

BIRTHING CENTER
Checklist for State Licensure

FACILITY NAME: _____

CITY: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Please mail or E-mail the following items to Healthcare Licensing and Surveys:

CHECK OFF	ITEM
	1. A completed license application form and required fee.
	2. Copy of governing body bylaws.
	3. Copy of policies and procedures for anesthetic agents.
	4. Copy of admission policies.
	5. Copy of policy on staffing requirements during delivery and after delivery.
	6. Copy of operational policies for informed consent, orientation and education of patients/family/support person regarding childbirth and newborn care, transfer and transport to hospital, discharge, follow-up care and postpartum evaluation after discharge, and registration of birth and reporting of complications.
	7. Copy of emergency preparedness plan.
	8. Copy of patient rights policy.
	9. Copy of written plan, and policies and procedures for quality management.

	10. Copy of medical records policy.
	11. Copy of policy for hiring employees. Please include verification of BLS certification, a DFS Central Registry Screen and a fingerprint-based national criminal background check for all current direct care staff.

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY	
Date:	Surveyor Assigned to Review:
Surveyor Review Summary and Comments:	
Healthcare Surveillance Branch Chief Comments:	
<p>Additional Information Needed: <input type="checkbox"/> Approved: <input type="checkbox"/> Denied: <input type="checkbox"/></p> <p>Date: _____ Signature: _____</p>	