



PERSONNEL LIST INSTRUCTIONS Agency Monitoring Review

Complete the Personnel List electronically.

- The Personnel List template can be found at <http://providers.ipro.org/index/early-intervention>. A Word and Excel format is available for download, please select one.
- E-mail your completed personnel list as soon as possible, with the final deadline being ***no later than three weeks prior to your review***.
 - Email to our Quality Improvement Mailbox: QIM@ipro.org
- To ensure accurate routing and processing of your personnel list, please include the **name of your agency and your NYS DOH Early Intervention Program approval identification number in the subject line**.
- A sample Personnel List has been included with these instructions.
- **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.

- 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 onsite 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). **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 I (Type of Certification 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.



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- Personnel providing EI services who have more than one credential for the EI services provided (i.e., 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 – Sally Dunn).

Column D: Name Variation.

If there is a discrepancy between the name listed on the Personnel List and the credentials, 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 noted in Column B (Last Name), please input the word “Agency” in Column D.

Column E: Date of Hire or Contracted for EI.

For each person, insert the date the individual began working for the agency in the early intervention program. Please use date format in sample.

Column F: Employed, Contracted, or Volunteer Status.

List whether the personnel is an Employee, Contractor, or Volunteer. The abbreviation of E, C or V, respectively, may be used.

Column G: Date of Employee or Contractor Status Change.

List date if work status has changed within the previous year from contracted to employed, or from employed to contracted. (See Personnel List example – Sara Baker and William Smith.)

Column H: EIP Service(s) Delivered by Personnel.

List one or more of the services (or the abbreviation) delivered by 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 (i.e., 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, abbreviations are acceptable (i.e., SLP, SLP/CFY, OT, OTA, RN, LCSW).



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Column J: License Number and Registration Expiration Date.

For each licensed qualified personnel, enter the license number **and** expiration date, or end date of the registration.

Column K: Certified Teachers & School Psychologist Effective Date.

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

Column L: Certified Orientation & Mobility; Vision Rehab; Low Vision Spec; Reg. Dietician Expiration Date & State of Registration.

For each qualified personnel who is certified as a Dietician/Nutritionist, Registered Dietitian¹, Low Vision Specialist, Vision Rehabilitation Therapist, Orientation and Mobility Specialist, enter the expiration date of the certification and the state of the certification.

Column M: Contracted personnel, list their DOH Approval ID.

For any qualified personnel for whom you have entered into a contract (contracted personnel) for the provision of any early intervention service, evaluations, service coordination, etc., please record the providers State ID number.

If you require assistance in completing the personnel list after reading these instructions, please call 800-852-3685, ext 287.

¹ For Registered Dietitian, include the registration number.



