EMPLOYEE or CONTRACTOR STATUS IF CHANGED WITHIN PREVIOUS YEAR**

List date of change if work status has changed within the previous year from contracted to employed, or from employed to contracted. For example, see 'Sample Personnel List' for Sara Baker and William Smith.

**COLUMN H: EIP SERVICES DELIVERED BY PERSONNEL COLUMN**

List one or more of these services (or the code listed in the parentheses) delivered by the personnel.

- Evaluation (EV)
- Service Coordination (SC)
- Service Provision (SP)
- Paraprofessional/Aide (P)
- Volunteer (V)
- Consultant (C)
- Bus driver/Bus aide (B)

**COLUMN I: TYPE OF CERTIFICATION OR LICENSE**

List only credentials required for the provider's EI work.

- For all certifications, please list exact type of certification (e.g. Nursery, Kindergarten, Grades 1-6 and Special Classes of the Emotionally Handicapped; TSHH; Special Ed Perm; Students with Disabilities B-Gr. 2, Professional).
- For all licenses, abbreviation is acceptable (e.g. SLP, SLP/CFY, OT, OTA, RN, LCSW). Refer to examples on "SAMPLE: Personnel List Form," on next page.

**COLUMN J: LICENSE NUMBER AND REGISTRATION EXPIRATION DATE**

For each licensed qualified personnel: enter the license number and the 'Expiration Date' or end date of the registration.

**COLUMN K: CERTIFICATION EFFECTIVE DATE – TEACHERS ONLY & SCHOOL PSYCHOLOGIST**

For each teacher listed: enter the 'Effective Date' as noted on the certification. Do not include certificate numbers.

**COLUMN L: CERTIFICATION EXPIRATION DATE & STATE OF REGISTRATION**

For each qualified personnel who is certified as a Dietician/Nutritionist, Registered Dietitian\*, Low Vision Specialist, Vision Rehabilitation Therapist, Orientation and Mobility Specialist: enter the 'Expiration Date' of the certification and the state of the certification (eg. NY, NJ, Ohio).

\*For Registered Dietitian, include the registration number.

**See sample of completed Personnel Information Form on next page:**

**SAMPLE: Personnel Information Form**

A #	B Last Name	C First Name	D Name Variation	E Date of hire or Contracted for EI	F Employed, Contracted, or Volunteer Status	G Date of employee or contractor status change within previous year	H EIP Service(s) Delivered by personnel	I Type of Certification or License	J <u>LICENSED</u> License Number AND Registration Expiration Date	K <u>CERTIFIED</u> TEACHERS & School Psychologist Effective Date	L <u>CERTIFIED ORIENTATION &amp; MOBILITY; VISION REHAB; LOW VISION SPEC; REG. DIETICIAN</u>  Expiration Date & State of Registration
1	Arnold	Alan		1/6/2007	Contracted		SC	Not Applicable			
2	Baker	Sara	Cert: Sara Smith – maiden name	1/2/2002	Employed	5/14/09	SP	Spec. Ed. Perm		2/1/1997	
3	Carey	Marcia		9/8/2005	Employed		SP	Students with Disabilities B-Gr.2 Initial		2/1/2005	
4	Dunn	Sally R.		1/2/2003	Employed		EV,SP	TSHH		9/1/1996	
"	Dunn	Sally R.		1/2/2003	Employed		EV,SP	SLP	0072256 12/31/2011		
5	Fisher	Henry K.		2/3/2004	Contracted		SC	Not Applicable			
6	Gray	Wesley J.	Wesley John Gray health assessment uses middle name only.	3/4/1995	Contracted		SP	Nursery, Kindergarten, Grades 1-6 and Special Classes of the Emotionally Handicapped		2/1/1979	
7	Greene	Randolph R.		6/7/2008	Employed		SP	No license: CFY -SLP			
8	Hanson	Fern		9/8/2001	Employed		SP	Spec. Ed. Perm		9/1/1994	
"	Hanson	Fern		9/8/2001	Employed		SP	Teacher Vis.Imp.		9/1/1991	
"	Hanson	Fern		9/8/2001	Employed		SP	O&M			7/31/13 Ohio
9	Jane Doe, LLC	Not Applicable	Agency	4/5/2006	Contracted		SP	Not Applicable			
10	Lee	Nancy		4/5/2006	Volunteer		Volunteer	Not Applicable			
11	Peele	Bettye Jean		9/8/2001	Employed		EV,SP	PT	292925 7/31/2013		
12	Ray-Classman	Sandra		7/8/2008	Employed		SP	COTA	34952 12/31/2011		
13	Romansky-Bousquet	Laila	Cert: Laila Romansky	7/9/2005	Contracted		SP	SLP	10722 3/31/2010		
14	Smart	Oscar		5/6/2007	Contracted		SC,SP	LCSW	123423 4/30/2012		
"	Smart	Oscar		5/6/2007	Contracted		EV,SP	School Psych		9/1/2008	
15	Smith	William		8/9/2000	Employed	4/5/09	P	Not Applicable			
16	Szerzny	Marta R.		4/29/2006	Contracted		SP, EV	Licensed Psych	484848 9/30/1011		
17	Tile	Simone		9/8/2008	Employed		SP	Students			

A	B	C	D	E	F	G	H	I	J	K	L
#	Last Name	First Name	Name Variation	Date of hire or Contracted for EI	Employed, Contracted, or Volunteer Status	Date of employee or contractor status change within previous year	EIP Service(s) Delivered by personnel	Type of Certification or License	<u>LICENSED</u> License Number <u>AND</u> Registration Expiration Date	<u>CERTIFIED</u> TEACHERS & School Psychologist <u>Effective Date</u>	<u>CERTIFIED</u> ORIENTATION & MOBILITY; VISION REHAB; LOW VISION SPEC; REG. DIETICIAN  <u>Expiration Date &amp; State of Registration</u>
								with Disabilities B-Gr.2, Professional		2/1/2007	
18	Washington	Lawrence		9/9/1999	Contracted		EV, SP	Audiologist	3838937 4/30/2014		
19	XYZ Agency, Inc. dba Kids Agency	Not Applicable	Agency	9/8/2001	Contracted		SP, EV	Not Applicable			