

Division of Licensed Resources

# Minimum Licensing Requirements

for Group Care Facilities



Washington State  
Department of Social  
& Health Services

*Transforming lives*

*Effective September 19, 2016*



# LICENSING REQUIREMENTS FOR GROUP CARE FACILITIES AND SERVICES

Washington Administrative Code 388-145

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# LICENSING REQUIREMENTS FOR GROUP CARE FACILITIES

Washington Administrative Code 388-145

## Purpose and Definitions

### **388-145-1300 | What is the purpose of this chapter?**

1) This chapter contains licensing requirements for generalized group care facilities, group homes, crisis residential centers, emergency respite centers, group receiving centers, overnight youth shelters, staffed residential homes, and resource and assessment centers. These licensing regulations are designed to ensure children in group care facilities are safe, healthy and protected from all forms of child abuse and neglect according to RCW 26.44.020(1) and chapter 388-15 WAC.

2) These separately licensed programs may provide specialized services such as day treatment services, services to pregnant and parenting youth (maternity services), HOPE beds, responsible living skills programs and services to medically fragile children and children with intellectual and developmental disabilities. You must hold a group care license to provide the specialized services outlined in this chapter. These services can be provided through your own program or by using community resources.

### **388-145-1305 | What definitions do I need to know to understand this chapter?**

The following words and terms are for the purpose of this chapter and are important to understand these requirements:

**"Abuse or neglect"** means the injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child as defined in RCW 26.44.020.

**"Adult"** means a person eighteen years old or older, not in the care of the department.

**"Agency"** is defined in RCW 74.15.020(1).

**"Assessment"** means the appraisal or evaluation of a child's physical, mental, social and/or emotional condition.

**"Business hours"** means hours during the day in which state business is commonly conducted. Typically the hours between 9 a.m. and 5 p.m. on weekdays are considered to be standard hours of operation.

**"CA"** means children's administration.

**"Capacity"** means the age range, gender and maximum number of children on your current license.

**"Care provider"** means any person who is licensed or authorized to provide care for children and/or cleared to have unsupervised access to children under the authority of a license.

**"Case manager"** means a facility employee who coordinates the planning efforts of all the persons working on behalf of a child.

**"Chapter"** means chapter 388-145 WAC.

**"Child", "children," or "youth"** for this chapter, means a person who is one of the following:

- (1) Under eighteen years old;
- (2) Up to twenty-one years of age and enrolled in services through the developmental disabilities administration (DDA) the day prior to his or her eighteenth birthday and pursuing either a high school or equivalency course of study (GED/HSEC), or vocational program;
- (3) Up to twenty-one years of age and participates in the extended foster care program;
- (4) Up to twenty-one years of age with intellectual and developmental disabilities;

(5) Up to twenty-one years of age and under the custody of the Washington state juvenile justice rehabilitation administration.

**"Compliance agreement"** means a written improvement plan to address the changes needed to meet licensing requirements.

**"Crisis residential center (secure)"** means a licensed facility open twenty-four hours a day, seven days a week that provides temporary residential placement, assessment and services in a secure facility to prevent youth from leaving the facility without permission per RCW 13.32A.030(15).

**"Crisis residential center (semi-secure)"** means a licensed facility open twenty-four hours a day, seven days a week that provides temporary residential placement, assessment and services for runaway youth and youth in conflict with their family and/or in need of emergency placement.

**"Day treatment"** is a specialized service that provides educational and therapeutic group experiences for emotionally disturbed children.

**"DCFS"** means the division of children and family services within children's administration. DCFS provides case management to children and families involved in the child welfare system.

**"DDA"** means the developmental disabilities administration. DDA provides services and case management to children and adults who meet the eligibility criteria.

**"De-escalation"** means strategies used to defuse a volatile situation, to assist a child to regain behavior control, and to avoid a physical restraint or other behavioral intervention.

**"Department or DSHS"** means the department of social and health services.

**"Developmental disability"** is a disability as defined in RCW 71A.10.020.

**"Direct care staff"** means persons who provide daily supervision and direct care to group care children and youth.

**"DLR"** means the division of licensed resources within children's administration. DLR licenses and monitors foster homes, child placing agencies and licensed group care facilities.

**"DOH"** means the department of health.

**"Electronic monitoring"** means video or audio monitoring or recording used to watch or listen to children as a way to monitor their behavior.

**"Emergency respite center"** means a licensed facility that may be commonly known as a crisis nursery, which provides emergency or crisis care for nondependent children birth through seventeen years for up to seventy-two hours to prevent child abuse and/or neglect per RCW 74.15.020(d). ERCs may choose to be open up to twenty-four hours a day, seven days a week. Facilities may also provide family assessment, family support services and referral to community services.

**"FBI"** means the Federal Bureau of Investigation.

**"Group care"** is a general term for a licensed facility that is maintained and operated for a group of children on a twenty-four hour basis to provide a safe and healthy living environment that meets the developmental needs of the children in care per RCW 74.15.020(1) (f).

**"Group home"** is a specific license for residential care that provides care and supervision for children or youth.

**"Group receiving center"** means a licensed facility that provides the basic needs of food, shelter, and supervision for children placed by the department, generally for thirty or fewer days.

**"Guns or weapons"** means any device intended to shoot projectiles under pressure or that can be used to attack. These include but are not limited to BB guns, pellet guns, air rifles, stun guns, antique guns, handguns, rifles, shotguns and archery equipment.

**"Health care staff"** means anyone providing qualified medical consultation to your staff or medical care to the children and youth in your care.

**"Hearing"** means the administrative review process conducted by an administrative law judge.

**"I, my, you, and your"** refers to an applicant for a license issued under this chapter, and to any party holding a license under this chapter.

**"Infant"** means a child less than twelve months of age.

**"Intellectual and developmental disability"** means children with deficits in general mental abilities and impairment in everyday adaptive functioning.

**"Interim facility"** means an Overnight Youth Shelter, Emergency Respite Center or a Resource and Assessment Center.

**"License"** means a permit issued by us that your facility meets the licensing standards established in this chapter.

**"Licensed health care provider"** means an MD (medical doctor), DO (doctor of osteopathy), ND (doctor of naturopathy), PA (physician's assistant), or an ARNP (advanced registered nurse practitioner).

**"Local fire authority"** means your local fire inspection authority having jurisdiction in the area where your facility is located.

**"Maternity service"** as defined in RCW 74.15.020. These are also referred to as pregnant and parenting youth programs.

**"Medically fragile"** means the condition of a child who requires the availability of twenty-four hour skilled care from a health care professional or specially trained staff or volunteers in a group care setting. These conditions may be present all the time or frequently occurring. If the technology, support and services being received by the medically fragile children are interrupted or denied, the child may, without immediate health care intervention, experience death.

**"Missing child"** means any child less than eighteen years of age in licensed care and the child's whereabouts are unknown and/or the child has left care without the permission of the child's caregiver or assigned DSHS worker. This does not include children in dependency guardianship.

**"Multidisciplinary teams (MDT)"** means groups formed to assist children who are considered at-risk youth or children in need of services, and their parents.

**"Non-ambulatory"** means not able to walk or exit to safety without the physical assistance of another individual.

**"Out-of-home placement"** means a child's placement in a home or facility other than the child's parent, guardian, or legal custodian.

**"Overnight youth shelter"** means a licensed nonprofit agency that provides overnight shelter to homeless or runaway youth in need of emergency sleeping arrangements.

**"Probationary license"** means a license issued as part of a corrective action to an individual or agency that has previously been issued a full license but is out of compliance with minimum licensing requirements and has entered into an agreement aimed at correcting deficiencies.

**"Property or premises"** means a facility's buildings and adjoining grounds that are managed by a person or agency in charge.

**"Psychotropic medication"** means a type of medicine that is prescribed to affect or alter thought processes, mood, sleep, or behavior. These include anti-psychotic, anti-depressant and anti-anxiety medications.

**"Relative"** means a person who is related to a child per RCW 74.15.020.

**"Resource and assessment center"** means an agency that provides short-term emergency and crisis care for a period up to seventy-two hours, (excluding Saturdays, Sundays, and holidays) to children who have been removed from their parent's or guardian's care by child protective services or law enforcement.

**"Staffed residential home"** means a licensed facility that provides twenty-four hour care to six or fewer children who require more supervision than can be provided in a foster home.

**"Treatment plan"** means individual plans that identify the service needs of the child, including the child's parent or guardian, and identifies the treatment goals and strategies for achieving those goals.

**"Washington state patrol fire protection bureau" or "WSP/FPB"** means the state fire marshal.

**"Volunteer"** means a person who provides direct care services without compensation, for your facility.

**"We, our, and us"** refers to the department of social and health services, including DLR and DCFS staff.

**"Young child"** refers to a child age twelve months through eight years old.

## **Licensing Process**

### **388-145-1310 | Am I required to have a license to provide care to children?**

You must be licensed if you provide care on a twenty-four hour basis to a child who is not related to you. Exceptions to this rule are listed in RCW 74.15.020 or by order of the court under chapter 26.10 RCW or RCW 13.34.065.

### **388-145-1315| When will the department grant me a license?**

(1) We issue you a group care license to care for children on a twenty-four hour basis when you, your staff and volunteers, property and premises meet the licensing regulations contained in this chapter, and all required documents are in the licensing file.

(2) Additional requirements specific to your program can be found in WAC 388-145-1890 to 388-145-2200.

### **388-145-1320 | How old do I have to be to apply for a license to provide care to children?**

You must be at least twenty-one years old to apply for a license to provide care to children.

### **388-145-1325 | What is required to apply for a group care facility license?**

(1) You, the person responsible for the license, must submit a completed application which is available from the division of licensed resources, children's administration.

(2) You must submit the following for your executive director, agency staff, consultants, interns, volunteers, and anyone who may have unsupervised access to children per chapter 388-06A WAC:

(a) Completed background authorization form; and

(b) FBI fingerprint check if the individual over eighteen years of age has lived out of state during any portion of the previous three years.

(3) You must ensure that no employee, volunteer or subcontractor has unsupervised access to children until a full and satisfactory background check is completed and returned to you, qualifying the individual for unsupervised access. If your employee requires FBI fingerprints, they are allowed to work while awaiting fingerprint results, under the provisions of WAC 388-06-0500 through 388-06-0540.

### **388-145-1330 | How does the department determine my suitability to become a licensed provider?**

(1) The department determines your suitability as a licensed provider after receiving your application, background authorization(s) for those listed in WAC 388-145-1325(2), and all required documentation outlined in this chapter.

(2) You, your employees and volunteers must not have had a license or contract denied or revoked from an agency that regulates the care of children or vulnerable adults, unless the department determines that you do not pose a risk to a child's safety, well-being and long-term stability.

(3) You, your employees and volunteers must not have been found to have committed abuse or neglect of a child or vulnerable adult, unless the department determines that you do not pose a risk to a child's safety, well-being, and long-term stability.

(4) You must demonstrate that you, your employees and volunteers have:

(a) The understanding, ability, physical health, emotional stability and personality suited to meet the physical, mental, emotional, cultural, and social needs of the children under your care; and

(b) The ability to furnish children with a nurturing, respectful, and supportive environment.

(5) At any time, we may require you or your employees and volunteers to give us additional information. We may also require an evaluation of your facility or property, or of a staff person working for your facility or agency, by an evaluator we recommend. Any evaluation requested by the department will be at your expense. The evaluator must be given written permission to share information with us prior to and throughout the evaluation process.

(6) Any employee, intern, or volunteer who is found to have misrepresented or provided fraudulent information may be disqualified.

(7) Before granting or renewing a license, your licensor will assess your ability to provide a safe environment for children and to provide the quality of care needed by children placed in your care. Your licensor will also determine that you meet training requirements.

### **388-145-1335 | What additional steps must I complete prior to licensing?**

(1) You must submit to your licensor a detailed written program description for DLR approval. In the description you must outline:

(a) Your mission and goals;

(b) A description of the services you will provide to children and their families;

(c) Your written policies covering qualifications, duties and on-going training for developing and upgrading staff skills; and

(d) A description of your agency's policies and procedures.

(e) For staffed residential facilities in family homes, you must provide a written plan to the child's DSHS worker for the supervision of children in your care if you work outside of your staffed residential home.

(2) You must have a site inspection by your DLR licensor or someone designated by DLR who can verify that your premises have:

(a) Adequate storage for staff and client files;

(b) A land-line working telephone;

(c) Adequate space for privacy when interviewing parents and children;

(d) Room or area used for administrative purposes;

(e) Adequate space for visitation;

(f) Appropriate furnishings for the children in your facility; and

(g) Your license clearly posted (if inspection is for a renewal license).

(3) All facilities described in this chapter, (except for staffed residential homes for five or fewer children), are required to meet the health requirements to receive a certificate of compliance from the Washington state department of health (DOH) and the fire safety requirements from the Washington state patrol fire protection bureau (WSP/FPB).

(4) You, your employees and volunteers are required to submit a negative tuberculosis (TB) test or an X-ray, unless you provide documentation of a negative TB test in the previous twelve months. If there is a positive TB test, then the individual must submit a physician's statement identifying that there is no active TB or risk of contagion to children in care.

(a) We may grant an exception to the TB test, in consultation with a licensed health care provider.

(b) This exception would require a statement from a licensed health care provider (MD, DO, ND, PA or ARNP) indicating that a valid medical reason exists for not having a TB test.

(5) If you are being licensed to care for children under the age of two, you, your employees and volunteers working in the facility caring for children under the age of two are required to provide documentation verifying you have current pertussis and influenza vaccinations. The department may license you to serve children under the age of two even though you, your employees or volunteers are unable to obtain an influenza vaccination for medical reasons. In this case, a licensed health care provider's statement is required noting that the influenza vaccination would result in severe medical consequences to the person and that there is no other form of the influenza vaccine that would not cause severe medical consequences. All other employees or volunteers must still be vaccinated. We recommend (but do not require) these immunizations for you, your employees and volunteers when you serve children age two and older.

