

Exhibit B: MONITORING INDICATORS NOT MEET EARLY INTERVENTION PROGRAM STANDARDS

Indicator, Priority Area and Reference

Exhibit B

Provider Indicator 42: Requirements of Title 34 of the Code of Federal Regulations and other applicable legal requirements for confidentiality are followed.

Federal Priority Area: General Supervision

Reference: EIP regulation 10NYCRR 69-4.17(c) states that "(3) Personally identifiable data, information, or records pertaining to an eligible child shall not be disclosed by any officer or employee of the Department of Health, state early intervention service agencies, municipalities, evaluators, service providers or service coordinators, to any person other than the parent of such child, except in accordance with Title 34 of the Code of Federal Rules Part 99, sections 300.560 through 300.576 ...to preserve the confidentiality of records pertaining to children participating in the early intervention program ...(5) Early intervention officials, all providers and all personnel involved in mediation and impartial hearing procedures shall; (i) implement and maintain policies and procedures to assure the protection of confidential personally identifiable information, which may include existing policies and procedure where appropriate and applicable; (ii) submit assurances that all employees and contract providers, consultants, and volunteers with access to personally identifiable information are Informed of and are required to adhere to all confidentiality requirements of personal identifiable information; (iii) adhere to all legal requirements that protect records containing sensitive information (e.g. such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, ...etc.); and (iv) identify the person or person(s) with designated responsibility for guaranteeing the confidentiality of personally identifiable information. (6) Early intervention officials and providers shall ensure the confidentiality of all information maintained in an electronic format except as required or permitted by state or federal law." Additionally, EIP regulation 10NYCRR 69-4.17(d) states that "(1) ... the parent is afforded the opportunity to review and inspect all the records pertaining to the child and ...family ...used for the purposes of the Early Intervention Program, unless the parent is otherwise prohibited such access ...The opportunity to review and inspect ...includes the right to (i) understandable explanations about ...the record ...(ii) obtain a copy of the record within ten working days ...(iii) obtain a copy ...within five working days if the request is made as part of a mediation or impartial hearing, (iv) have a representative of the parent view the record ... 6) Where any part of the record contains information on more than one child, the parent shall only have the opportunity to review and inspect the portion of the record which pertains to their child." Moreover, "(4) The early intervention official, or evaluator, service provider or service coordinator may charge a reasonable fee not to exceed 10 cents per page for the first copy and 25 cents per page for any additional copies... provided that the fee does not prevent the parent from exercising the right to inspect and review records and providing that no fees shall be charged to parents to obtain copies of any evaluations or assessment documents to which parents are specifically entitled" nor shall parents be "(5) charged fees for the search and retrieval of the record." The "(7) ... early intervention official, evaluator, service provider and service coordinator shall keep a record of parties obtaining access to records gathered, maintained, or used for purposes of the Early Intervention Program (except access by parents and authorized employees of the municipality or approved evaluator, service provider, or service coordinator) including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records." Additionally, EIP regulation 10NYCRR 69-4.17(e) states "(1) The early intervention official,

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evaluator, service provider and service coordinator shall ensure the parent the right to present objections and request amendments to the contents of the record because the

parent believes the information is inaccurate, misleading, or violates the privacy or other rights of the child (3)(i) If the early intervention official, evaluator, service provider or service coordinator concurs with the parent's request, the service coordinator shall ensure the contents of the record are amended and notify the parent of the amendment in writing ... (ii) If the early intervention official, evaluator, service provider or service coordinator does not concur with the parent's request to amend the record, the early intervention official shall notify the parent in writing of the decision and inform the parent of the right to an administrative hearing."

All or some of the following review processes were used to assess this indicator:

- Interviews conducted with provider/agency staff.
- Interviews conducted with parents.
- Review of individual child records.
- Review of other documentation including training materials, contracts, memos, personnel files, data system records, etc.
- Direct observation.
- Review of written policy.

