

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

PRENATAL/POSTPARTUM/PARENTING PROGRAM (PPP) APPLICATION CHECKLIST

AGENCY NAME:	AGENCY DIRECTOR NAME:
AGENCY MAILING ADDRESS:	AGENCY DIRECTOR PHONE (AREA CODE):
PROGRAM NAME:	AGENCY DIRECTOR EMAIL:
PROGRAM MAILING ADDRESS:	PROGRAM DIRECTOR NAME:
FACILITY TYPE:	PROGRAM DIRECTOR PHONE (AREA CODE):
	PROGRAM DIRECTOR EMAIL:

PPP Program Framework Requirement	Program Description/ Policy(s)/Training Plan Name And/or Number	Check when supporting documentation is uploaded to 29-l Portal	Date uploaded into the 29-l Portal	OCFS RO Use Only Indicate whether each document is <i>approved</i> or if <i>revision</i> is needed
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1. Licensure and Certification as a PPP Program:

A. The PPP program must train staff at time of hiring and/or certification as a PPP program in: i) child development ii) postpartum warning signs and support for postpartum youth iii) understanding safety and risk as it pertains to PPP youth bonding and attachment	1. A.i)	<input type="checkbox"/>	/ /	1. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
	1. A.ii)	<input type="checkbox"/>	/ /	
	1. A.iii)	<input type="checkbox"/>	/ /	
B. Completed application for an operating certificate.	1.B. OCFS-2981 , <i>Application for Operating Certificate.</i>	<input type="checkbox"/>	/ /	1. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed

2. Admission/Intake:

A. Proof of completion and outcome of local needs assessment in partnership with LDSSs determining level of need for a PPP program.	2. A.	<input type="checkbox"/>	/ /	2. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. Description of admission/intake criteria: i) the ages and gender of the youth, whether pregnant, expectant, and/or parenting youth will be served and the accepted custody arrangements. ii) indicate whether youth with needs in any of the following areas will be served: <i>gang involvement, runaways, trafficked youth, developmental delays, limited cognitive ability, homelessness, pattern of disrupted FBH placements, suicide attempt/mental health hospitalizations, trauma, criminal behavior (Juvenile Delinquency).</i>	2.B.i)	<input type="checkbox"/>	/ /	2. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
	2. B.ii)	<input type="checkbox"/>	/ /	
iii) where the PPP program intends to serve youth with specialized or intensive needs (such as the needs listed above), the VA must also address which specialized or intensive services will be provided to address the youth's need(s).	2. B.iii)	<input type="checkbox"/>	/ /	

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C. Description of exclusionary criteria.	2. C.	<input type="checkbox"/>	/ /	2. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
3. Residential Care and Treatment:				
A. Model of care and treatment model	3. A.	<input type="checkbox"/>	/ /	3. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. Trauma-Informed Treatment Model	3. B.	<input type="checkbox"/>	/ /	3. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
C. Gender, age, sexual orientation, gender identity and expression (SOGIE) and culturally responsive programming: <i>must include which resources/services are available or may be contracted to support youth's culture and to assist youth.</i>	3. C.	<input type="checkbox"/>	/ /	3. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
D. Staffing ratios, training plan, supervision and supports	3. D.	<input type="checkbox"/>	/ /	3. D. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
E. Therapeutic recreation	3. E.	<input type="checkbox"/>	/ /	3. E. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
F. Incorporation of Reasonable and Prudent Parenting Standard (RPPS) specifically as it is applied to prenatal, postpartum, parenting youth including training and staffing plan.	3. F.	<input type="checkbox"/>	/ /	3. F. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
G. Plan to provide each youth access to a cell phone with rules of use and number of features (texting, internet, apps, etc. dependent on RPPS and the youth. <i>*At minimum the cell phone must be able to access emergency services.</i>	3. G.	<input type="checkbox"/>	/ /	3. G. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
4. Case Planning and Permanency Services				
A. Provide case and permanency planning services to the youth and youth's kin including the frequency of such services.	4. A.	<input type="checkbox"/>	/ /	4. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. Monitor the quantity and quality of all case planning and permanency planning services	4. B.	<input type="checkbox"/>	/ /	4. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
C. Provide and document ongoing efforts to explore, identify and engage the youth and the youth's kin	4. C.	<input type="checkbox"/>	/ /	4. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
D. Encourage the youth to and assist the youth in identifying and engaging the other parent of the youth's child and any kin of the other parent who may be a resource for the youth and/or child going forward	4. D.	<input type="checkbox"/>	/ /	4. D. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
E. Actively involve the youth and the youth's kin in case and permanency planning	4. E.	<input type="checkbox"/>	/ /	4. E. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed