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Sample Personnel List

| Name of Provider: ABC Children's Agency | | | | | | | | | | | | |
|---|---------------|----------------|---|-----------------------------------|---|---|---------------------------------------|--|--|---------------------------------------|--|--|
| State ID: 12345 | | | | | | | | | | | | |
| Date Completed: 10/10/2010 | | | | | | | | | | | | |
| A | B | C | D | E | F | G | H | I | J | K | L | M |
| # | Last Name | First Name | Name Variation | Date of hire or contracted for EI | Employed, Contracted, or Volunteer status | Date employed/contracted status change within previous year | EIP Service(s) Delivered by Personnel | Type of Certification or License | LICENSED License Number AND Registration Expiration Date | CERTIFIED Teachers AND Effective Date | CERTIFIED Orientation & Mobility; Vision Rehab; Low Vision Spec; Reg Dietician Expiration Date AND State | CONTRACTED Personnel, list their DOH Approval ID |
| 1 | Arnold | Alan | | 1/6/2007 | C | | SC | Not Applicable | | | | 443344 |
| 2 | Baker | Sara | Cert: Sara Smith - Maiden name | 1/2/2002 | E | 5/14/2009 | SP | Spec. Ed. Perm | | 2/1/1997 | | |
| 3 | Carey | Marcia | | 9/8/2005 | E | | SP | Students with Disabilities B-Gr.2 Initial | | 2/1/2005 | | |
| 4 | Dunn | Sally R. | | 1/2/2003 | E | | EV, SP | TSHH | | 9/1/1996 | | |
| " | Dunn | Sally R. | | 1/2/2003 | E | | EV, SP | SLP | 0072256 12/31/2011 | | | |
| 5 | Fisher | Henry K. | | 2/3/2004 | C | | SC | Not Applicable | | | | 1234 |
| 6 | Gray | Wesley J. | Wesley john Gray health assessment uses middle name only. | 3/4/1995 | C | | SP | Nursery, Kindergarten, Grades 1-6 and Special Classes of the Emotionally Handicapped | | 2/1/1979 | | 12345 |
| 7 | Greene | Randolph R. | | 6/7/2008 | E | | SP | No license: CFY-SLP | | | | |
| 8 | Hanson | Fern | | 9/8/2001 | E | | SP | Spec. Ed. Perm | | 9/1/1994 | | |
| " | Hanson | Fern | | 9/8/2001 | E | | SP | Teacher Vis. Imp. | | 9/1/1991 | | |
| " | Hanson | Fern | | 9/8/2001 | E | | SP | O&M | | | 7/31/2013 Ohio | |
| 9 | Jane Doe, LLC | Not Applicable | Agency | 4/5/2006 | C | | SP | Not Applicable | | | | 333333 |
| 10 | Lee | Nancy | | 4/5/2006 | V | | Volunteer | Not Applicable | | | | |
| 11 | Peele | Bettye Jean | | 9/8/2001 | E | | EV, SP | PT | 292925 7/31/2013 | | | |



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Name of Provider: ABC Children's Agency

State ID: 12345

Date Completed: 10/10/2010

| A | B | C | D | E | F | G | H | I | J | K | L | M |
|----|----------------------------------|----------------|----------------------|-----------------------------------|---|---|---------------------------------------|---|--|---|--|--|
| # | Last Name | First Name | Name Variation | Date of hire or contracted for EI | Employed, Contracted, or Volunteer status | Date employed/contracted 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 <u>Expiration</u> Date | <u>CERTIFIED</u> Teachers <u>AND</u> <u>Effective</u> Date | <u>CERTIFIED</u> Orientation & Mobility; Vision Rehab; Low Vision Spec; Reg Dietician <u>Expiration</u> Date <u>AND</u> State | <u>CONTRACTED</u> Personnel, list their <u>DOH</u> <u>Approval ID</u> |
| 12 | Ray-Classman | Sandra | | 7/8/2008 | E | | SP | COTA | 34952 12/31/2011 | | | |
| 13 | Romansky-Bousquet | Laila | Cert: Laila Romansky | 7/9/2005 | C | | SP | SLP | 10722 3/31/2010 | | | 222222 |
| 14 | Smart | Oscar | | 5/6/2007 | C | | SC, SP | LCSW | 123423 4/30/2012 | | | 444444 |
| " | Smart | Oscar | | 5/6/2007 | C | | EV, SP | School Psych | | 9/1/2008 | | 99999 |
| 15 | Smith | William | | 8/9/2000 | E | | P | Not Applicable | | | | |
| 16 | Szerzny | Marta R. | | 4/29/2006 | C | | SP, EV | Licensed Psych | 484848 9/30/2011 | | | 55555 |
| 17 | Tile | Simone | | 9/8/2008 | E | | SP | Students with Disabilities B-Gr.2, Professional | | 2/1/2007 | | |
| 18 | Washington | Lawrence | | 9/9/1999 | C | | EV, SP | Audiologist | 3838937 4/30/2014 | | | 78910 |
| 19 | XYZ Agency, Inc. dba Kids Agency | Not Applicable | Agency | 9/8/2001 | C | | SP, EV | Not Applicable | | | | 45678 |