Review Results

Regulation Finding

The following review process (es) indicated that the provider was not in compliance with PHL, regulations, and Department guidance:

- The provider's written policy did not contain all of the requirements of Title 34 of the Federal Regulations and other applicable legal requirements for confidentiality. Specifically, the provider's written policy did not state that:
 - PI-42G: Confidentiality of faxed information is maintained through the use of a fax cover sheet that includes a confidentiality statement.
 - PI-42G: Confidentiality of faxed information is maintained by ensuring that fax recipients maintain a secure site, where faxed information is not accessible to unauthorized personnel or the general public.
 - PI-42K: Parental access to their child's record includes the right to receive a copy of all material contained in this record.
 - PI-42K: Parental access to their child's record includes an explanation and interpretation of all material included in this record.
 - PI-42K: Upon parental request, a copy of their child's record must be provided to parents within 10 working days of the request. If the request is made as part of mediation or an impartial hearing, a copy must be provided within 5 days.
 - PI-42M: The Early Intervention Official is notified if the provider disagrees with a parental request to have their child's record amended.
 - PI-42M: If the provider agrees to a parental request to amend their child's record, the provider amends the information and informs the family's service coordinator. The service coordinator ensures the contents of the record are amended and notifies the parent of the amendment in writing.

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The provider is required to develop and submit for approval; a CAP which addresses the issues cited above and ensures compliance with PHL, regulations, and Department guidance.

Providers of EIP services must follow all requirements of Title 34 of the Code of Federal Regulations (CFR) and other applicable legal requirements for confidentiality. Each provider of evaluations, services, and service coordination shall adopt policies and procedures to preserve the confidentiality of personally identifiable information pertaining to children and families participating in the EIP. A comprehensive written confidentiality policy must be developed and maintained by all providers who deliver EIP services. Early intervention clinical records are considered educational and are governed by the Federal Educational Rights and Privacy Act (FERPA), Article 25 of the NYS PHL and the corresponding federal and State regulations. The Health Insurance Portability and Accountability Act (HIPAA) governs medical, not educational, records and applies only to early intervention billing records. Early Intervention providers who are licensed, registered, or certified under New York State Education Law must also maintain their records in accordance with the laws and regulations that apply to their profession. The following components of FERPA and Title 34 CFR must be applied to the provider's practice and can assist in the development of correct and complete written confidentiality policies appropriate for EIP service delivery.

PJ-42A: An individual responsible for ensuring the confidentiality of personally identifiable information in records, including electronic records, must be designated. This person must have appropriate authority within the agency.

PIA28: Storage of child/family records must be secure. All records containing personally identifiable information must be maintained in secure locations, such as a file or room that can be locked when unattended. Records must be disposed of using an appropriate method such as shredding.

PI-42C: Off-site storage of child/family records must be secure. Records stored off-site that contain personally identifiable information must be maintained in secure locations, such as a file, room, or storage unit that is locked. The method of retrieving these files must also maintain the confidentiality of these records. Records must be disposed of using an appropriate method such as shredding. When a professional records management company is used for off-site storage of records containing personally identifiable information, confidentiality requirements must be followed by this company during the storage, retrieval, and disposal of records. The provider's contract with this company must meet all confidentiality requirements of FERPA and Title 34 CFR applicable to child/family records within the EIP.

PI-42D: Records containing personally identifiable information are secured by the provider when transported and kept locked when not with the provider.

PI-42E: Confidentiality of electronic records that are stored on computer must be maintained. Internal controls must be in place when information is stored on computers that limit access to authorized staff within an agency or to the individual provider. This includes, but is not limited to, password protection and secure storage of discs, CD's, DVD's and/or other removable storage devices. In addition, an unattended computer should lock automatically after a period of inactivity, requiring a password to be re-entered to permit access to the workstation.

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PI-42F: Confidentiality must be maintained when e-mail is used. Due to the potential for breach of confidentiality, child specific identifiable information may not be transmitted via e-

mail unless rigorous administrative, technical and physical safeguards are in place including, but not limited to, password protection, firewall software, and encryption. In addition, an unattended computer should lock automatically after a period of inactivity, requiring a password to be re-entered to permit access to the workstation. All parties Involved in the sending and receipt of an electronic record must be able to maintain the confidentiality of that record. Child specific identifiable information includes a list of personal characteristics or other information that would make it possible to identify the child, the parent or other family members with reasonable certainty. In addition to obvious identifiers such as name, address, etc., the combination of facts presented in the e-mail (e.g., initials, family composition, unique diagnosis, heritage, neighborhood, etc.) should not be able to identify a particular family or child.

PI-42G: Confidentiality of faxed information must be maintained. Safeguarding of faxed information requires, but is not limited to, the use of a fax cover sheet that includes a confidentiality statement. The provider must also ensure that the fax recipient maintains a secure site where faxed information would not be accessible to unauthorized personnel or to the general public.

PI-42H: Agencies must identify those individuals within their agency who are authorized to routinely access a child's record. Each agency must maintain a current listing of the names and titles/positions of those employees who may have routine access to personally identifiable information. Only individuals who collect or use information for the purpose of facilitating the child's/family's participation in the EIP should be given this authorization.