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F. Reduce the length of stay for the youth in the PPP program by achieving permanency for the youth; where permanency cannot yet be achieved, stepping the youth in to a lower level of care when they no longer require congregate care level programming	4. F.	<input type="checkbox"/>	/ /	4. F. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
5. Clinical and Behavioral Health Services				
A. VA with current Article 29-I licensure – description of the clinical and behavioral health services for a PPP youth and child. <i>*If the current uploaded 29-I policies sufficiently address the clinical and behavioral health services of a PPP youth and child, then VA does not need to upload such information</i>	5. A.	<input type="checkbox"/>	/ /	5. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. VA does not have current Article 29-I licensure: i) clinical model/s to be used ii) initial and ongoing assessments of youths and of families (if applicable) iii) frequency and focus of individual clinical treatment with youths iv) frequency and focus of clinical treatment with families	5. B.i) 5. B.ii) 5. B.iii) 5. B.iv)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ / / / / / / /	5. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
6. Medical Services for Youth and Child – Choose One: 6.A. or 6.B.				
A. VA with current Article 29-I licensure – description of the prenatal and postpartum care for the youth. <i>*If the current uploaded 29-I policies sufficiently address the prenatal and postpartum care for the youth, then VA does not need to upload such information.</i>	6. A.	<input type="checkbox"/>	/ /	6. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. VA does not have current Article 29-I licensure. i) how the PPP program will either coordinate, or provide directly, routine and emergency medical care to the youth and the youth's child ii) how the PPP program will either coordinate, or provide directly, any needed prenatal and postpartum medical treatment to the youth iii) describe the youth's ability/input into choosing their obstetrics and gynecology (OBGYN) physician for prenatal care, hospital to give birth at, and physician to provide postpartum medical care	6. B.i) 6. B.ii) 6. B.iii)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ / / / / /	6. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
7. Prenatal, Post-Partum, Parenting Services				
A. Prenatal, postpartum, parenting models utilized.	7. A.	<input type="checkbox"/>	/ /	7. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed

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B. Plan to provide child care for youth's children either directly or contracted.	7. B.	<input type="checkbox"/>	/ /	7. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
C. Formal and informal education to prepare, educate and support the youth during their pregnancy and while parenting includes i) child development, ii) attachment and bonding between the youth and child, iii) helping the youth understand the impact that trauma in their own childhood may affect their own parenting, iv) postnatal/postpartum concerns, v) individualized topics depending on the youth's circumstances (i.e., child must remain in hospital for an extended period of time, medical concerns for child/youth, stillbirth, breast feeding assistance, child has certain needs and youth needs training), vi) counseling for pregnant youth on all their options regarding their pregnancy, vii) safe sleep viii) ongoing family planning options, and	7. C.i)	<input type="checkbox"/>	/ /	7. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
	7. C.ii)	<input type="checkbox"/>	/ /	
	7. C.iii)	<input type="checkbox"/>	/ /	
	7. C.iv)	<input type="checkbox"/>	/ /	
	7. C.v)	<input type="checkbox"/>	/ /	
	7. C.vi)	<input type="checkbox"/>	/ /	
	7. C.vii)	<input type="checkbox"/>	/ /	
	7. C.viii)	<input type="checkbox"/>	/ /	
D. Inclusion of the other parent into these services from a co-parenting perspective	7. D.	<input type="checkbox"/>	/ /	7. D. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
E. Plan to offer support groups and mentors to the PPP youth	7. E.	<input type="checkbox"/>	/ /	7. E. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
F. Assisting the youth in obtaining immediate access to vital documents for the youth and their child(ren) to apply for services/benefits on behalf of their child(ren)	7. F.	<input type="checkbox"/>	/ /	7. F. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
G. Trafficking assessments	7. G.	<input type="checkbox"/>	/ /	7. G. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
8. Educational, Vocational, Employment and Independent Living Support				
A. Formal and informal assessments of the youth's educational, vocational, employment and independent living needs	8. A.	<input type="checkbox"/>	/ /	8. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. Formal and informal assessments of independent living skills specific to PPP youth, including	8.B.i)	<input type="checkbox"/>	/ /	8. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed

