

South Central Los Angeles Regional Center
for persons with developmental disabilities, inc.

2500 S. Western Ave., Los Angeles, CA 90007
(213) 744-7000 fax (213) 743-3026

INFANT DEVELOPMENTAL PROGRAM ANNUAL DAY MONITORING TOOL

Review Date:	Part Two of the Monitoring:
Vendor #:	Service Code:
Name:	Administrator:
Telephone #:	Name Of QA:
Address:	License:

Capacity:	Type Of Program:
Type of Visit:	Begin: _____ End: _____
Transportation As An Additional Component:	
If YES:	
Program Hours: Begin: _____ End: _____	
Office Hours: Begin: _____ End: _____	

GENERAL REQUIREMENTS [Title 17, 56710] Part H

1. Administrator / Vendor of infant developmental program shall include only qualified personnel to provide services (to children / toddler with developmental disabilities, H.R. or established risk conditions) in all areas of development (physical, cognitive, communication, social/emotional, and adaptive (self help skills). Specified in 56770-T 17 (page 51 – September 11-97)
2. Administrator / Vendor of infant development program shall inform parents / guardians regarding procedural safeguards pursuant to 52162 to 56762 (chapter 5 page 28).
3. Administrator / Vendor shall obtain written consent from legal guardian before early intervention services are initiated (section 52162).

PROGRAM DESIGN [Title 17, 56712] / Goal 56712

The program description shall include

4. (a) Assessment for Service Planning (52084, Page 11) (Purpose and Goal of Service)
4. (b) Outcomes stated in measurable terms (Service Plan Procedures regarding how the stated outcomes will be achieved).
4. (c) Program curriculum pursuant to Title 17, 56742
4. (d) Description of environment “as natural as possible to least restrictive environment” (Title 17, Section 5200)
4. (e) Adequate physical layout / space (safety)

- 4. (f)
- 4. (g) Client attendance policy (contact parents the same day the child is missing)
- 4. (h). Staff ratio pursuant to Title 17, Section 56756 or 56772
- 4. (i) Program hours (days 2/3; hours: 2 to 3 hours x days)
- 4. (J). Staff to receive special training in early childhood special training in infant development (Title 17 Section 56770, and 56726)
- 4. (k) Eligibility exit criteria (transition) (52022 – Page 6 – August 4, 1997)
- 4. (L) Participation and attendance pursuant to Title 17 Section 56762

**CLIENT PLACEMENT (ELIGIBILITY) AND FUNDING PROCEDURES
(Title 17, 56716, and 56718)**

- 5. Determination of eligibility by ID Team
- 6. Determination of program according to child's individual needs and parent choice (Part H, C)

CHILD SERVICE PLAN (SP) DOCUMENTATION (TITLE 17 SECTION 56762)

- 7. The vendor shall provide documentation regarding SP (Service Plan) outcomes including the 5 areas of development. (See #1)
- 8. The vendor shall have medical documentation (vision, hearing, weight, allergies).
- 9. Initial and annual evaluation shall be completed by qualified professional staff (Title 17 Section 56770 Page 51 – September 11, 1997)
- 10. Written semi-annual progress report submitted to Regional Center and in a timely manner including screening tool in all 5 areas of development.

PERSONNEL REQUIREMENTS (Title 17, 56722 and 56724)

- 11. Director of infant development program shall meet the minimum qualifications as per requirement (Title 17 Section 56770 – September 11, 1997 – Page 51).
- 12. Consultants (Audiologist, Nurse, Nutritionist, OT/PT Therapist, etc...) shall have state licensure (September 11, 1997 – Page 51)
- 13. Staff shall meet the minimum requirements and receive appropriate training as per requirements (Title 17 Section 56774).
- 14. Staff ratio according to program curriculum (Title 17 Section 56772).

CLIENT RECORDS (Title 17, 56730)

The client case file shall include

- 15. Emergency and personal identification information (medical history including medication, allergies, medical condition, infection, nutritional needs, immunization)
- 16. Medical, social, cognitive, self help, and speech / language evaluations
- 17. Parental authorization and safeguard procedures
- 18. Service Plan parental authorization for emergency medical treatment

19. SP (Showing measurable outcomes and parental choices)
20. Special incident report
21. Records are kept on site after transition or child's exit for 5 years.

HOME BASED PROGRAMS

22. Documentation showing in-home infant specialist informed parents regarding program curriculum (child's strength and needs must be reflected in the service plan).
23. Parents / Caregivers shall have phone number of specialist and contact person at the vendor's administrative office.
24. Initial evaluation and semi-annual progress reports report completed by professional staff using adequate tools (i.e. Bayley, Hawaii, and etc...)
25. Home visit documentation showing Infant Specialist regular schedule
26. Adequate notice to parents / caregivers when there is a change in schedule
27. Parents / Caregivers shall be present and interacting while infant developmental program is provided by infant specialist.
28. OT/PT consultant to monitor progress on monthly basis or as needed and provide RC with documentation.

TRANSITION

29. Home-Based Infant Specialist to provide documentation for transition to center based program when appropriate.
30. Centered-Based Infant Specialist (Administrator / Vendor) shall inform parents of impending transition prior to 2.5 and collaborate with parent and Service Coordinator to facilitate smooth transition to appropriate School District pre-school program at age 3.
31. Home-Based or Centered-Based Infant Specialist will attend transition meeting at 2.6 years of age (and / or submit current report which includes a screening in all 5 areas of development and recommendations) (Title 17, Art 3 Section 52112 Page 9).

ADDITIONAL REQUIREMENTS

32. The program maintains adequate liability insurance coverage
33. The program has a first aid and emergency disaster plan
34. The program's license is current and posted
35. Medication location is locked. Medication administration procedure (log sheet) is completed daily.
Destruction log is completed for discontinued medications.
36. Facility has adequate kitchen and storage area for lunches.

QUALITY ENHANCEMENT:

COMMENTS:

Name of Supervisor: Kim Bowie Other

If you are cited your signature below indicates your awareness of your appeal rights and acknowledgement of the meaning of these inadequacies. Corrections must be made within established time frame noted above. (56056)

QAS has reviewed documentation with vendor

SCLARC Facility Monitor Signature: _____

Date: _____ **Telephone:** _____

Facility Representative Signature: _____

Facility Representative Initials if received Appeal Process: _____