

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. |

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| | 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. |

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| FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY | |
| Date: | Surveyor Assigned to Review: |
| Surveyor Recommendation Review Summary/Comments: | |
| Date | Surveyor Signature: |
| State Survey Agency Director/Administrator (or designee) Comments: | |
| Additional Information Needed: <input type="checkbox"/> Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> | |
| Date: | Signature: |