(6) You must have proof of current immunizations for any children living on the premises, not in out-of-home care. We may, in consultation with a licensed health care provider, grant exceptions to this requirement if you have a statement from a licensed health care provider (MD, DO, ND, PA or ARNP).

### **388-145-1340 | How long do I have to complete the licensing application process?**

(1) You must complete your licensing application and submit all DLR required documents within ninety days of submitting the application and background authorization forms to the department.

(2) If you do not meet this ninety-day deadline, your licensor may withdraw your application.

(3) As a courtesy, a renewal notification and renewal materials will be sent one hundred and twenty days prior to your license expiration date. If you do not receive this renewal notice it is your responsibility to contact your licensor.

(4) You must send the renewal application and all required background authorization forms to your licensor at least ninety days prior to the expiration of your current license.

### **388-145-1345 | How long is my license valid?**

(1) Your license is issued for a three-year period.

(2) Your license is valid only for the person or organization named on the license and only for the specific address listed on the license.

(3) Your license must be posted where the public can easily view it.

### **388-145-1350 | Who shall have access to my facility?**

The department must have access to your facility, staff, and the children in your care at any time. You must allow us to meet privately with staff or children in your care, at our request. We must also have access to the documents related to your program.

**388-145-1355 | Am I required to comply with local ordinances?**

You are responsible for following all local and state regulations such as zoning regulations, community covenants, local building codes and fire codes. The department may require you to provide proof that you are complying with local regulations.

**388-145-1360 | What children may I serve in my group care program?**

(1) You may serve children who are at least six years of age and meet one of the following conditions:

- (a) Have behaviors that cannot be safely or effectively managed in foster care;
- (b) Need temporary placement awaiting a more permanent placement;
- (c) Need emergency placement during a temporary disruption of a current placement;
- (d) Have emotional, physical, or mental disabilities;
- (e) Need a transitional living setting;
- (f) Need respite care from a licensed provider; or
- (g) Are age sixteen or older and need to acquire independent living skills.

(2) Your program may serve children younger than six years of age if it meets the following criteria:

- (a) Provides services to children with intellectual and developmental disabilities;
- (b) Provides services to medically fragile children;
- (c) Provides services to expectant mothers or parenting youth;
- (d) Is licensed as a group receiving center;
- (e) Is licensed as an emergency respite center;
- (f) Is licensed as a resource and assessment center; or
- (g) Is a facility approved and certified under chapter RCW 74.15.020 (2)(m).

**388-145-1365 | How does the department decide which children will be placed in my care?**

(1) The department is responsible for the safety and well-being of the children placed in its custody by the parents or the courts, and we will place children according to their best interest.

(2) We evaluate your ability to care for children. We specify the maximum number, age range, and gender of children on your license. We may base this on the skills and number of caretakers, the physical accommodations of your facility, and the children placed in your facility.

(3) Based on the evaluation, we may license you for the care of fewer children than you normally would serve in your category of care.

(4) Except for a staffed residential home for five or fewer children, the certification of occupancy from the Washington state department of health will be considered in deciding the number of children you may serve.

**388-145-1370 | Do I have to admit or retain all children?**

(1) You have the right to refuse to admit or retain a child in a program. The exceptions to this requirement are the individual programs that have contracts that specify a child cannot be denied admission.

(2) A joint decision may be made by the provider, the agency placing the child, and us to serve the child elsewhere, for the health and safety of the child or others.

### **388-145-1375 | What happens when licensing requirements differ from contract requirements?**

You may hold a contract with the state to provide services. If you provide services as a group care facility you must also meet the licensing requirements outlined in this chapter. When contract or other statutory requirements differ from licensing, you must meet the highest standard.

### **388-145-1380 | May a group care facility be issued more than one type of license?**

(1) A group care facility may not be licensed by DLR for more than one type of license in the same building (A group care facility and a CPA for example), unless the department determines that care of one type of client does not interfere with the care of another type of client, and you have approval from the DLR administrator. We may require separation of resident populations between the programs. You must meet the requirements for both licenses.

(2) If you have multiple licenses from different agencies in the same location, you must obtain approval from DLR prior to providing services and accepting placements.

### **388-145-1385 | When may I be certified to provide care to children?**

(1) When you meet the licensing requirements, you may apply to us for certification of your facility, rather than a license, if the following conditions apply:

- (a) You are exempt from needing a license (per chapter 74.15 RCW), and you wish to serve department-funded children; or
- (b) You are licensed by authority of an Indian tribe within the state under RCW 74.15.190.

## **Rule Violations and Corrective Actions**

### **388-145-1390 | Will you license or continue to license me if I violate licensing regulations?**

(1) We may modify, deny, suspend or revoke your license when you, your employees or volunteers:

- (a) Do not meet the licensing regulations in this chapter;
- (b) Have not met the background check requirements;
- (c) Have been determined by us to have abused or neglected a child;
- (d) Have committed, permitted, or assisted in an illegal act on the premises of a facility providing care to children;
- (e) Are unable to manage your property and financial responsibilities;
- (f) Tried to get a license by deceitful means, such as making false statements or omitting critical information on the application;
- (g) Knowingly allowed employees or volunteers who made false statements or omitted critical information on their applications to work at your agency; or
- (h) Cannot provide for the safety, health and well-being of the child(ren) in your care.

(2) We may suspend or revoke your license if you have children in your facility for whom you are not licensed, without approval by your DLR licensor. This includes having more children, or children of different ages or gender than the license allows.

(3) We will send you a certified letter informing you of the decision to modify, deny, suspend or revoke your license. In the letter, we will also tell you what you need to do if you disagree with the decision.

(4) The department has jurisdiction over all licenses issued by DLR and over all holders of and applicants for licenses as provided in RCW 74.15.030(5). Such jurisdiction is retained even if an applicant requests to withdraw the application, or you surrender or fail to renew your license.

**388-145-1395 | Are there exceptions made if I do not meet the licensing regulations?**

(1) We may make exceptions and license or continue to license you if you do not meet the minimum licensing regulations. We may allow this if you can demonstrate that you can provide for the safety, health and well-being of children in your care.

(2) In addition, we may limit or restrict your license and/or require you to enter into a compliance agreement to ensure the safety and well-being of the children in your care.

(3) You must keep a copy of the approved exception to the licensing regulations in your files.

(4) You do not have appeal rights if the department denies your request for an exception to the licensing regulations.

**388-145-1400 | Can employees, volunteers and subcontractors be disqualified from having access to the children in my facility?**

(1) The department must disqualify employees, volunteers or subcontractors if they do not meet the regulations of chapter 388-145 WAC, or cannot have unsupervised access to children because of their background check as outlined in chapter 388-06A WAC.

(2) We will notify you if a person in your facility is disqualified from having unsupervised access to children. This could also lead to denial, suspension or revocation of your license.

**388-145-1405 | What can I do if I disagree with your decision to modify, deny, suspend or revoke my license, or to disqualify my background check?**

(1) You have the right to request an administrative hearing if you disagree with any of these actions. You must request this hearing within twenty-eight calendar days of receiving a certified letter with our decision (see chapter 34.05 RCW). To request a hearing you must send a letter to the office of administrative hearings, P.O. Box 42489, Olympia, Washington 98504-2456, 1-800-583-8271. The letter must have the following:

(a) A specific statement indicating why you disagree with our decision and any laws you believe are related to your claim; and

(b) A copy of the certified letter we sent to modify, revoke, suspend, or deny your license or to disqualify your background check.

**388-145-1410 | How do I appeal the decision of the office of administrative hearings' administrative law judge? (1)**

The decision of the administrative law judge is the final decision of the department unless you or the department files a petition for review with DSHS board of appeals within twenty-one calendar days after the administrative law judge's decision is mailed to the parties.

(2) The procedure for requesting or responding to a petition for review with the board of appeals is described in WAC 388-02-0560 through WAC 388-02-0635.

(3) We will not appeal decisions made by the board of appeals.

(4) If you disagree with the board of appeals, you may file a petition in superior court and ask for further review (RCW 34.05.510 to 34.05.598).

### **388-145-1415 | Can I be issued a probationary license?**

- (1) We may issue a probationary license in order to correct a deficiency.
- (2) We will consider the following when deciding whether a probationary license will be issued:
  - (a) An intentional or negligent violation of licensing regulations;
  - (b) A history of violation of licensing regulations;
  - (c) A current violation of licensing regulations;
  - (d) Whether you are making a good faith effort to comply; and
  - (e) Any other factors relevant to the specific situation.
- (3) A probationary license may be issued for up to six months. At our discretion, we may extend the probationary license for an additional six months. You may not appeal our decision to not issue a probationary license.

## **Staff Qualifications and Requirements**

### **388-145-1420 | Who must I employ at my facility?**

- (1) You must employ sufficient numbers of qualified staff to meet the physical, safety, health, and emotional needs of the children placed in your care, appropriate for their age and developmental level. Employers and caregivers must:
  - (a) Demonstrate competency, good judgment, and self-control in the presence of children and when performing duties;
  - (b) Report suspected abuse, neglect, and exploitation to the children's administration intake and to the designated administrator or supervisor;
  - (c) Know and comply with rules established in this chapter as well as all other applicable laws; and
  - (d) Comply with federal and state anti-discrimination laws related to personnel policies and procedures.
- (2) Staff, volunteers, and others caring for children at your facility must provide children with:
  - (a) Appropriate adult supervision;
  - (b) Emotional support;
  - (c) Personal attention; and
  - (d) Structured daily routines and living experiences.

### **388-145-1425 | What are the qualifications of an executive director or administrator?**

- (1) You must have an executive director or administrator who is available telephonically during business hours and meets the qualifications to:
  - (a) Manage the financial and administrative operations of the program;
  - (b) Ensure that the program complies with the licensing rules contained in this chapter;
  - (c) Effectively communicate to the department the roles, expectations, and purposes of the program;
  - (d) Assume responsibility for safety of children in your facility; and
  - (e) Work with representatives of other agencies.
- (2) An executive director or administrator must have:
  - (a) Appropriate education relevant to the specific program; and
  - (b) Four years of successful experience with similar duties and responsibilities for the administrative oversight, program and fiscal management of an agency.

**388-145-1430 | What are the requirements of an on-site program manager?**

(1) On days your facility is operational, you must have an on-site program manager at your facility during business hours when youth are present. Staffed residential facilities licensed for five or fewer are required to have an on-site program manager during business hours when youth are present if the focus of the program is behavioral and a child's behavior poses a risk. The on-site program manager must meet the qualifications to:

- (a) Coordinate the day-to-day operations of the program;
- (b) Supervise the case management and direct care staff; and
- (c) Have the responsibility to ensure the completion of each child's plan of care and treatment.

(2) When youth are not present and the program manager is not on-site, s/he must be available by telephone.

(3) An on-site program manager must have:

- (a) A master's degree in social services or a closely related field from an accredited school and one year of experience working with children or youth; or
- (b) A bachelor's degree in social services or a closely related field from an accredited school and two years of experience working with children or youth; or
- (c) Five years of successful full-time experience in a relevant field; and
  - (i) Supervisory abilities that promote effective staff performance; and
  - (ii) Relevant experience, training and demonstrated skills in each area that s/he will be managing or supervising.

(4) An on-site program manager must not provide clinical oversight to case management staff unless they meet the supervision requirements in WAC 388-145-1440 (3).

(5) A case management staff or person with equivalent training and experience of an on-site program manager may satisfy this requirement.

(6) For overnight youth shelters, the required prior experience must be in working with adolescents.

**388-145-1435 | What if my on-site program manager must be off-site temporarily when youth are present?** The on-site program manager must leave a competent designated staff person in charge who meets the on-site program manager qualifications, if the manager must be temporarily absent.

**388-145-1440 | What are the requirements of case management staff?**

(1) Case management staff will provide individualized case management and coordination of services. For emergency respite centers and resource and assessment centers, the on-site program manager may provide individualized case management and coordination of services so additional case managers are not required. The on-site program manager must meet qualifications in WAC 388-145-1430.

(2) Case management staff hired before January 10, 2015 must have five years of experience or a bachelor's degree in social services or closely related field from an accredited school.

(3) Case management staff hired after January 10, 2015 must have a master's or bachelor's degree in social services or a closely related field from an accredited school.

(4) Case management staff who has only a bachelor's degree must consult with a person with a master's degree in social services or closely related field. One hour of consultation must occur every twenty hours the employee works.

(5) Case managers must maintain:

- (a) Training, experience, knowledge, and demonstrated skills in each area s/he will be supervising;
  - (b) Skills and understanding needed to effectively manage cases; and
  - (c) The ability to monitor staff development and training.
- (6) You may use case management staff provided by another agency if these staff meet the educational qualifications and you have a written agreement with the agency describing the scope of services to be provided.

**388-145-1445 | What are the qualifications of direct care staff?**

- (1) Each direct care staff must:
- (a) Be at least twenty-one years of age, unless they meet the requirements in subsection (2) of this section;
  - (b) Have a high school diploma or high school or equivalency course of study (GED/HSEC);
  - (c) Have one year of experience working directly with children. Two years of social services education may be substituted for the required experience;
  - (d) Have the skills and ability to work successfully with the special needs of children in care; and
  - (e) Have effective communication and problem-solving skills.
- (2) Direct care staff may be between eighteen and twenty-one years of age if they provide sufficient documentation demonstrating one or more of the following:
- (a) They are professionals licensed by the Washington department of health;
  - (b) They have an associate of arts, the equivalent degree, or greater; or
  - (c) They are enrolled in an internship or practicum program with an accredited college or university.
- (3) Direct care staff under twenty-one years of age and enrolled in an internship or practicum program must be supervised by staff at least twenty-one years of age.
- (4) You must maintain sufficient direct care staff who meet the education and training requirements defined in this chapter.
- (5) Case aides must meet the requirements for direct care staff.

**388-145-1450 | What additional qualifications must the crisis residential center direct care staff have?**

- (1) At least 50 percent of the direct care staff at a CRC must have completed:
- (a) A bachelor's degree; or
  - (b) At least two years of college and one year of work in a group residential program for adolescents; and
  - (c) Direct care staff at a CRC may substitute experience for education on a year-for-year basis.
- (2) The remaining direct care staff at a CRC must have a minimum of a high school diploma or high school equivalency course of study (GED/HSEC) and one of the following:
- (a) One year of successful experience working with youth in a group setting; or
  - (b) One year of successful experience as a foster parent; and
  - (c) Two years of college may be substituted for the required experience.
- (3) The primary duties of the direct care staff at a crisis residential center are the care, supervision, and behavioral management of youth.

**388-145-1455 | If I have health care staff, what qualifications are required?**

- (1) If your program requires health care staff, they must:
- (a) Meet the full professional competency requirements in their respective field; and
  - (b) Maintain their certification or licensure as required.

(2) Applicants with current and active medical licenses or certificates (nurses, physicians and EMS personnel) may submit their licenses or certificates to satisfy the first aid and CPR requirement.

**388-145-1460 | Do I need to employ consultants at my facility?**

(1) You must have case management consultants available as needed to work with your staff, the children you serve, and the children's families. Other consultants may be used for program support.

(2) A case management consultant is responsible to:

- (a) Review treatment, case plans, or adoption home studies as appropriate;
- (b) Provide one hour of consultation/supervision to case management staff for every twenty hours a person works. Staff consultations shall be documented and available to staff on an as-needed basis; and
- (c) Monitor staff's skill development in order to effectively manage their cases.

(3) Each case management consultant must have:

- (a) A master's degree in social services or a closely related field from an accredited school;
- (b) The training, experience, knowledge and demonstrated skills for each area in which s/he will be supervising or advising;
- (c) The ability to ensure staff develop their skills, are adequately trained and have the understanding needed to effectively manage cases; and
- (d) Knowledge of mandatory child abuse and neglect reporting requirements.

(4) Consultants may be hired as staff or operate under a contract and must meet the full professional competency requirements and academic training in their respective fields.

(5) If you have consultants working in emergency respite centers, they must also have training and experience in early childhood education.

**388-145-1465 | What additional supports do I need for my group care facility?**

(1) You must have sufficient clerical, accounting and administrative services to maintain proper records and carry out your program.

(2) You must have sufficient support and maintenance services to maintain and repair your facility, and to prepare and serve meals.

**388-145-1470 | Can one staff person have different responsibilities?**

(1) The same person may have multiple staff roles and responsibilities as long as they meet the staff qualifications for each position and you maintain the required staffing ratios.

(2) The executive director/administrator may:

- (a) Serve as the program manager when qualified for both positions; and
- (b) Serve as direct care staff when the role does not interfere with the director's management and supervisory responsibilities.

**388-145-1475 | What are the requirements for volunteers working directly with children/youth at my facility? (1)**

These volunteers must meet the licensing requirements listed in this chapter, including meeting the qualifications for direct care staff and must:

- (a) Be at least twenty-one years of age unless they are between eighteen and twenty-one years of age in an internship or practicum program as per WAC 388-145-1445;
- (b) Be supervised at all times by at least one paid staff member or designated volunteer meeting the qualifications of a program manager, working on-site. (Volunteers meeting program manager qualifications may provide direct care unsupervised.); and
- (c) Receive the facility's pre-service training that addresses the needs of the population of children in care.

**388-145-1480 | What are the general ratios of staff to children under care?**

- (1) You must have at least one case manager providing case management services for every twenty-five children in care.
- (2) If you provide care as a group receiving center, emergency respite center, or a resource and assessment center, you must have at least one case manager for every fifteen children in care.
- (3) If you provide care as a secure, semi-secure and regular crisis residential center, you must have one case manager at a minimum, and must maintain a ratio of one case manager for every 6 children in care.
- (4) Staffing ratios specific to your program are outlined in WAC 388-145-1890 through 388-145-2200.
- (5) If you have both a license and a contract for services, you must adhere to the most stringent staffing ratios.
- (6) To keep the proper ratio of staff to children, the executive director, health care staff, on-site program manager, support staff and maintenance staff may serve temporarily as direct care staff if they meet all other direct care staff qualifications and training.
- (7) You must have relief staff so that all staff can have the equivalent of two days off a week. This is not required for family members if you have a staffed residential facility in a family residence.
- (8) Children must be supervised during sleeping hours by at least one awake staff when:
  - (a) There are more than six children in care; and
  - (b) The major focus of the program is behavioral rather than the development of independent living skills such as a teen parent program or responsible living skills program; or
  - (c) The behavior of at least one of the youth poses a risk to self or others.
- (9) Staffing ratios may be higher than the minimum listed if necessary for the health and safety of children and/or staff, or per contract requirement.
- (10) You must have one back-up or on-call person available at all times to report to the facility as soon as possible but no later than thirty minutes.

**388-145-1485 | May I have more than one license program at my facility?**

If you have more than one program in a building you must submit a plan to your licensor detailing how you plan to manage each of the programs.

**Training and Professional Development**

**388-145-1490 | What is the pre-service training requirement for staff and volunteers having direct care responsibility to children/youth?**

- (1) Prior to having unsupervised contact with children, staff and volunteers must have a minimum of sixteen hours of pre-service training, including policies and procedures, job responsibilities and facility administration. This requirement is in addition to required first aid and cardiopulmonary training (CPR) in WAC 388-145-1500 and required HIV/AIDS/blood

borne pathogen training in WAC 388-145-1505. Pre-service training must be relevant to the type of children and families and the program services you provide. Pre-service training will usually include the following:

- (a) Child abuse and neglect identification and reporting requirements;
- (b) Incident reporting;
- (c) Accessing community resources;
- (d) Client confidentiality;
- (e) Family dynamics and family intervention techniques;
- (f) Licensing regulations specific to your facility;
- (g) Child development;
- (h) Grief and loss;
- (i) Cultural needs of children in care;
- (j) Sexually exploited youth;
- (k) Behavior management and crisis intervention techniques;
- (l) Conflict resolution or problem solving skills;
- (m) Substance abuse;
- (n) Sexually aggressive and physically aggressive/assaultive training;
- (o) Effects of trauma on children;
- (p) Youth supervision requirements; and
- (q) Fire safety and emergency planning.

(2) New staff and volunteers must work shifts with fully trained staff until the new staff and volunteers have completed all required training.

**388-145-1495 | What is the in-service training requirement for staff and volunteers having responsibility to provide care to children/youth?**

(1) If you have employees in your agency, you must offer in-service training programs for developing and upgrading staff skills. If you have five or more employees or volunteers, your training plan must be in writing.

(2) Staff must complete a minimum of twenty-four hours of on-going education and in-service training annually. Training must be relevant to the problems experienced by the children you serve, which usually will include:

- (a) Crisis intervention techniques, including verbal de-escalation, positive behavior support, and physical response/restraint training as approved by the department;
- (b) Behavior management techniques;
- (c) Substance abuse;
- (d) Suicide prevention, assessment and intervention;
- (e) Family intervention techniques;
- (f) Indian child welfare and working with Native American children
- (g) Cultural diversity;
- (h) Mental health issues and interventions;
- (i) Mediation skills;
- (j) Conflict management/problem-solving skills;
- (k) Child abuse and neglect;

- (l) Characteristics and management of sexually aggressive or otherwise predatory behavior and physically assaultive behavior;
  - (m) Emergency procedures;
  - (n) HIV/AIDS/Blood Borne Pathogens; and
  - (o) Fire safety and emergency planning.
- (3) You must discuss with your staff updated policies and procedures as well as the rules contained in this chapter.
- (4) Your training on behavioral management must be approved by DLR and must include nonphysical, age-appropriate methods of redirecting and controlling behavior.
- (5) You must document all training including a description of the training provided and the date of the training. This information must be kept in each employee's file or in a separate training file.

**388-145-1500 | What first aid and cardiopulmonary resuscitation (CPR) training is required?**

- (1) You or any of your staff who provide supervision or direct care to children, must have basic standard first aid and age-appropriate cardiopulmonary resuscitation (CPR) training.
- (a) The CPR training is not required for staff/volunteers with a statement from their physician that the training is not advised for medical reasons as long as another on-site staff person meets this training requirement.
  - (b) Training must be department-approved and be accredited according to nationally recognized standards.

**388-145-1505 | What HIV/AIDS and blood borne pathogens training is required?**

- (1) You or any of your staff who provide supervision or direct care to children, must have training on HIV/AIDS, and blood borne pathogens, including infection control standards.
- (2) You must use infection control requirements and educational material consistent with the current approved curriculum published by the department of health, office on HIV/AIDS.
- (3) Staff providing direct care to children must use universal precautions when coming in contact with the bodily fluids of a child.

**Managing Records and Reporting**

**388-145-1510 | What personnel records must I keep at my facility?**

- (1) You must keep personnel records on file for each staff person who is employed or volunteers at your facility. You must keep the following:
- (a) An employment or volunteer application, including work and education history;
  - (b) Education documentation;
  - (c) Job description of the position at your facility;
  - (d) Signed confidentiality statement;
  - (e) Signed mandated reporter statement;
  - (f) A record of participation in the program's orientation and/or pre-service training and in-service training;
  - (g) Behavior management training documentation;
  - (h) First aid/CPR/HIV/AIDS/blood borne pathogens training documentation;
  - (i) A copy of a food handlers permit, if applicable;
  - (j) A copy of a valid driver's license for staff transporting clients or employees;
  - (k) A copy of a government issued photo ID;

- (l) A copy of current auto insurance (if using private vehicle to transport);
  - (m) A log with background check information, containing dates of request and completion of the checks on all staff, interns, volunteers, and service contractors;
  - (n) A record of a negative Mantoux, tuberculin skin tests results, X-ray, or a medical exemption to the skin test or X-ray; and
  - (o) A record of required staff immunizations.
- (2) You must maintain a written record of case consultation by a master's level consultant as defined in WAC 388-145-1460 for case managers with a bachelor's degree.

**388-145-1515 | What are the requirements for information kept in facility shift logs for group care facilities? (1)**

You must document the following information during each shift:

- (a) Any serious child health or safety issues;
  - (b) Any dates and illnesses or accidents while in care;
  - (c) Any medications and treatments given with the child's name; and
  - (d) Names of staff or volunteers with direct care responsibility during the shift.
- (2) You must also have telephone numbers of the after-hours supervisor, on-call and relief staff clearly identified and available for staff personnel during each shift.
- (3) In addition, you must keep the following information current at all times:
- (a) Incident logs, including a copy of any suspected child abuse and/or neglect referrals made to children's administration and all incident reports;
  - (b) Any identified child-specific supervision needs;
  - (c) Daily or shift logs;
  - (d) Written documentation or staff briefings between shifts regarding the whereabouts of any child or youth currently off-site; and
  - (e) Verification of weekly inspections of any security and/or safety devices, such as door and window alarms.

**388-145-1520 | What are the requirements for children's records?**

- (1) Any identifying and personal information about a child and the child's family must be kept confidential as required by chapter 26.33 RCW. These records must be kept in a secure place inaccessible to clients, unauthorized staff and the public.
- (2) During a child's placement, the child's record must be kept secure at the site. Your facility must attempt to obtain the following information for the child's record, as appropriate to your program:
- (a) The child's name, birth date, and legal status;
  - (b) Name and telephone number of the child's DSHS worker and/or case manager for each child in care, if appropriate;
  - (c) Written consent, if any, for providing medical care and emergency surgery (unless that care is authorized by a court order);
  - (d) Names, addresses, and telephone numbers of persons authorized to take the child in care out of the facility;
  - (e) Copies of the current legal authority to place;
  - (f) Current case plans;

- (g) Social summary;
  - (h) Documentation of a child's treatment provided by your staff with the signature of the person making the entry to the progress notes;
  - (i) Information related to suspected child abuse and/or neglect referrals made to children's administration, including the concern, date and person taking the report;
  - (j) Intake procedures completed including an assessment of the youth's likelihood to stay in your facility;
  - (k) Date and time of Orientation;
  - (l) A log and written report that identifies all incidents requiring physical restraints for a child;
  - (m) Any incident reports involving youth; and
  - (n) A copy of any discharge summaries and family assessments in the child's case record.
- (3) In addition, your records must contain the following information if available:
- (a) Names, address and telephone numbers of parents or persons to be contacted in case of emergency;
  - (b) Information on specific cultural needs of the child;
  - (c) Medical history including any medical problems, name of doctor, type of medical coverage and provider, date of any illnesses or accidents while at the facility;
  - (d) Mental health history and any current mental health, chemical dependency, and behavioral issues, including medical and psychological reports when available;
  - (e) Other pertinent information related to the child's health, including basic medical information, such as current prescription medications, immunizations, allergies, dental records and/or eye exams;
  - (f) Child's school records, report cards, school pictures, and Individual Education Plans (IEP);
  - (g) Special instructions including supervision requirements and suggestions for managing problem behavior;
  - (h) Inventory of the child's personal belongings at the time of placement;
  - (i) Approved list of individuals the child may have contact with;
  - (j) The child's visitation plan; and
  - (k) For pregnant and parenting youth, information on the mother/father of the youth's child, if available.
- (4) If a child's placement extends beyond seventy-two hours, you must obtain the child's immunization records. If the child is not current with immunizations, they must be updated as soon as medically possible. Immunization records are not required to be current for children placed in:
- (a) Interim facilities;
  - (b) Group receiving centers; or
  - (c) Crisis residential centers.
- (5) If you are unable to obtain this information from the department you must document your attempt to obtain the requested information in the child's file.

**388-145-1525 | How long should my facility keep the child records?**

- (1) If you have client files with information not returned to the department, you must keep them for six years following the termination or expiration of any license or contract you have with the department.
- (2) If your facility closes then you must return all client file information to the department for each child(ren) who are/were in the custody of the department and whose records were not previously destroyed according to subsection (1) above.
- (3) You must inform DLR and your regional licensor about the closure of your facility and where the files will be kept.

