Ohio | Department of Education

Sample Provider Site Audit Document

Policies and Procedures				
ASP provider	enter the info on the Policies and Procedure tab once (B2 through4)			
Reviewer				
Date				
Purpose: To Ensure the Private Provider has the following written policies and procedures that address their special education program services:				
Attributes		**Response**	**Comments**	
A	Providers program philosophy			**Item 9 of Affidavit**
B	How the provider would address health and safety issues			**Item 9 of Affidavit**
C	Providers service delivery and termination of clients/students from their program			**Item 9 of Affidavit**
D	Confidentiality of individual's records			**Item 9 of Affidavit**
E	Process to determine consumer satisfaction			**Item 9 of Affidavit**
F	Process for internal monitoring and evaluation procedures to improve delivery of services			**Item 9 of Affidavit**
G	How provider will complete the documentation of quarterly progress reports given to parents and sent to the resident school district			**Item 9 of Affidavit**
H	How the provider will address professional development and a training plan for staff members .			**Item 9 of Affidavit**
I	The Private Provider has a written policy addressing their practices to ensure they do not discriminate on the basis of race, ethnicity, national origin, religion, gender, disability, age or ancestry.			**Item 10 of Affidavit**
Legend				
S	Attribute Satisfied			
N	Attribute Not Satisfied			

SAMPLE

Review of Statement of Cost (SOC) and Student IEP										
Provider	enter the info on the Policies and Procedure tab once (B2 through4)									
Reviewer										
Date										
Purpose:	Ensure alignment with Private Provider fee schedule.									
	Review of Statement of Cost									
	Review Student IEP									
ATTRIBUTES										
Student Name	**A**	**B**	**C**	**D**	**E**	**F**		**Response**	**Comments**	
Attributes										
A	Did the Private Provider have a copy of each ASP student's IEP for whom they provided services during the 2010-2011 year?							**Provider will need the IEP to bill, Student need to have a current IEP to be in the program.**		
B	Did the services noted on the SOC align with the student IEP?							**Item 11 of the Affidavit**	**Item 9 of SOC instructions**	
C	Did the service amounts align with the fee schedule?							**Testing the fee schedule to the billing**		
D	The private provide will have a list of all ASP student s they provided service to during the 2010/11 year. (PROVIDERS PLEASE HAVE THIS LIST PREPARED AND READY FOR THE ONSITE REVIEW.)							**Student enrollment form part of the guidelines and provider information.**		
E	Did the Private Provider have a fee schedule with description of the special education and/or related services to be provided as part of the Autism Scholarship Program that was maintained on file and provided to parents during the 2010-2011 years?							**This requirement can be found in the guidelines page 11 section 3 item 7. Item 11 of Affidavit**		
F	Did the provider produce evidence of student progress reports for each child?							**This requirement can be found in the guidelines page 16 section 3 item 1.**		

SAMPLE

		Please give a general description of the Private Providers facility. (Exits clearly marked/not blocked, facility easily accessible. If services are not done at this site, just note this in your comments)		
Legend				
S	Attribute Satisfied			
N	Attribute Not Satisfied			
Background Checks				
Provider	enter the info on the Policies and Procedure tab once (B2 through4)			
Reviewer				
Date				
Purpose:	To ensure that the Private Provider maintained on file current copies of criminal records check for individuals, including volunteers, employed by or contracting with this agency that may interact with children participating in the ASP for the 2010-2011 year .			
Instruction:	Have the district present a copy of relevant documentation.			
Attributes		**Response**	**Comments**	
A	If the provider submits proof later, note that item was not available at time of review. CAP to correct.			
B	Evidence that anyone who works with the children have completed background check.		**This requirement is found in the guidelines page 11 section 5 area 3 item 2.**	**Item 3 of provider Affidavit**
C	We follow the ODE policy on background checks if the person has received license from ODE. If certified by ODE follow that- Others at least every five years.		**According to ODE licensure requirements located**	**Item 3 of provider Affidavit**
			http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1283&ContentID=25907&Content=109466	

SAMPLE

Legend						
S	Attribute Satisfied					
N	Attribute Not Satisfied					
Admin						
Provider:	enter the info on the Policies and Procedure tab once (B2 through4)					
Reviewer:						
Date:						
Purpose:	To ensure Private Provider meets local, state and federal requirements for operation.					
Attributes				**Response**	**Comments**	
A	The Private Provider demonstrated they have been in operation for at least one full school year prior to enrolling children participating in the Autism Scholarship Program. (School's can provide proof by showing their school charter, etc., business/agencies may provide evidence of existence by when the business was established. Individuals such as OT/PT/SLP's can provide evidence of when they began practicing in their established professions)			**This requirement is noted in the guidelines section 5 area 3 item 1 and 3. item 2 of the provider Affidavit**		
B	Did the Private Provider have proof of adequate liability, property and casualty insurance that covered the 2010-2011 years? (The provider application will have insurance information included; verify that it covered the entire year. If not, the provider needs to provide proof they had insurance to cover the ASP year of 2010-2011)			**This requirement is noted in the guidelines section 5 area 3 item 4. Affidavit item 5**		
C	The Private Provider has on file, at the provider's address, a copy of any required Ohio Department of Education certification/licensure, state or national licensure or certification appropriate for the special education services they will be providing - looking for expired certificates, new employees (verify certificate)			**Notification found on page 1 of provider application, also provider affidavit item 4**		
Legend						
S	Attribute Satisfied					
N	Attribute Not Satisfied					

SAMPLE