PI-4 21: A record must be kept of all individuals, other than authorized individuals, who access a child's record, including the date of access and the purpose for which the record was accessed. When this access log contains multiple child names, there is a method for maintaining the confidentiality of each child/family.

PI-4 2J: Parents must be notified of the process that they must follow to inspect and review all records pertaining to their child. This notification should include a description of the process including how parents would make the request, who they must speak to, and other details. The provider's written policy must describe this process. If a parent is unable to submit a request to review records in writing, a verbal request should be accepted.

PI-42K: Parental access to their child's record must be ensured. Access to records includes: a review of the record by the parent or a representative on behalf of the parent unless such access is prohibited under State or federal law; an explanation and interpretation of material included in any EI record upon request; and a copy of any record within 10 working days of the request (if the request is made as part of mediation or an impartial hearing, a copy must be provided within 5 days.)

PI-42L: Fees for copying and retrieving records must not exceed allowable rates. A fee not to exceed 10 cents per page for the first copy and 25 cents per page for additional copies may be charged to the parent to copy EI records unless the fee prevents the parent from inspecting and reviewing the record. No fee may be charged for records related to evaluations and assessments or for the search and retrieval of records. An evaluator or service provider licensed by NYSED may charge for copies as permitted under PHL §18.

PI-42M: The procedure to address amendment of their child's records must protect the parent's rights. The parent has the right to request an amendment to their child's record when the parent believes the information contained in the record is inaccurate, misleading, or violates the privacy or other rights of their child. If the provider decides not to amend the record as requested, the provider informs the Early Intervention Official (EIO) of this

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decision. The EIO is responsible for informing the parent in writing of the provider's decision not to amend the record and that the parent has the right to a hearing. The hearing will be conducted by an individual designated by the municipality who does not have a direct interest in the outcome of the hearing. If information in the record is found to be inaccurate, misleading, or to violate the privacy of the child/family, the provider will amend the information and will inform the family's service coordinator. The service coordinator ensures the contents of the record are amended and notifies the parent of the amendment in writing. PI-42N: When records contain information about more than one child, information about other children receiving services must be protected. Only information pertaining to the child/family who is the subject of a request for record access or disclosure may be released.

PI- 42O: Written parental consent must be obtained before personally identifiable information is disclosed to anyone other than authorized Individuals. Written parental consent for release of or obtaining Information must include the names of both entities involved in the releasing and obtaining of information; which records will be obtained or released; the specific record(s) to be used and the purpose of such use; the date the parent signed the consent; and the parent's signature and relationship to the child. Only information appropriate to a request should be released.

PI-42P: Individuals engaged in record review for quality assurance (or other purposes such as fiscal audit, etc.) who are not involved in the direct provision of EIP services must be informed about, and required to adhere to, all confidentiality requirements applicable to personally identifiable information within the EIP. They must also comply with all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child's parentage, etc.).

PI-42Q: The provider must adhere to the confidentiality requirements of the EIP, including all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child's parentage, etc.). When consent is given by a parent or guardian to release information, only information appropriate to a request should be released. Sensitive information about the child and family must be protected.

PI-42R: At a minimum, records must be retained for a period of six years from the last date that care, services or supplies were provided or billed, whichever is later. Providers who are licensed, registered, or certified under State Education Law must retain records in accordance with the law and regulations that apply to their profession.

PI-42S: When electronic signatures are used, electronic documentation must be maintained in a manner that demonstrates the provider's right to receive payment under the Medicaid program and ensures the confidentiality of child and family information. Records must meet the general and specific requirements of the regulation as to content. It must be possible to determine when the record was created. There must be a process to document alteration of the record and also a process to prevent alteration (i.e., protected Microsoft Office document or secured PDF in 'read-only' format). The direct provider of service must be identified in the record. The provider must be able to produce a sample record for review, which complies with all requirements.

PI-42T: Agency providers must ensure that all employees, independent contractors, consultants, and volunteers with access to personally identifiable information are informed about, and required to adhere to, all confidentiality requirements applicable to personally identifiable information within the EIP. Agencies must also assure knowledge of and compliance with all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems,

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HIV status, communicable disease status, the child's parentage, etc.). Individual providers must

keep informed of all applicable confidentiality requirements as described above.

