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|  | | 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 110-145  RCW 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 infants  Space 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 | | | | |  | | | |

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|  | | | 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 110-145  RCW 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 / BBP  Completion 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 | | | |  | |  | | |  | | | |  |

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|  | | 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 | |  |  |  | |  |