**388-145-1530 | What information can be shared about a child or a child's family?**

(1) Information about a child or the child's family is confidential and must only be shared with people directly involved in the case plan for a child.

(2) For children placed by the department you may discuss information about the child, the child's family and the case plan only with:

- (a) A representative of the department, including staff from DCFS, DLR and DDA;
- (b) A representative of the department of health, the office of the state fire and the office of the family and children's ombuds;
- (c) A group residential program staff;
- (d) The child's attorney;
- (e) The child's assigned guardian ad litem or court-appointed special advocate; and/or
- (f) Others designated by the child's DSHS worker.

(3) You may check with your child's DSHS worker for guidance about sharing information with the child's teacher, counselor, doctor, respite care provider, any other professional, or others involved in the case plan.

**388-145-1535 | What incidents involving children must I report?**

(1) You must report the following incidents immediately and in no instance later than forty-eight hours after the incident to your local children's administration intake staff and the child's DSHS worker or child placing agency (CPA) case manager and the child's tribal Indian child welfare (ICW) case manager as applicable:

- (a) Death, serious illness or injury, or psychiatric care that requires medical treatment or hospitalization of a child in care;
- (b) Any time you suspect physical or sexual abuse, neglect, or exploitation of a child as required under chapter 26.44 RCW;
- (c) Sexual contact between two or more children that is not considered typical play between preschool age children;
- (d) Any disclosure by a child in care of sexual or physical abuse;
- (e) Any child's suicide attempt that results in injury requiring medical treatment or hospitalization;
- (f) Any use of physical restraint alleged to have been improperly applied or excessive;
- (g) Physical assault between two or more children that result in injury requiring off-site medical attention or hospitalization;
- (h) Physical assault of an employee, volunteer, or others by a child in care that results in injury requiring off-site medical attention or hospitalization;
- (i) Any medication given or consumed incorrectly that requires off-site medical attention; or
- (j) Property damage that is a safety hazard and not immediately corrected or may affect the children's health and safety.

(2) You must report the following incidents related to a child in care as soon as possible or in no instance later than forty-eight hours after the incident, to the child's DSHS worker or CPA case manager and the child's tribal ICW case manager as applicable:

- (a) Suicidal or homicidal thoughts, gestures, or attempts that do not require professional medical treatment;

- (b) Unexpected health problems outside the usual range of reactions caused by medications that do not require professional medical attention;
- (c) Any incident of medication incorrectly administered or consumed;
- (d) Any professional treatment for emergency medical or emergency psychiatric care;
- (e) Physical assault between two or more children that results in injury but does not require professional medical treatment;
- (f) Physical assault of a foster parent, employee, volunteer, or others by a child that results in injury but does not require professional medical treatment;
- (g) Drug or alcohol use by a child in your care;
- (h) Any inappropriate sexual behavior by or toward a child; or
- (i) Use of prohibited physical restraints for behavior management.

(3) You must maintain a written record of any report with the date, time, and staff person who makes the report.

(4) Programs that provide care to medically fragile children who have nursing care staff on duty may document the incidents described in subsections (2)(b) and (c) of this section in the facility daily logs, rather than contacting the DSHS worker or case manager, if agreed to in the child's case plan.

**388-145-1540 | What are my reporting responsibilities when a child is missing from care (except for overnight youth shelters)?**

(1) As soon as you or your staff have reason to believe a child in your care is missing as defined in WAC 388-145-1305 or has refused to return to or remain in your care, or whose whereabouts are otherwise unknown, you are required to notify the following:

- (a) The child's assigned DSHS worker, as appropriate;
- (b) CA intake, if the DSHS worker is not available or it is after normal business hours.

(2) You are required to contact local law enforcement within six hours if the child is missing. However, if one or more of the following factors present, you must contact law enforcement immediately:

- (a) The child is believed to have been taken from placement. This means the child's whereabouts are unknown, and it is believed that the child has been concealed, detained or removed by another person;
- (b) The child is believed to have been lured from placement or has left placement under circumstances that indicate the child may be at risk of physical or sexual assault or exploitation;
- (c) The child is age thirteen or younger;
- (d) The child has one or more physical or mental health conditions that if not treated daily will place the child at severe risk;
- (e) The child is pregnant or parenting and the infant/child is believed to be with him or her;
- (f) The child has severe emotional problems (e.g., suicidal thoughts) that if not treated will place the child at severe risk;
- (g) The child has an intellectual and developmental disability that impairs the child's ability to care for him/herself;
- (h) The child has a serious alcohol and/or substance abuse problem; or
- (i) The child is at risk due to circumstances unique to that child.

(3) After contacting local law enforcement, you must also contact the national center for missing and exploited children at 1 (800) 843-5678 and report the child missing from care.

(4) If the child leaves school or has an unauthorized absence from school, you should consult with the child's DSHS worker to assess the situation and determine when you should call law enforcement. If any of the factors listed in subsections (2) (a) through (i) of this section are present, you and the child's DSHS worker may decide it is appropriate to delay notification to law enforcement for up to four hours after the end of the school day to give the child the opportunity to return on their own.

(5) You must provide the following information to law enforcement and to the child's DSHS worker when making a missing child report, if available:

- (a) When the child left;
- (b) Last known location of the child;
- (c) What the child was wearing;
- (d) Any known behaviors or interactions that may have caused the child's departure;
- (e) Possible places where the child may go;
- (f) Special physical or mental health conditions or medications that affect the child's safety;
- (g) Known companions who may be aware or involved in the child's absence;
- (h) Other professionals, relatives, significant adults or peers who may know where the child would go; and
- (i) Recent photo of the child.

(6) You must ask law enforcement for the missing person report number and provide it to the CA DSHS worker or staff.

(7) At any time after making an initial report you learn of a missing child's whereabouts, you must report that information to the child's DSHS worker.

(8) If a child is returned to your care, it is your responsibility to cancel the run report and notify all persons you have informed of the child's run.

(9) Youth participating in the extended foster care (EFC) program are exempt from these requirements. You must follow all other reporting requirements as defined in WAC 388-145-1535.

### **388-145-1545 | What are my reporting requirements in my licensed facility serving runaway or homeless youth?**

(1) If you are licensed as an overnight youth shelter or are otherwise licensed to provide residential services for runaway or homeless youth, and you learn that a youth staying in your facility does not have parental permission to be there, you or your staff must:

- (a) Within seventy-two hours (preferably twenty-four hours), notify the parent by telephone or other reasonable means unless compelling reasons exist. You must provide the youth's whereabouts, give a description of the youth's physical and emotional condition, and report the circumstances surrounding the youth's contact with your facility. You must document this notification in the youth's file.
- (b) If compelling reasons exist, you must notify children's administration intake. This includes reason to believe notifying the youth's parents will result in abuse or neglect of the youth as defined in RCW 26.44.020.
- (c) You or your staff must also review the public information on missing youth made available by the Washington state patrol at least once every eight hours while a youth is present at your facility. If a youth is listed as missing, you must immediately notify children's administration intake with the information listed in (1)(a) above.

### **388-145-1550 | What changes must I report to my licensor?**

(1) You must immediately report to your licensor changes in the original licensing application. You must report:

- (a) Changes in your location, including address or phone number;
- (b) Changes in your program description or population served, including the maximum number, age ranges, and sex of children you wish to serve;
- (c) Changes in the structure of your facility or premises from events causing damage, such as a fire, or from remodeling;
- (d) Additional staff, employees, interns, contractors or volunteers, who might have unsupervised contact with the children in care;
- (e) Significant changes in the physical condition of you or your staff affecting the ability to provide care in your facility;
- (f) Staff arrests or convictions of which you are aware that occur between the date of your license and the expiration date of your license;
- (g) Any staff changes including the executive director, program manager, or master's level consultants;
- (h) Death, retirement, or incapacity of the person who holds the license;
- (i) Changes in the name of your licensed corporation, or the name by which your facility is commonly known and/or your articles of incorporation and bylaws.

## **Environment, Space and Equipment**

### **388-145-1555 | What does the department require for my buildings and property?**

(1) You must maintain your buildings, premises, and equipment in a clean and sanitary condition, free of hazards, and in good repair. You must furnish your facility appropriately, based on the age and activities of the children in your care. You must:

- (a) Provide handrails for steps, stairways, and ramps if required by the department;
- (b) Have emergency lighting devices available and in operational condition;
- (c) Provide appropriate furnishings, based on the age and activities of the children in your care;
- (d) Have washable, water-resistant floors in bathrooms, kitchens, and other rooms exposed to moisture. Washable short-pile carpeting may be approved in kitchen areas if kept clean and sanitary;
- (e) Provide tamper-proof or tamper-resistant electrical outlets or blank covers installed in areas accessible to children under the age of six or other persons with limited capacity or who might be endangered by access to them; and
- (f) Have easy access to rooms occupied by children in case an emergency arises.

(2) You must have adequate indoor and outdoor space, ventilation, toilet and bathing facilities, light and heat to ensure the health and comfort of all members of the household.

(3) The cleanliness and care of your premises must meet generally accepted health standards for the storage and preparation of food.

(4) You must make reasonable attempts to keep the premises free from pests, such as rodents, flies, cockroaches, fleas, and other insects using the least toxic methods.

(5) People must be able to easily open doors from the inside and outside in all areas of the facility that are occupied. This includes closets, bathrooms, and bedrooms. You must also have easy access to the outside in case of an emergency.

(6) Facilities must have non-breakable light fixture covers or shatter-resistant light bulbs or tubes in food preparation and dining areas. DLR will review your facility to determine other areas that may be a concern for the safety of children.

- (7) You must have an immediate plan to address hazardous conditions on your property or in your facility. The department may remove children from your care if hazardous conditions are not immediately remedied.
- (8) Your facility must be accessible to emergency vehicles and your address must be clearly visible on your facility or mailbox so that first responders can easily find your location.
- (9) Your facility must be located on a well-drained site, free from hazardous conditions. You must discuss with your licenser any potential hazardous conditions, considering the children's ages, behaviors and abilities.
- (10) You must have a working landline telephone at all times. Individuals calling your facility must be able to leave a message at all times.
- (11) You must post emergency numbers and the physical address of the facility in an easily visible location near the telephone. This must include the Washington state poison control number (1-800-222-1222).
- (12) Utility rooms with mop sinks that do not have windows opening to the outside must be ventilated with a mechanical exhaust fan to the outside of the building.
- (13) The use of window blinds or other window coverings with pull cords capable of forming a loop and posing a risk of strangulation to children are prohibited per RCW 43.215.360.
- (14) Infants/toddlers are not allowed to use wheeled baby walkers.

**388-145-1560 | What toilet and bathing facilities are required?**

- (1) You must meet the following requirements for toilets, sinks, and bathing facilities:
  - (a) Provide toilet, urinals, and hand-washing sinks appropriate to the height for the children served, or have a safe and easily cleaned step stool or platform that is water-resistant;
  - (b) Provide soap and clean towels, disposable towels or other approved hand-drying devices to the children in your care;
  - (c) Provide adequate grab-bars, convenient for children;
  - (d) Provide appropriate toilet training equipment for children. You must regularly maintain this equipment and keep it in sanitary condition. You must place toilet-training equipment on washable, water-resistant surfaces and disinfect toilet training equipment after each child's use.
- (2) If you care for children under the age of six, or children with intellectual and developmental disabilities, you must monitor the use of bathtub, shower, or other bathing facilities while in use.
- (3) If you operate a group care facility for six or more children you must have a housekeeping sink or department of health approved method of drawing clean mop water and disposing of the wastewater.

**388-145-1565 | What is the ratio of persons normally on the premises to bathrooms at my facility?**

- (1) You must maintain the following ratio of toilets, hand-washing sinks, and bathing facilities:

FACILITY	TOILETS (flush-type)	HAND-WASHING (hot and cold running water)	BATHING FACILITIES (hot and cold running water)

Group residential programs licensed for 5 or fewer	1 minimum	1 minimum	1 minimum
Group residential for 6 or more	2 minimum 1:8 ratio	2 minimum 1:8 ratio	1 minimum 1:8 ratio

(2) In programs providing care to expectant mothers, all sleeping areas must have at least one toilet and hand washing sink on the same floor.

(3) Children eighteen months of age or younger and other children who do not use a toilet need not be included when determining the number of required flush-type toilets.

(4) All sleeping areas must have at least one toilet and hand-washing sink on the same floor.

**388-145-1570 | What are the requirements for indoor recreation areas?**

(1) You must provide indoor recreational areas appropriate to children's age and developmental levels.

(2) If you provide group care to more than 12 children you must have at least one separate indoor recreation area with a size and location that is suitable for recreational and informal educational activities. Depending on the number and age range of children served, you must provide:

- (a) Adequate area for child play; and
- (b) Sufficient space to house a developmentally appropriate program.

(3) If you care for children with intellectual and developmental disabilities you must provide them with a room for physical and occupational therapy, if a physician prescribes these services. The room must be adequate for storing equipment used during therapy sessions. If you do not have a room for physical and occupational therapy, you must arrange for these therapies outside of your facilities.

(4) If you operate a group care program that serves medically fragile children younger than age six, you must follow these additional room requirements:

- (a) If you care for infants, and are licensed to care for more than twelve children you must provide separate safe play areas for children less than one year or children not walking. The department must approve the rooms or areas;
- (b) Children less than one year must be cared for in rooms or areas separate from older children;
- (c) No more than eight children younger than one year of age may be in the room at a time; and
- (d) Hand-washing facilities must be available nearby.

**388-145-1575 | What are the requirements for outdoor recreation areas?**

(1) If you care for children under the age of twelve you must provide a safe and securely-fenced or department-approved, enclosed outdoor recreation area appropriate to a child's age and developmental level. The recreation area must:

- (a) Prevent the child's access to roadways and other dangers;
- (b) Protect the play area from unauthorized exit or entry. Any fence or enclosure must be designed to discourage climbing; and
- (c) Directly adjoin the indoor premises or be reachable by a safe route.

