



COMPREHENSIVE PERINATAL SERVICES PROGRAM

COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH

600 S. Commonwealth Ave., Suite 800 • Los Angeles, CA 90005

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To Customize the Protocols, Please Complete the Following Sections:

1. **Page 3** – Clinic Name & Address and Physician Signature/Date
2. **Page 5** – Orientation Staffing Box & Procedure Box
3. **Page 7** – Prenatal Assessment Staffing Box & Supervising Provider Oversight Box
 - a. *Check off prenatal and postpartum supervision
 - b. *Specify if delegating supervision
4. **Page 43** – Group Education Box
5. **Page 43** – Mandated Reporting Box
6. **Page 44** – Mandated Reporting Box
7. **Page 46** – Postpartum Assessment Staffing Box

Important Notes:

- **For Existing Providers:** If you are transitioning to the new 2024 forms, you are not required to submit the revised protocols to our program. However, please ensure you have a completed copy readily available at your clinic.
- **For New Sites:** Please submit your customized Protocols and Resource & Referral Guide by the deadline provided by your assigned nurse.

** Having completed protocols is a requirement under [Title 22 regulations](#).**

Sincerely,

CPSP Enhanced Services Team
600 S. Commonwealth Ave., Suite 800
Los Angeles, CA 90005
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