For additional information on maintaining the confidentiality of early intervention records, please refer to: Early Intervention Program Memorandum 03-1, "Guidance on Early Intervention Program Records," and Early Intervention Guidance Letter, October 2009, "Dear Colleague Letter - Clarification to Early Intervention Providers on Parental Consent to Use E-mail to Exchange Personally Identifiable Information."

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Provider Indicator 50: Appropriate procedures are in place to address behavior which is injurious to the child or others. Corporal punishment, abuse, and the use of aversive interventions in any form are prohibited when providing EIP services.

Federal Priority Area: General Supervision

Reference: EIP regulation 10NYCRR 69-4.9(i) states that "The use of aversive intervention in any form is strictly prohibited when providing early intervention program services to an eligible child. For purposes of this section, aversive intervention means an intervention that is intended to induce pain or discomfort to a child for the purpose of modifying or changing a child's behavior or eliminating or reducing maladaptive behaviors, including but not limited to the following: (1) contingent application of noxious, painful, intrusive stimuli or activities; (2) any form of noxious, painful, or intrusive spray (including water or other mists), inhalant, or tastes; (3) contingent food programs that include the denial or delay of the provision of meals or intentionally altering staple food or drink to make it distasteful; (4) movement limitation used as punishment, including but not limited to helmets and mechanical restraint devices; (5) physical restraints; (6) blindfolds; and, (7) white noise helmets and electric shock. (8) Aversives do not include such interventions as voice control, limited to loud, firm commands; time-limited ignoring of a specific behavior; positive reinforcers such as small amounts of food used as a reward for successful completion of a clinical task or token fines as part of a token economy system; brief physical prompts to interrupt or prevent a specific behavior; or interventions prescribed by a physician for the treatment or protection of the child. (9) Nothing in this subsection shall preclude the use of behavior management techniques to prevent a child who is undergoing episodic behavioral or emotional disturbance from seriously injuring him/herself or others. Emergency physical interventions may be used to prevent a child from seriously injuring him/herself or others. Such interventions, which shall not include mechanical restraints, shall be used only in situations in which alternative procedures and methods not involving the use of physical force cannot reasonably be employed to prevent or minimize injury and shall only be used for as long as the duration of the incident. Emergency physical interventions shall not be used as a punishment or as a substitute for systematic behavioral interventions that are designed to change, replace, modify or eliminate a targeted behavior. Staff who may be called upon to implement emergency physical interventions shall be provided with appropriate training in safe and effective physical restraint procedures. Emergency physical interventions shall be included in a behavior management plan that is developed by qualified personnel with appropriate expertise and documented in the child's

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record to address persistent, ongoing behavior which is injurious to the child or others. (i) The behavior management plan shall be in writing and signed by the parent. (ii) The plan shall be developed in concert with the child's family and providers of early intervention services and with parent consent and other clinical experts as needed; (iii) The child shall be at significant physical risk (injury, malnutrition, or other physical harm). (iv) A medical evaluation shall be conducted to address medical conditions. (v) The plan shall be a result of a thorough assessment of cause or behavioral functions. (vi) The plan shall include positive strategies to reduce or prevent the occurrence of the behavior including building replacement behaviors, when planned physical restraint is involved; (vii) The plan shall be based on positive reinforcement approaches, where contingent food programs are involved. The plan shall be implemented by appropriately trained individuals. (ix) The parent shall have the right to revoke approval of the plan at any time, and request that a new behavior management plan be developed in accordance with the requirements of this subsection." Additionally, EIP regulation 10NYCRR 69 -4.9 (d)(1) states that "All early intervention providers shall ensure that early intervention program services are delivered in a manner that protects the health and safety of eligible children. Early intervention providers shall: (1) comply with standards for health, safety, and sanitation issued by the Department for the early intervention program, and for early intervention providers who are otherwise required to be approved by another state agency to deliver health or human services, complying with health, safety and sanitation standards issued by such other agency."

All or some of the following review processes were used to assess this Indicator:

- Interviews conducted with provider/agency staff.
- Interviews conducted with parents.
- Review of individual child records.
- Review of other documentation including training materials, contracts, memos, personnel files, data system records, etc.
- Direct observation.
- Review of written policy.

Review Results

Regulation Finding

The following review process(es) indicated that the provider was not in compliance with PHL, regulations, and Department guidance:

- Written policy did not describe that corporal punishment, emotional or physical abuse or maltreatment, and the use of aversive interventions in any form are strictly prohibited when providing EIP services.

The provider is required to develop, and submit for approval, a CAP which addresses the issues cited above and ensures compliance with PHL, regulations, and Department guidance.

