



New York State Department of Health Early Intervention Program Quality Improvement Monitoring Review Personnel List Instructions

Complete the Personnel List electronically.

- The Personnel List template can be found at <https://NYEIP.kepro.com> under “Personnel List for Agency Monitoring Review.” The Excel format is available for download.
 - E-mail your completed personnel list as soon as possible, with the final deadline being **no later than two weeks prior to your review** to Kepro’s Early Intervention email: NYEIPReviews@kepro.com.
- 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 of your email**
- 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.
- If you require assistance in completing the personnel list after reading these instructions, please call 888-208-3971.

Columns A & B 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 G (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 first name and middle initial Column B) must match the name that is on their NY State license/certification, unless that is no longer their legal name, if so, then fill in Column C with their “other” name variation, i.e. marriage/divorce.
 - 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).



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Column C: 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 C, 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 C.

Column D: 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 E: E, C, V

List E if the person is an Employee, C for Contractor, or V for Volunteer.

Column F: 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 G: 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).

Column H: License Number and Registration Expiration Date, Certified Teachers & School Psychologist Effective Date

- For each licensed qualified personnel, enter the license number **and** expiration date, or end date of the registration.
- For each teacher listed, enter the Effective Date as noted on the certification. Do not include certificate numbers.

Column I: 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.



New York State Department of Health Early Intervention Program
Quality Improvement Monitoring Review
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Name of Provider:	ABC Children's Agency
State ID:	12345
Date Completed:	10/20/2018

	A	B	C	D	E	F	G	H	I
1	Last Name	First Name AND Middle Initial	Name on Cert. Registration or License if different	Date of hire or contracted for EI	E, C, V	EIP Service(s) Delivered by Personnel	Type of Certification or License	<u>LICENSED</u> License Number AND Registration Expiration Date	<u>CONTRACTED</u> Personnel, list their DOH Approval ID
2	Arnold	Alan		1/6/2007	C	SC	Not Applicable		443344
3	Baker	Sara	Cert: Sara Smith - Maiden name	1/2/2002	E	SP	Spec. Ed. Perm		
4	Carey	Marcia		9/8/2005	E	SP	Students with Disabilities B-Gr.2 Initial		
5	Dunn	Sally R.	Cert: Bloom	1/2/2003	E	EV, SP	TSHH		
6	Dunn	Sally R.	Cert. Bloom	1/2/2003	E	EV, SP	SLP	0072256 12/31/2011	
7	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		12345
8	Greene	Randolph R.		6/7/2008	E	SP	No license: CFY-SLP		
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	
12	Ray-Classman	Sandra		7/8/2008	E	SP	COTA	34952 12/31/2011	
13	Smart	Oscar		5/6/2007	C	SC, SP	LCSW	123423 4/30/2012	444444
14	Smart	Oscar		5/6/2007	C	EV, SP	School Psych		99999
15	Szerzny	Marta R.		4/29/2006	C	SP, EV	Licensed Psych	484848 9/30/2011	55555
16	Washington	Lawrence		9/9/1999	C	EV, SP	Audiologist	3838937 4/30/2014	78910
17	XYZ Agency, Inc. dba Kids Agency	Not Applicable	Agency	9/8/2001	C	SP, EV	Not Applicable		45678