(2) If you are a group receiving center or an emergency respite center you must have an outside recreation area that is suitable for the number of children you are serving. If not all of the children are using the outdoor recreation area at the same time, you may reduce the size to the number of children normally using the area at one time.

(3) If you are licensed as a secure CRC, you must maintain a recreational area within the secure facility or on the property of the facility that can support the youth's daily activity. A non-scalable fence must surround the recreational area.

### **388-145-1580 | What are your requirements for storing dangerous chemicals or other substances?**

(1) You must store the following items in a place that is not accessible to preschool children or other persons with limited capacity or who might be endangered by access to these products:

- (a) Cleaning supplies;
- (b) Toxic or poisonous substances;
- (c) Aerosols; and
- (d) Items with warning labels.

(2) When containers are filled with toxic substances from a stock supply, you must clearly label those containers.

(3) Toxic substances must be stored separately from food items.

### **388-145-1585 | What are the requirements for water, garbage, and sewer?**

(1) You must maintain adequate sewage and garbage facilities.

(2) Your facility must be connected to a public sewer system or have an on-site sewage system permitted by the local health department or the Washington state department of health.

(3) You must have access to a public water supply approved by the local health district or tribal government unless you have a private water supply tested by the local health district or a private water-testing laboratory approved by the Washington state department of health. Testing is required at the time of licensing, re-licensing and at any time the department deems necessary.

(4) Running water may not exceed one hundred twenty degrees Fahrenheit.

(5) You must provide paper cups, individual drinking cups or glasses, or drinking fountains.

### **388-145-1590 | How must I keep children safe around bodies of water?**

(1) You must ensure children in your care are safe around bodies of water. You must:

- (a) Keep all swimming pools and other bodies of water fenced with a locking gate or other DLR-approved safety device;
- (b) Lock hot tubs when not in use;
- (c) Make all potential water hazards, including wading pools, inaccessible to children when not in use.

(2) All swimming pools and other bodies of water must comply with state and local regulations. You must work with your licenser to establish a plan for the bodies of water based on the development level and behaviors of the children in your facility.

(3) You must ensure age and developmentally appropriate supervision of any child that uses hot tubs, swimming pools, spas, and around man-made and natural bodies of water. A supervision plan may be necessary for children with specific behaviors.

(4) You must observe the following when foster children are swimming in pools or outdoor bodies of water:

- (a) Swim only in designated swimming areas; or
  - (b) Require all children age 13 and under to wear U.S. Coast-Guard-approved personal floatation devices when swimming outside the supervision of a lifeguard.
- (5) If you have any water-based recreation devices, you must use and maintain them according to manufacturer's recommendations. All children and youth who ride in a water-based recreation device must wear a U.S. Coast Guard-approved personal floatation device at all times.
- (6) Except for staffed residential homes licensed for five or fewer children, you must have a person with current life-saving certification on-duty when children are swimming in any swimming pool or outdoor body of water.
- (7) For staffed residential licensed for five or fewer children, an adult with current age-appropriate first aid and CPR or a person with current life-saving certification must supervise children swimming under age twelve. The supervising adult must know how to, and be able to use rescue equipment, and be able to see and hear the children at all times.
- (8) Children under the age of five must be within touching distance of a supervising adult or the child's birth parent at all times.

**388-145-1595 | Are there room requirements for a group care facility?**

- (1) You must meet the following room requirements to operate a group care facility:
- (a) Provide rooms that are ample in size and properly furnished for the number of children you serve;
  - (b) Have a dining room area that is ample in size and suitably furnished for your residents;
  - (c) Provide a room or area that is used as an administrative office. In addition, suitable offices must be provided for case management staff. In facilities caring for fewer than thirteen children, these offices may be combined with the administrative office;
  - (d) Provide a space that can be used as a visiting area; and
  - (e) Maintain the temperature within your facility at a reasonable level when occupied. You must consider the age and needs of the children under your care in determining appropriate temperature.

**388-145-1600 | What are the general requirements for bedrooms?**

- (1) Each child shall have or share a bedroom, approved by the licensor, with privacy and space that is appropriate and adequate to meet the child's developmental needs.
- (2) For facilities licensed after December 31, 1986, bedrooms must have:
- (a) Adequate ceiling height for the safety and comfort of the occupants. Normally this would be seven and a half feet; and
  - (b) A window that can open to the outside, allowing natural light into the bedroom and permitting emergency access or exit.
- (3) Each bedroom must have unrestricted direct access to outdoors as well as one direct access to common use areas such as hallways, corridors, living rooms, day rooms, or other such common use areas.
- (4) You must not use hallways, kitchens, living rooms, dining rooms, and unfinished basements as bedrooms.
- (5) Common areas of the facility such as hallways, kitchens, living rooms, and dining rooms must not be used as bedrooms for anyone in the household without permission of the DLR licensor and DSHS worker, if applicable.
- (6) An adult must be on the same floor or within easy hearing distance and access to where children under six years of age are sleeping.

### **388-145-1605 | What are the requirements for sharing bedrooms?**

- (1) Shared bedrooms must provide enough floor space for the safety and comfort of children.
- (2) When a teen parent and his/her infant sleep in the same room, the room must contain at least eighty square feet of usable floor space. You must allow only one parent and infant(s) to occupy a bedroom.
- (3) No more than four children shall sleep in the same room, with the exception of interim facilities. This includes foster children and any other children.
- (4) Children over age one may share a bedroom with an adult who is not the child's parent only if necessary for close supervision due to the child's medical or developmental condition and the child's licensed health care provider recommends it in writing.
- (5) An individual that is in the extended foster care program may share a bedroom with a child of the same gender. If the child is unrelated to the individual in the extended foster care program, the child must be at least ten years of age.
- (6) Foster children may not share the same bedroom with a child of another gender unless all children are under age six.
- (7) An exception may be granted to subsection (3) though (6) in this section with an administrative approval if it is supported by the licenser (and the child(ren)'s DSHS worker, as appropriate) and is in the best interest of the child.

### **388-145-1610 | What are the requirements for beds in a facility?**

- (1) You must provide an appropriately-sized separate bed for each child, with clean bedding and a mattress in good condition.
- (2) Some children may soil the bed, and you may need to plan accordingly. You must provide waterproof mattress covers or moisture-resistant mattresses if needed. Each child's pillow must be covered with waterproof material or be washable.
- (3) A mat may be used for napping but not as a substitute for a bed.
- (4) You must provide an infant with a crib that ensures the safety of the infant, and complies with chapter 70.111 RCW, Consumer Product Safety Improvement Act of 2008. These regulations include:
  - (a) A maximum of 2 3/8" between vertical slats of the crib;
  - (b) Cribs, infant beds, bassinets, and playpens must have clean, firm, snug-fitting mattresses covered with waterproof material that can be easily disinfected and be made of wood, metal, or approved plastic with secure latching devices; and
- (5) You must place infants on their backs for sleeping, unless advised differently by the child's licensed health care provider.
- (6) You may not have loose blankets, pillows, crib bumpers, or stuffed toys with a sleeping infant.
- (7) You may swaddle infants using one lightweight blanket upon the advice and training of a licensed health care provider. You must keep the blanket loose around the hips and legs when swaddling in order to avoid hip dysplasia. You may swaddle infants under two months of age unless a licensed health care provider directs otherwise. You may not dress a swaddled infant in a manner that allows them to overheat.
- (8) You may not use wedges and positioners with a sleeping infant unless advised differently by the infant's licensed health care provider.
- (9) You may not use weighted blankets for children under three years of age or that have mobility limitations unless advised differently by the child's licensed health care provider.
- (10) If you use a weighted blanket, you must meet the following requirements:

- (a) The weight of the blanket may not exceed ten percent of the child's body weight;
  - (b) Metal beads are choking hazards and may not be used in a weighted blanket; and
  - (c) You may not cover the child's head with the weighted blanket or place it above the middle of the child's chest.
- (11) You may not allow children to use loft style beds or upper bunks of beds if using them could hurt them because of children's age, development or condition. Examples: Preschool children, expectant mothers, and children with a disability.

**388-145-1615 | What are the requirements for laundering and storage of clothing and linen?**

- (1) You must assure that children have access to clean clothing that is appropriate to their age.
- (2) You must provide for separate and safe storage of children's clothing and personal possessions.
- (3) The department has specific requirements for laundering:
  - (a) You must have separate and adequate facilities for storing soiled and clean linen;
  - (b) You must provide adequate laundry and drying equipment, or make other arrangements for getting laundry done on a regular basis;
  - (c) You must locate laundry equipment in an area separate from the kitchen and child care areas;
  - (d) If you care for children under the age of five, you must make laundry equipment inaccessible;
  - (e) Laundry dryers must be ventilated to the outside; and
  - (f) You must use an effective way to sanitize laundry.

**388-145-1620 | What are the requirements for diapers and diaper-changing areas?**

- (1) You must separate diaper-changing areas from food preparation areas.
- (2) You must disinfect diaper-changing areas and toilet-training equipment between each use or you must use a nonabsorbent, disposable covering that is discarded after each use.
- (3) For cleaning children, you must use either disposable towels or clean cloth towels that have been laundered between each use.
- (4) You must use disposable diapers, a commercial diaper service, or reusable diapers supplied by the child's family.
- (5) You and your staff must wash hands before and after diapering each child.
- (6) Diaper-changing procedures must be posted at the changing areas.
- (7) Diaper-changing areas must be adjacent to a hand-washing sink.
- (8) If you are diapering a child on a diaper-changing table, you must be within arms-length of the child at all times.

**388-145-1625 | What are the requirements for the use of electronic monitors to monitor children?**

- (1) CA prohibits the use of video and audio monitoring of children in the interior of a group residential facility unless all of the following are met:
  - (a) The DLR administrator grants approval for the use of an electronic monitoring device in your facility following a request by the child's DSHS worker;
  - (b) The court approves implementation of the monitoring as part of the child's case plan; and
  - (c) You maintain a copy of the approval.
- (2) The prohibition of audio or visual monitoring does not include monitoring of the following:
  - (a) Infants or children through four years of age;
  - (b) Medically fragile or sick children;

- (c) Video recording equipment to document actions of a child as directed in writing by the child's physician;
- (d) Video recording for special events such as birthday parties or vacations; or
- (e) The use of door or window alarms or motion detectors.

**388-145-1630 | Are time-delay mechanisms allowed on windows and doors?**

(1) The use of time-delay mechanisms on windows and doors of a group care facility (except for staffed residential homes licensed for five or fewer children) may be approved if:

- (a) They meet the fire codes and approval of the WSP/FPB;
- (b) There is an exterior door(s) that ensures escape in the event of an evacuation;
- (c) The time-delay mechanism(s) automatically unlocks when the fire alarm goes off;
- (d) The licensee has approval from the DLR licensor stating that the program is in compliance with the children's administration's behavior management guidelines; and
- (e) The licensee has written approval of the DLR administrator.

**388-145-1635 | What are the requirements for the prevention of the spread of infections and communicable disease?**

- (1) You must notify your DLR licensor if you or any adults having access to children in your care, have been exposed to someone with tuberculosis or when a health care provider recommends testing.
- (2) Retesting for license renewals is not required unless the above conditions apply.
- (3) Staff with a reportable communicable disease or a notifiable disease condition in an infectious stage, as defined by the department of health in chapter 246-101 WAC, must not be on duty until they have a physician's approval for returning to work.
- (4) Each facility that cares for medically fragile children must have an infection control program supervised by a nurse licensed by the department of health. Staffed residential homes licensed for five or fewer children who are medically fragile may use other methods to develop infection control procedures, such as in-home nursing services, upon approval by the department.
- (5) You must promote personal hygiene to help prevent the spread of germs.
- (6) You must have written policies and procedures about the control of infections. These must include, but are not limited to, the following areas:
  - (a) Isolation of sick children;
  - (b) Germ control procedures;
  - (c) Hygiene, including hand washing, using the toilet, diapering, and laundering;
  - (d) Prevention of the transmission of communicable diseases including management and reporting;
  - (e) First aid;
  - (f) Care of minor illnesses;
  - (g) Actions to be taken for medical emergencies;
  - (h) Infant care procedures when infants are under care; and
  - (i) General health practices.

(7) If you are licensed to care for thirteen or more persons at once, you must arrange to have one of the following people help you develop and periodically review your medication management and your medical policies and procedures:

- (a) An advisory physician;
- (b) A physician's assistant; or
- (c) A registered nurse.

**388-145-1640 | Am I required to keep first aid supplies?**

(1) You must keep adequate first-aid supplies and medications recommended by a child's physician, on hand for immediate use. The following first aid supplies must be available to staff at all times:

- (a) Protective non-latex gloves;
- (b) Bandages;
- (c) Scissors;
- (d) Ace bandages;
- (e) Gauze; and
- (f) Non-breakable and mercury-free thermometer.

**388-145-1645 | What are the requirements regarding pets and animals in my facility?**

- (1) All animals on your property must be safe and cared for in a sanitary manner.
- (2) You must comply with city, county, state and federal statutes and regulations regarding:
  - (a) Animal safety;
  - (b) Vaccinations; and
  - (c) Standard veterinary care.
- (3) You may not have an animal in your facility or on your premises that is dangerous to children.
- (4) The department has the discretion to limit the type and number of household pets and animals if we determine there are risks to the children in your care.

**388-145-1650 | Are alcoholic beverages, marijuana or illegal drugs allowed on a facility's property?**

- (1) You must not have or consume alcohol, marijuana or illegal drugs on the premises.
- (2) You must not allow staff under the influence of alcohol, marijuana or illegal drugs, to have contact with children in care.

