|  |  |  |
| --- | --- | --- |
|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)LICENSING DIVISION (LD)Maternity Services Checklist |  |
| DATE |
| **Use this with appropriate checklist.**Agency / facility licensing requirements |
| AGENCY NAME |
| REVIEWER(S) |
| Put appropriate entry in the column below to document compliance with rule. | C | Rule is met | A | Administrative Approval | NA | Not applicable |
| X | Rule is not met | D | Discussed with Agency |
| **Program Policies and Procedures** |
|  | WAC 110-145RCW 74.15 | DESCRIPTION | COMMENTS |
|  | 1300 | GH, FH, Staffed Residential, Independent Living and Child Placing Agencies may provide or arrange for maternity services |  |
|  | 2120 | Agency must provide or arrange the following services: * Information and referral services to youth
* Safe and stable housing
* Assessment of family’s needs
* Prenatal and postnatal medical care
* Case management services
* Childcare when appropriate
 |  |
|  | 2120 | Agency must provide individual or group counseling, if necessary on these topics:* Pregnancy counseling
* Independent living education.
* Infant and child care training.
* Living arrangements.
* Medical care planning.
* Legal services.
* Vocational or educational guidance.
* Plans for the child.
* Financial, emotional or psychological problems.
* Relations with child’s other parent
* Home management and consumer education
* Expectant mother’s delivery in licensed hospital or birthing facility
* Postpartum medical examinations
* Childcare, as needed
* Case management services
 |  |
|  | 2120 | Agency must provide or arrange consultation regarding prenatal care by specialists meeting their full professional qualifications when the physician requests prenatal care |  |
|  | 2125 | Service Delivery* Program of daily activities
* Provision of services must not be contingent upon a parent’s decision to keep or relinquish a child

If you do not directly provide services in your facility you must either:* Arrange for these services through formal agreements with community agencies or
* Assist clients in your program to get these services
 |  |
|  | 2130 | Provides appropriate health education.**NOTE:** See WAC for full list |  |
|  | 2135 | Capacity includes both mothers and infantsSpace required for a parent and infant bedroom is determined by DOH |  |
|  | 2140, 1480 | Staff Ratios:* Minimum 1 case management to 15 residents

When youth are present:* One (1) residential staff to eight (8) parents
* Two (2) staff including one (1) direct care staff must be on duty when more than eight (8) mothers.
* Relief staff so that all staff have two days off a week
* On-call person must be able to report to facility no later than 30 minutes
 |  |
| **Site** |
|  | 2145, 1600, 1605 | Room requirement must meet agency facilities WAC’s. |  |
|  | 2145 | If facility has medical clinic there must be a separate, adequately equipped examination room with adequate nursing equipment  |  |

|  |  |  |
| --- | --- | --- |
|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)LICENSING DIVISION (LD)Personnel File Checklist |  |
| DATE |
| AGENCY NAME |
| REVIEWER | TYPE OF LICENSE |
| Put appropriate entry in the column below to document compliance with rule. | C | Rule is met | A | Administrative Approval | NA | Not applicable |
| X | Rule is not met | D | Discussed with Agency |
| CODE | WAC 110-145RCW 74.15 | DESCRIPTION | NAME | NAME | NAME | NAME |
|  | 1330 | Application in file |  |  |  |  |
|  | 1320, 1445 | Age (over 18 or 21) |  |  |  |  |
|  | 1420,1425,1430,1440,1445,1455,1460 | Education (degrees, transcripts), skills, experience documented  |  |  |  |  |
|  | 1330 | References contacted |  |  |  |  |
|  | 1335 | TB test completion |  |  |  |  |
|  | 1550 | Hire date |  |  |  |  |
|  | 1510 | Job description |  |  |  |  |
|  | 1330, 1325, 1510 | Background check completed |  |  |  |  |
|  | 1520, 1525 | Confidentiality statement signed |  |  |  |  |
|  | 1535 | Reporting CA/N statement signed |  |  |  |  |
|  | 1490 | Completed orientation/ pre-service (16 hours)  |  |  |  |  |
|  | 1490 | Behavior Management Training |  |  |  |  |
|  | 1495 | In-Service Training (24 hours annually) |  |  |  |  |
|  | 1500 | First Aid/CPR Expiration date  |  |  |  |  |
|  | 1505 | HIV / AIDS / BBPCompletion date |  |  |  |  |
|  | 1790 | Food Handlers Permit (facilities)Expiration date |  |  |  |  |
|  | 1755 | Valid driver’s license Expiration date |  |  |  |  |
|  | 1755 | Auto Insurance (if using own vehicle to transport)Expiration date |  |  |  |  |
|  | 1425 | **Executive Director*** Appropriate education
* Four year experience with similar duties, responsibilities for administrative oversight, and fiscal
 |  |  |  |  |
|  | 1430 | **On-Site Program Manager*** Master’s degree in social services or closely related field and one year experience working with children **OR**
* A bachelor’s degree in social services or closely related field and two years of experience working with children **OR**
* Five years full-time experience in relevant field and supervisory abilities and relevant experience
 |  |  |  |  |
|  | 1440 | **Case Management Staff*** Master’s or bachelor’s degree in social services or closely related field
* Staff with a bachelor’s must consult with a person with a master’s degree one hour of consultation every 20 hours the employee works
 |  |  |  |  |
|  | 1445 | **Direct Care Staff*** Be at least 21 (unless between 18 and 21 and enrolled in internship and be supervised by staff at least 21 years of age)
* Have high school diploma or GED/ HSEC
* One year of experience working directly with children or two years of education
 |  |  |  |  |
|  | 1455 | **Health Care Staff*** Must meet full professional requirements
* Maintain certification or licensure as required
 |  |  |  |  |
|  | 1460 | **Consultant*** Master’s degree in social services or closely related field from accredited college
* Training, experience, and knowledge
 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)LICENSING DIVISION (LD)Maternity Services Client Checklist |  |
| DATE |
| AGENCY NAME |
| REVIEWER |
| TYPE OF CARE (FOSTER, SRH, GH, INDEPENT LIVING OR CPA): |
| NAME OF CLIENT | AGE OF CLIENT |
| WAC 110-145 | DESCRIPTION | CHILD NAME | CHILD NAME | CHILD NAME | CHILD NAME |
| 2120 | **Services and/or counseling provided or arranged for the pregnant and/or parenting youth:*** Information and referral services to youth
* Safe and stable housing
* Assessment of family’s needs
* Prenatal and postnatal medical care
* Pregnancy counseling
* Independent living education.
* Infant and child care training.
* Living arrangements.
* Medical care planning.
* Legal services.
* Vocational or educational guidance.
* Plans for the child.
* Financial, emotional or psychological problems.
* Relations with child’s other parent
* Home management and consumer education
* Expectant mother’s delivery in licensed hospital or birthing facility
* Postpartum medical examinations
* Childcare, as needed
* Case management services
 |  |  |  |  |
| 2120 | Parents received pre-natal care when requested by a physician  |  |  |  |  |
| 2120 | Pre-natal specialist met full professional qualifications  |  |  |  |  |
| 2125 | Services were arranged thru formal agreements with community agencies or agency assisted clients to obtain services |  |  |  |  |
| 2125 | Daily activities noted if residential facility. |  |  |  |  |
| 2130 | **Health education offered or arranged for the pregnant and/or parenting youth:*** Hygiene
* Preparation for childbirth
* Physiological changes during pregnancy
* Examinations & child birth procedures
* Postnatal and pediatric care
* Contraception and family planning
* Nutritional requirements
* Child health and development
* Psychological and emotional changes during/after pregnancy
 |  |  |  |  |