WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH
Office of Maternal, Child and Family Health

Designated Care Coordinator Training Certification

Region (1-8) ___________ Designated Care Coordinator (DCC) Name: ____

Address: ____ Phone: ______________________________________

DCC License Number: ___________________ (Observed by RCC) □ Yes □ No □ Registered Nurse □ Social Worker □ CBE □ RD

This certifies that ____
(DCC Name) (DCC Title)

received initial Right From The Start Program (RFTS) training on _____________________.
(Date)

Equipment Assigned:	CO Monitor	DVD Player and Accessories	Teaching Dolls	Other
Serial #:				
Date:				
	Curriculum	ASQ:3/SE2	Baby Cues	
Date:				

DCC received the following training:

□ Health Insurance Portability and Accountability Act (HIPAA)	□ RFTS Policy and Procedure Manual
□ RFTS Program Overview	□ RFTS Forms
□ DCC Job Description/Responsibilities	

Client Referral Types:

□ Birth to Three	□ Drug Free Moms and Babies
□ Women, Infant and Children	□ Home Visitation Programs
□ Help Me Grow	□ Other Department Health & Human Resource Program
□ Prenatal Risk Screening Instrument	□ Medical Provider
□ Rapids	□ Charitable Service (Baby Pantries, Gabriel Project)
□ Birth Score	□ Managed Care Organization
□ Neonatal Intensive Care Unit/Hospital	□ Self-Referral
□ Other:	□ Other:

Program Components:

□ Case Opening	□ Appropriate Documentation
□ Required Visits	□ Community Resources
□ Care Coordination	□ Transition Planning
□ Service Care Plan	□ Billable Services & Instructions
□ Interviewing Techniques □ Telephone □ Face to face	□ Case Closure
□ Curriculum PHB □ Prenatal □ Infant	□ Enhanced Services
□ Safe Sleep	□ Quality Assurance
□ Purple Crying	□ Access to RFTS Forms/Literature
□ Transportation Assistance	□ On-line Training
□ Mandated Reporting	□ Quarterly Designated Care Coordinator Training
□ Professional Boundaries	□ Reflective practice

Screenings:

□ Screening, Brief Intervention, and Referral to Treatment (SBIRT)	□ Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) with CO Monitor
□ Drug Abuse Screen Test (DAST10)	□ Adverse Childhood Experiences (ACEs)
□ Alcohol Use Disorders Identification Test (AUDIT)	□ Ages & Stages (ASQ-3)
□ Edinburgh Postnatal Depression Scale (EPDS)	□ Ages & Stages Social Emotional (ASQ-SE2)
□ Relationship Assessment Tool	

□ Spent ___ days of field training w/a qualified DCC.	□ Other: ____ ____

Counties to be served by DCC: ____

"I agree to return assigned equipment to Regional Lead Agency upon termination or resignation."

_______________________________________ _______________________________________
(RCC Signature & Date) (DCC Signature & Date)

WVDHHR/BPH/OMCFH/DPWH/HOMEVISITATION/RFTS/DCC Training Certificate 2-2020