Providers of EIP services must ensure that only appropriate strategies are used when a child exhibits self-injurious or aggressive behavior that threatens the well-being of the child or others. Corporal punishment, emotional or physical abuse or maltreatment, and the use of aversive intervention in any form are strictly prohibited when providing EIP services. Aversive intervention means an intervention that is intended to induce pain or discomfort to a child for the

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purpose of modifying or changing a child's behavior or eliminating or reducing maladaptive behaviors, including but not limited to the following: contingent application of noxious, painful, intrusive stimuli or activities; any form of noxious, painful, or intrusive spray (including water or other mists), inhalant, or tastes; contingent food programs that include the denial or delay of the provision of meals or intentionally altering staple food or drink to make it distasteful; movement limitation used as punishment, including but not limited to helmets and mechanical restraint devices; physical restraints; blindfolds; and, white noise helmets and electric shock. Aversives do not include such interventions as voice control, limited to loud, firm commands; time-limited ignoring of a specific behavior; positive reinforcers such as small amounts of food used as a reward for successful completion of a clinical task or token fines as part of a token economy system; brief physical prompts to interrupt or prevent a specific behavior; or interventions prescribed by a physician for the treatment or protection of the child. The provider's written policy should clearly prohibit the use of corporal punishment, emotional or physical abuse or maltreatment, and the use of aversive interventions in any form during the provision of EIP services. Behavior management techniques can be used to prevent a child who is undergoing episodic behavioral or emotional disturbance from seriously injuring him/herself or others. For all children exhibiting behavior which may be injurious to the child or others, least intrusive measures should be used first. Techniques such as holding or physical redirection are used as a last resort. Behavior management techniques to prevent or minimize injury shall be used only for as long as the duration of the incident. When physical interventions are needed, training and supervision must be provided to staff on their use. The appropriate people must be informed when a child is exhibiting behaviors requiring intervention including the parent, the service coordinator and/or the Early Intervention Official. Parents cannot be asked to sign waivers or consent forms to allow the provider to use punishments for unwanted behaviors. When self-injurious or aggressive behavior is persistent and ongoing, the provider must take appropriate actions, including seeking the expertise of qualified personnel and obtaining parent approval for interventions. A behavior management plan must be developed by qualified personnel with appropriate expertise and documented in the child record. The behavior management plan must be in writing and signed by the parent. The plan must be developed in concert with the child's family and providers of early intervention services, and other clinical experts as needed. A medical evaluation should be conducted to address medical conditions. The plan should be a result of a thorough assessment of cause or behavioral functions and should be implemented by appropriately trained individuals. All providers serving the child should have a copy of the behavior management plan. The parent has the right to revoke approval of the plan at any time. For additional information on health and safety, please refer to: Early Intervention Program Guidance Document, "Health and Safety Standards For The Early Intervention Program And Frequently Asked Questions, Revised - February 2010."

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Provider Indicator 52: Providers have policies and procedures to address child and provider illness and emergencies.

Federal Priority Area: General Supervision

Reference: EIP regulation 10NYCRR 69-4.9(d)(1) states that "All early intervention providers shall ensure that early intervention program services are delivered in a manner that protects the health and safety of eligible children. Early intervention providers shall: (1) comply with standards for health, safety, and sanitation issued by the Department for the early intervention program, and for early intervention providers who are otherwise required to be approved by another state agency to deliver health or human services, complying with health, safety and sanitation standards issued by such other agency." EIP regulation 10NYCRR 69- 4.9(d)(3)(iv) states that "Early intervention providers shall: protect the health, safety, and welfare of eligible children during delivery of early intervention services, including with respect to and as applicable: (iv) illness." EIP regulation 10NYCRR 69-4.9(e)(iii) states that "Providers subject to this paragraph shall ensure that the physical site or setting where services are delivered protects the health and safety of early intervention program children with respect to: (iii) illness, injury, or emergencies, including allergic reactions." EIP regulation 10NYC RR 69-4.9(g) (2) (i) states that "Providers shall make reasonable efforts to notify the child's parent within a reasonable period prior to the date and time on which a service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies, hazardous weather, or other circumstances which impede the provider's ability to deliver the service."

All or some of the following review processes were used to assess this indicator:

- Interviews conducted with provider/agency staff.
- Interviews conducted with parents.
- Review of individual child records.
- Review of other documentation including training materials, contracts, memos, personnel files, data system records, etc.
- Direct observation.
- Review of written policy.