**388-145-1655 | Is smoking permitted around children?**

- (1) You must not allow smoking in the living space of your facility or motor vehicles while transporting children.
- (2) You may permit adults to smoke outdoors away from children in accordance with RCW 70.160.075.
- (3) These rules do not apply to traditional or spiritual Native American or religious ceremonies involving the use of tobacco.

**388-145-1660 | Are guns allowed on a licensed facility's property?**

- (1) You must not permit guns, ammunition, and other weapons on the premises of your facility, with the exception of law enforcement.
- (2) You may allow a child under your care to use a firearm only if:
  - (a) The child's DSHS worker approves;
  - (b) The youth has completed an approved gun safety or hunter safety course; and

(c) Adults who have completed a gun or hunter safety course are supervising use.

## **Fire Safety and Emergency Practices**

### **388-145-1665 | What are the fire safety requirements for all group residential facilities?**

- (1) You must comply with the regulations developed by the chief of the Washington state patrol through the director of the fire protection bureau (WSP/FPB). These regulations are contained in the current fire code and Washington state amendments as adopted by the state of Washington. Contact the WSP/FPB for specific requirements.
- (2) If you operate a staffed residential home for five or fewer children you must meet the fire safety requirements outlined in chapter 388-148 WAC for child foster homes.
- (3) You and your staff must be familiar with safety procedures related to fire prevention, including fire drill procedures.
- (4) You and your staff must be able to:
  - (a) Operate all fire extinguishers installed on the premises;
  - (b) Test smoke detectors (single station types);
  - (c) Conduct frequent inspections at your facility to identify fire hazards and take action to correct any hazards noted during the inspection;
  - (d) Ensure children are able to escape from every floor in your facility. In most cases, this includes a functional fire ladder available from upper stories; and
  - (e) Ensure windows open to the outside and are large enough for emergency personnel to enter and exit wearing rescue gear.
- (5) You must have easy access to all rooms in your facility in case of emergencies.
- (6) Barriers are required for fireplaces, wood stoves and other heating systems for facilities licensed for children less than six years of age. You must not leave open-flame devices unattended or use them for a purpose other than for what they were designed.
- (7) Emergency vehicles must be able to access your facility. Your address and/or mailbox must be clearly visible so that emergency personnel can easily find your location.
- (8) We may require you to have an inspection by WSP/FPB or the local fire authority if we have questions about fire safety, or if local ordinances or WSP/FPB require these inspections.

### **388-145-1670 | Do I need a written emergency plan?**

- (1) You must have a written plan on how you will evacuate children in case of fire or other emergencies such as natural disasters or unforeseen events. Evacuation plans must be developed reflective of the developmental level and behaviors of children living in your facility.
- (2) You must be prepared for emergencies (such as hostile persons on the premises, fires, or earthquakes) by having a written evacuation plan prepared that identifies how you will:
  - (a) Educate and familiarize your residents appropriate to their age and development level; and
  - (b) Notify the department if an incident occurs.
- (3) The emergency plan must include an evacuation floor plan, identifying exit doors and windows, and must be posted at each exit door. You must ensure that the evacuation plan includes:
  - (a) Action to be taken by the person discovering a fire, including methods for sounding an alarm on the premises;
  - (b) Action to be taken following a natural disaster or emergency;

(c) Evacuation of the building in a manner that ensures safety for staff and children; and

(d) Action to be taken while waiting for the fire department.

(4) Emergency plans should be easily viewable for staff and residents at all times.

### **388-145-1675 | What requirements must be followed for smoke detectors?**

(1) Staffed residential homes licensed for five or fewer children must meet the following:

(a) If a sleeping or napping room has a ceiling height that is at least twenty-four inches higher than its adjoining hallway, you must install a smoke detector in both the hallway and the sleeping or napping room;

(b) If a smoke detector is mounted on a wall, it must be twelve inches from the ceiling and a corner; and

(c) Smoke detectors must be tested twice a year to ensure they are in working order. You must document the date and time of the test.

(2) All other group residential facilities must meet the regulations developed by the WSP/FPB. You must also meet the following:

(a) Have smoke detectors that are UL or Factory Mutual approved in each bedroom or in areas close to where children sleep, such as a hallway;

(b) Have smoke detectors on each level/story of the dwelling to include basements and habitable attics;

(c) Have smoke detectors with a strobe and be in compliance with the Americans with Disabilities Act (ADA).

(d) Test single-station smoke detectors monthly or in a manner specified by the manufacturer. You must maintain a written record of such testing on the premises that indicates the date and time the test was completed.

(3) If questions arise concerning fire danger, the department may require that the local fire protection authority be consulted.

### **388-145-1680 | What requirements must be followed for carbon monoxide detectors?**

(1) Carbon monoxide alarms must be provided with single station carbon monoxide alarms installed:

(a) In or near each separate sleeping area in the immediate vicinity of the bedrooms; and

(b) On each level of the dwelling.

(2) Carbon monoxide alarms shall be listed as complying with UL 2034 and be installed and maintained in accordance with NFPA 720 and the manufacturer's instructions.

### **388-145-1685 | What are the requirements for fire drills?**

(1) You must conduct a fire drill at least once each month at varying times of the day and night so that staff on all shifts practice the procedures.

(2) You must maintain a written record on the premises that indicates the date and time that all drills were completed.

(3) If you care for non-ambulatory children, you must consult with and follow the WSP/FPB protocol for "simulated" fire drills.

### **388-145-1690 | What are the requirements for fire extinguishers?**

(1) You must have at least one approved 2A10BC-rated 5lb or larger all-purpose (ABC) fire extinguisher readily available at all times. You must maintain and service fire extinguishers according to manufacturer's specifications. Approved

2A10BC-rated means a fire extinguisher with an underwriters' laboratory label on the nameplate classifying the extinguisher as 2A10BC-rated or larger.

(2) Approved fire extinguisher(s) must be located in the area of the normal path of exiting. The maximum travel distance to an extinguisher from any place on the premises must not exceed seventy-five feet. When the travel distance exceeds seventy-five feet, additional extinguisher(s) are required.

(3) You must have at least one fire extinguisher on each floor of a multi-level facility.

(4) Fire extinguishers must:

(a) Be mounted in a bracket or in a fire extinguisher cabinet so that the top of the extinguisher is no more than five feet above the floor; and

(b) Receive an annual maintenance certification by a licensed firm specializing in this work, based on the manufacturer's recommended schedule. Maintenance means a thorough check of the extinguisher for:

(i) Mechanical parts;

(ii) Extinguishing agent; and

(iii) Expelling means.

(5) New fire extinguishers do not need to receive an additional certification test during the first year.

(6) The department may require that additional fire extinguishers be available on the premises, in consultation with the local fire authority or WSP/FPB.

### **388-145-1695 | Are there different construction and fire safety requirements for facilities that have multiple licenses in the same building?**

(1) A facility with multiple Washington state licenses or certifications for the care of children in the same building must comply with the most stringent construction and fire safety requirements for the physical structure, if children share the same space.

(2) If the same facility has multiple Washington state licenses the licensee must notify:

(a) The Washington state patrol fire protection bureau inspector; and

(b) All licensing and certification agents.

## **Service Planning**

### **388-145-1700 | What must I include in a child's orientation to my facility?**

(1) As part of admission, staff must give an orientation to all children over the age of six (as developmentally appropriate) that includes, but is not limited to:

(a) A description of the program and services;

(b) A map and/or tour of the physical facility;

(c) A review of your fire evacuation plan;

(d) The department-approved policy that states that a child may not have guns and other weapons, alcohol, tobacco, and drugs within the facility;

(e) Orientation on personal protection and personal boundaries; and

(f) The department-approved policy on client visitation that includes access to the youth's attorney and DSHS worker.

(2) Written documentation of this orientation must be kept in each child's file.

**388-145-1705 | How does my agency meet the religious needs of children in care?**

- (1) You must ensure an environment of tolerance and sensitivity to a child's spiritual and religious beliefs. This includes providing adequate opportunity for spiritual and religious training and participation appropriate to the child's beliefs. You must not require any child to participate in spiritual or religious practices contrary to the child's beliefs.
- (2) You must not impose consequences if a child chooses not to participate in particular spiritual or religious practices.

**388-145-1710 | What are the requirements about nondiscrimination?**

You must follow all state and federal laws regarding nondiscrimination while providing services to children in your care. You must treat foster children in your care with dignity and respect regardless of race, ethnicity, culture, sexual orientation and gender identity. You must connect a child with resources that meets a child's needs regarding race, religion, culture, sexual orientation and gender identity.

**388-145-1715 | Are there additional considerations in service to Native American children?**

You must make every effort to provide culturally relevant and sensitive child welfare services to Native American children and their families. You must follow all federal and state laws for any Native American children that you have under your care.

**388-145-1720 | Do I need a social summary for children under my care (except for interim facilities)?**

- (1) You must develop a written social summary for each child accepted for care within seventy-two hours but no longer than thirty days of the child's placement. The social summary must serve as the basis of the child's admission to your care.
- (2) The summary must contain the following information for the child:
  - (a) Available copies of psychological or psychiatric evaluations, if any, on the child under care;
  - (b) A narrative description of the child's background and family that identifies the immediate and extended family resources;
  - (c) The child's interrelationships and circumstances that have brought the child into out-of-home care;
  - (d) The child's primary and alternate permanency plan;
  - (e) Previous placement history (if any); and
  - (f) An evaluation of the child's need for the particular services and type of care you provide.

**388-145-1725 | Do I need a treatment plan for children under my care?**

- (1) If you are providing care to children who are under the care and authority of the department, and you have contracts or agreements to provide treatment or therapeutic services, you must assist in developing and implementing a written treatment plan for each child by the thirtieth day in care.
- (2) The treatment plan must:
  - (a) Identify the service needs of the child, parent or guardian;
  - (b) Describe the treatment goals and strategies for achieving those goals;
  - (c) Include an ongoing account of the treatment received by the child and others involved in the treatment plan, such as any group treatment or individual counseling; and

(d) Be updated at least quarterly to show the progress toward meeting goals and list barriers to the permanent plan.

(3) A Master's level case management staff person or consultant must review and sign approving the child's treatment plan.

**388-145-1730 | What are the educational and vocational instruction requirements for children placed by the department (except interim facilities)?**

(1) You must meet the following requirements for providing education and vocational instruction to the children under your care. For each child you must:

- (a) Follow the educational plan approved by the child's DCFS worker;
- (b) Support the child in regular school attendance. If a child is absent from school you must follow the school's reporting requirements. Notify the child's DSHS worker if the child is absent from school more than three consecutive school days;
- (c) Receive approval from the child's DCFS worker prior to making any changes to a child's educational plan;
- (d) Support the child's educational plan by providing each child with necessary school supplies and a suitable place to study;
- (e) Develop a plan for a child's transportation to and from school;
- (f) Provide or arrange for independent living skills education for developing self-sufficiency for children over the age of fifteen years; and
- (g) Encourage older youth to pursue a post-secondary education when appropriate.

(2) If the instruction is given on your premises, you must:

- (a) Receive approval from the child's DSHS worker if the child is placed in your care by the department;
- (b) Have the program certified by the Office of the Superintendent of Public Instruction (OSPI) and provide classrooms separate from the living area; and
- (c) Send DLR a written description of how you will provide an educational program for children under your care.

(3) If a child is not enrolled and attending school within three consecutive school days after being placed in your care, you must contact the child's school and DSHS worker in order to develop a plan which could involve long distance learning if appropriate.

**388-145-1735 | What are the requirements for an activity program?**

(1) You must provide an activity program that includes integration of children and youth in the community. Safe and suitable materials must be designed to meet the developmental, cultural, and individual needs of the children served. A schedule of weekly activities must be posted and available to view by residents and others.

(2) Activities must be designed for the developmental stages of the children you serve, allowing a balance between:

- (a) Child-initiated and staff-initiated activities;
- (b) Free play and organized events;
- (c) Individual and group activities; and
- (d) Quiet and active experiences.

(3) Children must be grouped with similar ages to ensure their safety.

**388-145-1740 | Can children in my care receive services through the extended foster care program?** Your facility can serve youth enrolled in the extended foster care program. You must adhere to WAC 388-25-0500 through 388-25-0548.

### **Daily Care, Behavior Management**

**388-145-1745 | What are the general well-being requirements for a group care program?**

You must provide a safe and healthy, age-appropriate home-like living environment that meets the medical, psychological, physical and developmental needs of the children in your care.

**388-145-1750 | What are the requirements for supervising children?**

(1) You must provide and arrange supervision that is appropriate for the child's age, and developmental level including:

- (a) Appropriate adult supervision including ongoing and periodic checks of the children in your facility;
- (b) Personal attention;
- (c) Emotional support;
- (d) Structured daily routines and living experiences; and
- (e) Additional supervision as needed and required by the department. This supervision may require auditory or visual supervision at all times.

(2) You must also ensure that:

- (a) Children under five years of age and children who are vulnerable due to their disability are not left unattended in a bathtub or shower;
- (b) Cribs, bassinets, cradles, playpens and swings are not used as a substitute for supervising or interactive play with infants and young children;
- (c) Children who help with activities involving food preparation are supervised based on their age and skills;
- (d) Children are assisted to develop self-control and judgment skills; and
- (e) Children are encouraged to assume age-appropriate responsibility for their decisions and actions.

(3) Prior to placement, you must inquire if a child poses a risk to the other children in your facility or has special supervision needs by obtaining information from the parent, legal guardian, the child's DSHS worker, therapist, or previous placements. You must:

- (a) Develop a plan to address those needs;
- (b) Obtain approval from the child's DCFS worker if the child is under the care and authority of the department; and
- (c) Inform your licensor.

(4) All high risk activities, including the use of power driven machines or other hazardous equipment, must be properly supervised by an adult. When participating in high risk activities, children must:

- (a) Be instructed how to use and required to use appropriate safety equipment, such as helmets and life vests; and
- (b) Be in continuous visual or auditory range at all times, unless approved by the child's DSHS worker.

**388-145-1755 | What requirements must I follow when I transport children?**

(1) Transportation you provide must be safe, reliable, and in compliance with law and contract requirements.

(2) The driver of the vehicle must:

- (a) Have a valid driver's license; and
- (b) Be covered under an automobile liability insurance policy.

(3) The vehicle must:

- (a) Be kept in safe operating condition;
- (b) Be equipped with seat belts, car seats and booster seats, and/or other appropriate safety devices for all passengers as required by law. All persons in the vehicle must use the restraint system when the vehicle is in motion; and
- (c) Contain first aid supplies.

(4) There must be at least one adult other than the driver in a vehicle when:

- (a) There are more than five pre-school age children in the vehicle;
- (b) Staffing requirements or your contract requires a second staff person; or
- (c) The child's specific needs require a second adult.

(5) Buses approved by the state patrol are not required to have seat belts.

**388-145-1760 | What are the travel requirements for children in care?**

You must get written approval from the child's DCFS worker for children in the care and custody of the department, or the child's parent or guardian for the children not in the department's care and custody prior to any travel over seventy-two hours, and any out-of-country travel.

**388-145-1765 | Can children be assigned work in a facility or work outside the facility?**

(1) Children may do regular household tasks without payment, or may be assigned other work that is appropriate to the child's age and developmental level, with monetary compensation.

(2) It may be appropriate for some children to obtain employment when:

- (a) Laws regarding minors working are followed; and
- (b) The child's work does not interfere with school.

**388-145-1770 | Can a child earn allowance while in care?**

If a child is placed in your facility over thirty days you must give the child an allowance based on age, needs, and the child's ability to manage money. You must keep track of allowances given to children in a ledger.

**388-145-1775 | What belongings must be provided to a child leaving my facility?**

(1) You must permit a child who leaves your facility to take their personal belongings with them. This includes belongings the child brought with them or acquired in your care, such as clothing, mementos, bicycles, gifts, and any saved money.

(2) If it is not possible for the child to take their belongings at the time they leave, you are required to secure them for up to thirty days and cooperate with the child's DSHS worker to transfer them to the child, as soon as possible.

**388-145-1780 | Do I have responsibility for a child's personal hygiene?**

You must provide or arrange for children in your care to have items needed for grooming and personal hygiene. You must assist children in using these items, based on the child's developmental needs.

**388-145-1785 | What are the requirements for privacy for children in out-of-home placements?**

- (1) In general, children in out-of-home placements have the right to privacy of personal mail, electronic mail and phone calls.
- (2) The department and its delegates may censor the child's mail and monitor telephone calls to the extent necessary and in the manner specified by the court order for the child's safety and well-being.

**388-145-1790 | What are the food and meal guideline requirements?**

- (1) Food served to children in your care must be properly stored and prepared, and meet children's nutritional, cultural and developmental needs, offering a variety of foods for meal enjoyment.
- (2) You must routinely provide an opportunity during mealtimes for socialization for all children.
- (3) You must not serve home-canned foods to children.
- (4) You must properly store, prepare, and serve food to meet the needs of the children in your care. All food service facilities and food handling practices must comply with rules and regulations of the state board of health governing food service sanitation. This includes a food handler's permit for all staff per chapter 246-215 WAC.
- (5) You must prepare and date daily menus, including snacks, at least one week in advance. You must keep the menus on file for a minimum of six months so that we can review them.
- (6) You must establish and post a schedule of mealtimes.
- (7) You must ensure that staff are aware of each child's dietary restrictions, in a manner that ensures the child's privacy.

**388-145-1795 | How often do children need to be provided meals?**

You must provide all children a minimum of three meals and two snacks in each twenty-four hour period. You may vary from this guideline only if you have written approval from the child's physician and DSHS worker.

**388-145-1800 | What are the requirements for handling a child's special diet?**

You must have approval of the child's DSHS worker and written instructions by a physician, parent or guardian before serving nutrient concentrates, nutrient supplements, vitamins, and modified diets (therapeutic and allergy diets).

**388-145-1805 | Are there special requirements for serving milk?**

- (1) The milk or milk products you serve must be pasteurized and follow these recommended guidelines:
  - (a) Children under the age of twelve months must receive formula or breast milk unless written authorization from the child's physician requires a different liquid intake; and
  - (b) Children between the age of twelve and twenty-four months must receive whole milk unless you have written authorization from a physician not to serve whole milk.
- (2) Before serving a child breast milk you must have approval of the child's DSHS worker, physician, parent or guardian. If breast milk is provided by anyone other than a baby's biological mother, it must be obtained through a licensed breast milk bank.
- (3) When you are using bottles to feed infants you must sterilize and use them according to product standards and commonly acceptable practices. You must refrigerate filled bottles if you do not use them immediately, and you must empty the bottle if not used within twenty-four hours. If more than one child is bottle-fed, the child's name and date the bottle is prepared must be on each bottle.

(4) You must hold infants, under the age of six months, for all bottle feedings. Infants who are six months of age or over who are developmentally able may hold their own bottles as long as an adult remains in the room and within sight. You must take bottles from the child when the child finishes feeding, when the bottle is empty, or when the child falls asleep. You must not prop bottles when feeding infants.

(5) To prevent burns, formula must not be warmed in a microwave oven in the bottle that will be used for feeding the infant.

### **388-145-1810 | Are there special requirements for infants and young children?**

In caring for infants and young children, you must hold infants at times other than feeding for the purposes of comfort and attention; and allow children plenty of free time outside of a swing, crib or playpen.

### **388-145-1815 | Are written policies and procedures required describing a facility's discipline methods?**

(1) You must provide a written statement with your application and re-application for licensure describing the discipline methods you use. This plan must be approved by your DLR licensor.

(2) You and authorized care providers have the responsibility for discipline; you may not delegate that responsibility to a child.

(3) You must not withhold a child's need for necessary services including contact with the child's DSHS worker, case manager, and legal representatives. You must not withhold approved contact with a child's family, without further approval from the child's DSHS worker.

(4) For additional information you may refer to the children's administration's behavior management guide.

(5) If your discipline methods change, you must immediately provide a new statement to your licensor describing your current practice.

(6) You must use positive methods of guidance and discipline that promote self-control, self-responsibility, self-direction, self-esteem and cooperation. Positive methods may include:

- (a) Redirecting children;
- (b) Giving choices when appropriate;
- (c) Time out as a method of guidance, allowing the child time to change his/her behavior;
- (d) Planning in order to prevent problems; and
- (e) Using positive reinforcement and encouraging children to express their feelings and ideas.

(7) You must use discipline that is appropriate to the child's age and level of development.

(8) You must not use corporal punishment or verbally abusive, neglectful, humiliating or frightening punishment.

(9) You must not discipline children in the following ways:

- (a) Physical punishment;
- (b) Cursing;
- (c) Threats;
- (d) Humiliation or intimidation; or
- (e) Methods that interfere with a child's basic needs, including withholding of food.

### **388-145-1820 | When may a child be restrained?**

(1) You must use efforts other than physical restraint to redirect or deescalate a situation, unless the child's behavior poses an immediate risk to the physical safety of the child or another person, or of serious property damage. If restraint is necessary, it must be reasonable and necessary to:

- (a) Prevent a child from harming self or others; or
- (b) Protect property from serious damage.

(2) All staff must be trained in a DLR approved behavior management training prior to using physical restraint.

(3) You must not use physical restraint as a form of punishment or discipline. You must not use mechanical restraints unless ordered by the child's physician and approved by the department. You must not use physical restraint techniques that restrict breathing, or inflict pain as a strategy for behavior control, or is likely to cause injury that is more than temporary. These include, but are not limited to:

- (a) Restriction of body movement by placing pressure on joints, chest, heart, or vital organs;
- (b) Sleeper holds, which are holds used by law enforcement officers to subdue a person;
- (c) Arm twisting;
- (d) Hair holds;
- (e) Choking or putting arms around the throat; or
- (f) Chemical restraints, such as pepper spray.

(4) When you have to use physical or mechanical restraints on a regular basis, you must get prior written approval from the child's DSHS worker and approval by your DLR licensor.

(5) You must develop policies and procedures, approved by the department, when your behavior management practices include use of physical restraint, including:

- (a) Who may authorize the use of physical restraint; and
- (b) The circumstances when physical restraint may be used, including time limitations, re-evaluation procedures, and supervisory monitoring.

### **388-145-1825 | What must I do following an incident that involved using physical restraint?**

(1) Your executive director or program supervisor must:

- (a) Review any incident with the staff who used physical restraint to ensure that the decision to use physical restraint and its application were appropriate; and
- (b) Report the incident if it meets the criteria listed in WAC 388-145-1535.

### **388-145-1830 | Are there requirements for time-out or quiet rooms?**

(1) Locked time-out or locked de-escalation rooms are prohibited in all facilities. In certain circumstances, facilities may have time-out rooms or de-escalation rooms that allow for securing the youth in a room, requiring a staff to be present, holding the door closed so the youth may not exit. In these cases you must meet the following requirements:

- (a) Have a window that allows for visual monitoring of all areas of the room;
- (b) Have approval from the Washington state patrol fire protection bureau or a certificate of compliance stating that the facility is in compliance with the fire codes with Washington state amendments;
- (c) Have approval from the DLR licensor stating the facility is in compliance with the children's administration's behavior management guidelines; and

- (d) Have current written approval of the DLR administrator.

## **Medical Safety**

### **388-145-1835 | Am I required to assess a child's need for immediate medical attention?**

(1) After a child is admitted to your program (other than overnight youth shelters) you must ensure that a child receives an initial health screen or physical exam as soon as possible but no later than five days after entering your program. The initial health screen involves a review of the child for any health needs requiring immediate attention. You do not need to take a child to get this screen if you received the children directly from a hospital, pediatric interim care, or the child is receiving services through a child advocacy center or sexual assault clinic.

(2) You must also make reasonable attempts to obtain the following health history:

- (a) Allergies;
- (b) All currently prescribed medications; and
- (c) Any special physical or mental health issues.

(3) If the child remains in placement beyond seventy-two hours, you must contact the child's DSHS worker, child-placing agency, parent, or legal guardian to obtain the following information:

- (a) The date of the child's last physical and dental exam;
- (b) A history of immunizations; and
- (c) Clinical and medical diagnoses and treatment plans.

(4) When a child leaves the facility, the health history of the child must be provided to the child's DSHS worker or the next caregiver.

(5) You should refer to the department of health's dental care brochure as a guide for ensuring proper dental care for children.

### **388-145-1840 | When must I get an EPSDT exam for a child?**

Children who are in out-of-home care must receive an early and periodic screening, diagnosis and treatment (EPSDT) exam within thirty days, unless they have had an EPSDT exam in the previous thirty days, except for overnight youth shelters and children placed by DDA through a voluntary placement agreement. Children also receive subsequent periodic EPSDT exams; information on these required exams may be obtained from the child's DCFS worker.

### **388-145-1845 | What are the requirements for obtaining consent for emergent and routine medical care?**

(1) The department is the legal custodian for children it places in care. We have the authority to consent to emergent and routine medical services on behalf of a child under the age of eighteen. Youth in care over the age of eighteen must consent to their own medical care or have an identified person who has been granted the legal authority to consent on their behalf. We delegate some of the authority to providers. You must contact the child's DSHS worker or children's administration intake for specific information for each child.

(2) If you care for children in the custody of another agency, tribal court or other court, you must follow the direction of that agency or court regarding permission to provide consent for medical care.

(3) In case of medical emergency, contact the child's DSHS worker or children's administration intake as soon as possible.

(4) It is your responsibility to ensure that a child receives the necessary medical attention if injured or harmed. In the event of a life-threatening medical emergency, you must contact 911 prior to transporting the child to a medical facility.

**388-145-1850 | What requirements are there for the storage of medications?**

- (1) Prescription and over-the-counter medications must be kept in a locked container in a manner that minimizes the risks for medication errors.
- (2) Human medication and animal medication must be kept separate from each other and in locked containers.

**388-145-1855 | What are the general requirements for managing a child's medication?**

- (1) Medication must not be used for behavior control, unless prescribed for that purpose by a physician or another person legally authorized to prescribe medication.
- (2) Only you, a licensed foster parent, or another authorized care provider, such as a respite provider, are allowed to have access to medications for a child in your care.
- (3) You must not use medication in an amount or frequency other than that prescribed by an appropriately licensed health care provider or psychiatrist.
- (4) You must not reduce or stop a child's prescribed medication without the written approval of the child's physician. You must report this information to the child's DSHS worker. In addition to the physician, you must coordinate starting or stopping a child's psychotropic medication with the child's social worker to determine what consent is needed. The social worker may need to obtain consent from the child age thirteen or older, the parent, or the court.
- (5) You must follow the direction of the agency or court regarding giving or applying prescription and nonprescription medications if you care for children in the custody of another agency, tribal or other court. If this is in conflict with children's administration policy you must notify the child's DCFS worker.
- (6) You must not give medications to a child that has been prescribed for someone else.
- (7) You must keep a record of all prescription and nonprescription medications given to children in care. This documentation includes:
  - (a) Child's name;
  - (b) Time of medication;
  - (c) Dosage of medication; and
  - (d) Name of person administering medication.

**388-145-1860 | How do I manage a child's non-prescription medications?**

- (1) You or another authorized care provider must give non-prescription medications:
  - (a) Only as specified in the instructions; or
  - (b) As otherwise approved by a physician or another person legally authorized to prescribe medication.

**388-145-1865 | Can I give a child non-prescription medications with prescription medications?**

You must give prescription and over the counter medications as specified on the medication label or as prescribed by persons legally authorized to prescribe medication. This includes herbal supplements and remedies, vitamins, or minerals.

**388-145-1870 | How do I dispose of medications?**

(1) You must consult with a pharmacist or other health professional on the proper disposal of medications that are no longer being taken or have expired. The disposal of any prescription medication must be documented and contain the following information:

- (a) What medication was disposed;
- (b) The name of the child for whom the medication was prescribed;
- (c) The amount disposed;
- (d) The name of the person disposing of the medication; and
- (e) The name of the person witnessing the disposal.