Review Results

Regulation Finding

The following review process (es) Indicated that the provider was not in compliance with PHL, regulations, and Department guidance:

- Written policy did not describe a procedure to address child and provider illness, emergencies, or other inability to provide services. Specifically, the policy did not indicate:
 - Specific child health information is maintained and there is a written allergy plan for each child as needed.

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- A procedure to address provider illness, emergency, or other inability to provide services.
- The Early Intervention Official is notified as soon as possible of significant child illness or emergency incidents which occur during service provision.
- The Early Intervention Official is notified when excessive child absence occurs.

The provider is required to develop, and submit for approval, a CAP which addresses the issues cited above and ensures compliance with PHL, regulations, and Department guidance.

Providers must maintain procedures to address child illnesses including: parent notification of the onset of child illness; a sick day policy stating that if fever, vomiting, or diarrhea is present, the early intervention service is rescheduled according to the provisions of the IFSP; and the collection and maintenance of specific child allergy information. Providers must also have procedures to address emergency situations including: responding to children with allergic reactions; administration of first aid and CPR (if certified) or contacting appropriate medical personnel (including 911); and provider illness, emergency, or other inability to provide services. Procedures must also include notification of the Early Intervention Official as soon as possible of significant child illness, emergency incidents which occur during service provision, and when excessive child absence occurs. The providers written policy should describe these procedures for child and provider illness and emergencies. Providers must also inform parents of these policies and procedures and maintain documentation that parents were notified. Documentation of all health and safety related incidents or injuries involving children while they are receiving services must be maintained including documentation of incidents/injuries, emergency efforts, first aid, and incident reports. Emergency contact numbers for medical assistance and transportation, and a telephone to report emergency situations must be readily available.

For additional information on health and safety, please refer to: Early Intervention Program Guidance Document, "Health and Safety Standards for the Early Intervention Program and Frequently Asked Questions, Revised - February 2010."

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Provider Indicator 81: The provider has procedures in place to address unsafe conditions encountered in the home environment.

Federal Priority Area: General Supervision

Reference: EIP regulation 10NYCRR 69-4.9(d)(1) states that "All early intervention providers shall ensure that early intervention program services are delivered in a manner that protects the health and safety of eligible children. Early intervention providers shall: (1) comply with standards for health, safety, and sanitation issued by the Department for the early intervention program, and for early intervention providers who are otherwise required to be approved by another state agency to deliver health or human services, complying with health, safety and sanitation standards issued by such other agency." EIP regulations 10NYCRR 69-4.9(d) (3) (iv) and (vi) state that "Early intervention providers shall: protect the health, safety, and welfare of eligible children during delivery of early intervention services, including with respect to and as applicable: (iv) illness," and "(vi) delivery of services in physical environments that protects the health and safety of children during service

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delivery."

All or some of the following review processes were used to assess this Indicator:

- Interviews conducted with provider/agency staff.
- Interviews conducted with parents.
- Review of individual child records.
- Review of other documentation including training materials, contracts, memos, personnel files, data system records, etc.
- Direct observation.
- Review of written policy.

Review Results

Regulation Finding

The following review process(es) indicated that the provider was not in compliance with PHL, regulations, and Department guidance:

- Written policy did not describe a process to address unsafe conditions encountered in the home environment. Specifically, the provider's written policies did not indicate:
 - Procedures to address unsafe conditions encountered in the home environment that would pose harm to children.
 - That the provider will observe the setting to ensure that safe conditions exist for each therapy session.

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The provider is required to develop, and submit for approval, a CAP which addresses the issues cited above and ensures compliance with PHL, regulations, and Department guidance.

Providers must have procedures in place to address unsafe conditions encountered in the family's home environment that would pose harm to children during service delivery. These procedures must involve taking immediate actions to address unsafe conditions in the home including parent education, notifying the Early Intervention Official (EIO) and/or service coordinator, and recommending, if appropriate, an alternate service location to the parent and/or EIO. Additionally, if a provider observes or suspects child abuse or maltreatment, the provider should call an appropriate authority, including the SCR, local child protective services, Early Intervention Official/Designee, the child's EI service coordinator, and/or an EI supervisor. The provider's written policy should describe procedures to address unsafe conditions in the home environment, and to ensure safety for each service session.

For additional information on health and safety, please refer to: Early Intervention Program Guidance Document, "Health and Safety Standards For The Early Intervention Program And Frequently Asked Questions, Revised - February 2010."