**388-145-1875 | Can I accept medication from a child's parent or guardian?**

(1) The only medicine you may accept from the child's parent, guardian, or responsible relative is medicine in the original container labeled with:

- (a) The child's first and last name;
- (b) The date the prescription was filled;
- (c) The medication's expiration date; and
- (d) Legible instructions for administration (manufacturer's instructions or prescription label) of the medication.

(2) You must notify the child's DSHS worker if you have any concerns about medication being provided to you by the child's parent or guardian.

**388-145-1880 | When may children take their own medicine?**

(1) You may permit children under your care to take their own medicine as long as:

- (a) They are physically and mentally capable of properly taking the medicine;
- (b) You monitor that the youth is taking the medication according to the prescription or manufacturer's instructions to ensure proper amount and frequency; and
- (c) You must keep the written approval by the child's DSHS worker in your records.

(2) When a child is taking their own medication, the medication and medical supplies must be kept locked or inaccessible to unauthorized persons.

(3) In emergency respite centers, a parent may provide written approval.

(4) In overnight youth shelters, youth may take their own prescription or non-prescription medications if you follow the requirements outlined in subsection (1)(a) and (b) in this section.

**388-145-1885 | What are the immunization regulations?**

(1) Immunization standards for all children in your facility are based on the advisory committee for immunizations practices of the Center for Disease Control (ACIP/CDC). Children placed in your care by the department are required to be immunized according to advisory committee on immunization practices as established in the recommended immunization schedule for persons Aged 0-18 Years, United States, 2012 and as amended each subsequent year, except for rotavirus and human papilloma virus.

(2) Except for overnight youth shelters, if a child who has not received all recommended immunizations is placed in your care, you must take the child to a health care provider as soon as medically possible for catch-up immunizations according to the ACIP/CDC catch-up schedule.

(3) You must contact each child's DSHS worker and your licensor if a serious infection or a communicable disease is a threat to the children in your care. The department may remove a foster child from your facility when the threat of a serious infection or communicable disease creates a risk to the health of any child placed in your facility.

## **LICENSED FACILITIES AND SPECIALIZED SERVICES**

### **Crisis Residential Centers (CRC - Regular and Secure)**

#### **388-145-1890 | What type of crisis residential center (CRC) facilities may be licensed?**

- (1) You may be licensed as a semi-secure CRC or a secure CRC.
- (2) Semi-secure CRCs are not locked facilities, but are operated in a way that reasonably assures that youth placed there will not run away. Regular CRCs are also known as semi-secure CRCs, as referred to in RCW 13.32A.030(16).
- (3) A secure CRC is designed and operated to prevent a youth from leaving without permission of the staff, as referred to in RCW 13.32A.030(15).

#### **388-145-1895 | What hours must I be available to receive youth?**

You must be open and available to receive youth twenty-four hours a day, seven days a week.

#### **388-145-1900 | What residents are admitted to a semi-secure CRC?**

- (1) Semi-secure CRCs provide emergency, temporary residence to youth ages twelve through seventeen who meet one of the following criteria:
  - (a) Are beyond the control of their parents or guardians and behave in a way that endangers any person's welfare;
  - (b) Need assistance getting food, shelter, health care, clothing, educational services, and/or resolving family conflicts;
  - (c) Need temporary protective custody; or
  - (d) Have parents who are not able or willing to continue efforts to keep the family together.

#### **388-145-1905 | What residents are admitted to a secure CRC?**

- (1) Secure CRCs provide emergency, temporary residence to youth ages twelve through seventeen who meet one of the following criteria:
  - (a) Youth ordered by the court to be placed for contempt on CHINS, ARP, or truancy orders. These youth may be ordered into a secure CRC that is co-located with a detention facility; or
  - (b) Youth placed by law enforcement officers who are runaways, are in dangerous situations or are in violation of curfew.

#### **388-145-1910 | What are the ratio requirements of staff to youth in crisis residential centers?**

##### **(1) Semi-secure CRCs**

- (a) At all times, you must have at least one direct care staff on duty and must maintain a staffing ratio of one staff for every four youth in care when youth are present.

(b) During waking hours of youth, you must have at least two awake direct care staff on duty when youth are present.

(c) During sleeping hours of youth, at least one of your staff must be awake. One or more additional (back-up) staff must be on the premises during sleeping hours to maintain staffing ratios. Under extraordinary circumstances, the DLR director may approve an alternative back-up plan.

**(2) Secure CRCs**

(a) At all times (including sleeping hours), you must have at least two staff on duty when youth are present.

(b) At all times, secure crisis residential centers not co-located with a detention center must have at least one youth care staff on duty for every three youth in care.

(c) At all times, secure crisis residential centers that are located in the same facility as a detention center must have at least one awake youth care staff on duty for every four youth in care.

**388-145-1915 | What are the requirements for secure CRCs?**

(1) Secure CRCs must meet each of these requirements:

(a) Be a free-standing facility, separate unit, or separate building within a campus;

(b) Maintain a recreation area as outlined in WAC 388-145-1570 and 388-145-1575.

**388-145-1920 | What are additional physical requirements for secure CRCs?**

(1) Your secure CRC must ensure that no youth is kept in a locked room that isolates the youth from the general population or staff.

(2) You must also limit exit by one of the following methods:

(a) Have windows and doors that allow exit, but have a non-scalable perimeter fence around the facility property. This fence shall be designed to not cause injury, avoiding use of electrification, razor wire or concertina wire; or

(b) Have egress-control devices which meet or exceed current state building codes for facilities with special egress-controlled devices (rather than locking windows and doors or a perimeter fence), that prevent unauthorized exit.

**388-145-1925 | May a juvenile detention center operate as a separate secure CRC program?**

(1) A juvenile detention center may operate a separate secure crisis residential center (CRC) program. The physical facility must be operated so that no direct communication or physical contact can be made between a resident of the secure crisis residential center and a person held in the detention facility.

(2) Staff assigned to the secure crisis residential center youth must not be simultaneously assigned to the juvenile detention center residents on the same shift.

**388-145-1930 | What steps must be taken after a youth is admitted into any CRC?**

(1) You must notify the parents of the youth who has been admitted to the CRC if the youth is not under the care and authority of the department. If you are unable to contact the youth's parents within forty-eight hours, you must:

(a) Contact the department and request that the case be reviewed for dependency filing under chapter 13.34 RCW or "child in need of services" filing under chapter 13.32A RCW; and

(b) Document this information in the youth's case file.

- (2) You must notify CA intake of the youth's admission to the CRC within twenty-four hours of admission.
- (3) If you decide that a youth is unlikely to stay in a regular facility, you must make reasonable efforts to transfer the youth to a secure facility.

**388-145-1935 | What additional steps must be taken after a youth is admitted into a secure CRC?**

- (1) You must make an assessment of the youth's risk of running, within the first twenty-four hours after admitting a youth to a secure crisis residential center, and each twenty-four hours thereafter.
- (2) You must determine what type of CRC, (semi-secure or secure,) would be best for the youth.
- (3) You must use the following criteria in making the decision, considering the safety, health and welfare of the youth and others:
  - (a) The youth's age and maturity;
  - (b) The youth's physical, mental, and emotional condition upon arrival at the center;
  - (c) The circumstances that led to the youth's placement at the facility;
  - (d) The youth's behavior;
  - (e) The youth's history of running away;
  - (f) The youth's willingness to cooperate in conducting the assessment;
  - (g) The youth's need for continued assessment, protection, and intervention services in a CRC; and
  - (h) The likelihood the youth will remain at a CRC.
- (4) You must put the decision about the youth's status in writing in the youth's file.
- (5) By the first school day after admission, the crisis residential center staff must:
  - (a) Notify the youth's school district about the youth's placement; and
  - (b) Assess the youth for any educational needs as a part of the assessment process for inclusion in the discharge summary.

**388-145-1940 | How long may a youth stay in a CRC?**

- (1) Youth may stay in a semi-secure CRC or a secure CRC not located in a detention center, for no longer than fifteen consecutive days, including Saturdays, Sundays and holidays.
- (2) Youth admitted to a secure CRC located in a juvenile detention center must remain in the facility for at least twenty-four hours after admission but for no more than five consecutive days per admission, including Saturdays, Sundays and holidays.
- (3) If a youth has been transferred between secure and semi-secure Crisis Residential Centers, the total number of consecutive days spent in a secure CRC located in a detention facility may not exceed five days and the total number of consecutive days spent in all Crisis Residential Centers may not exceed fifteen days per admission.

**388-145-1945 | What happens when no space exists in a secure CRC?**

- (1) If space is not available in a secure crisis residential center (CRC), you or your designee may transfer a different youth from that facility to a semi-secure CRC as long as the youth:
  - (a) Has been in the secure facility for at least twenty-four hours; and
  - (b) Is considered likely to remain at a semi-secure CRC facility.

**388-145-1950 | How is a youth transferred from one type of CRC to another?**

(1) After deciding that a youth needs to be transferred from one type of CRC to another, you must take the following steps:

- (a) Obtain the department's agreement with the transfer decision;
- (b) Communicate with the CRC where the youth is being relocated;
- (c) Make sure that space for the youth is available to support the transfer;
- (d) Assure mutual agreement with the transfer decision; and
- (e) Document all communication related to the transfer into the youth's file.

(2) You must also establish and maintain transfer procedures.

**388-145-1955 | What intervention services must I provide or arrange for at a CRC?**

(1) You must provide a safe environment that supports the reduction of high-risk behaviors and an increase of stable behaviors of the youth.

(2) You must also provide or arrange, at a minimum, the following services:

- (a) Assessment of the family in order to develop a treatment plan for the youth;
- (b) Family counseling focused on communication skills development and problem solving;
- (c) Individual and/or group counseling;
- (d) School participation;
- (e) Safety and transition plans to address the youth's high-risk behaviors; and
- (f) Referrals to transition the family to community-based support services.

(3) Intervention services must be documented, in writing, in the youth's case record.

**388-145-1960 | What additional record keeping is required for all CRCs?**

(1) In addition to meeting the reporting requirements listed in WAC 388-145-1535 through WAC 388-145-1550, you must also maintain for a minimum of six years, the following:

- (a) Hourly logs of where the child is physically located;
- (b) Records of a multi-disciplinary team, if convened;
- (c) The time and date a placement is made;
- (d) The names of the person and agency making the placement; and
- (e) Reasons for the placement.

(2) If the child has a DCFS worker, you must send the DCFS worker the following information within seven days of the child's discharge. The information must include a written summary that addresses the following:

- (a) Community-based referrals;
- (b) Assessment information on the family and child;
- (c) Family reconciliation attempts;
- (d) Contacts with families and professionals involved;
- (e) Medical and health related issues; and
- (f) Any other concerns, such as legal issues and school problems.

### **388-145-1965 | What is the purpose of a CRC multidisciplinary team?**

- (1) The purpose of the multidisciplinary team is to evaluate the youth and the youth's family and when agreed to by the family, assist with any of the following services:
  - (a) Developing a plan for accessing available social and health-related services;
  - (b) Obtaining referrals to a chemical dependency specialist and/or county-designated mental health professional;
  - (c) Recommending no further intervention because the youth and family have worked out the problems that were causing family conflicts; and
  - (d) Reconciling the youth and family.
- (2) Members of multidisciplinary teams may include:
  - (a) Educators;
  - (b) Law enforcement personnel;
  - (c) Court personnel;
  - (d) Family therapists or mental health providers;
  - (e) Chemical dependency treatment providers;
  - (f) Licensed health care practitioners;
  - (g) Social service providers;
  - (h) Youth residential placement providers;
  - (i) Other family members;
  - (j) Faith-based representatives; and
  - (k) Members of the family's community.
- (3) A CRC must have multidisciplinary teams available as a service to youth and their families, if they request the service.

### **388-145-1970 | When should I convene a CRC multidisciplinary team?**

- (1) After a youth is admitted into a CRC, you must advise the parent or guardian and the youth of their rights to request a multidisciplinary team, and make arrangements to convene that team.
- (2) You may set up a multidisciplinary team when you believe that the youth is a "child in need of services" under RCW 13.32A.030 and the parent is unavailable or unwilling to continue efforts to maintain the family structure.

### **388-145-1975 | How is a CRC multidisciplinary team convened?**

- (1) You must notify the members of the multidisciplinary team of the need to convene and you must:
  - (a) Tell the youth's parents or guardians about the multidisciplinary team if the parents did not make the initial request to form a team;
  - (b) Advise the parents of their right to select additional members; and
  - (c) Assist in getting prompt involvement of additional persons that the parent or youth have requested to be added to the multidisciplinary team.

### **388-145-1980 | May a parent disband the CRC multidisciplinary team?**

- (1) Parents may disband the multidisciplinary team:
  - (a) Unless a dependency petition has been filed (under RCW 13.32A.140); or
  - (b) After a dispositional hearing has taken place ordering out-of-home placement for the youth.

(2) You must advise the parents of their right to disband the multidisciplinary team within twenty-four hours after they receive notice of the team forming, excluding weekends and holidays.

## **Day Treatment Programs**

### **388-145-1985 | Who is eligible to attend my day treatment program?**

- (1) Day treatment is for children who are unable to adjust to school programs due to disruptive behavior, family stress, learning disabilities or other serious emotional disabilities; and/or
- (2) Have intensive needs, which cannot be adequately met through out-patient community mental health services.

### **388-145-1990 | What are the required ratios of staff to children in day treatment centers?**

- (1) There must be one counselor or teacher for every six children in a day treatment program; and
- (2) Either the executive director or on-site program manager must be on the premises while the children are in care.
- (3) Another competent person may be left in charge during the director's and/or program manager's temporary absence (two hours or less).

### **388-145-1995 | What consultants must I use for my day treatment program?**

- (1) You must use consultants, including psychiatrists, psychologists, teachers, and group counselors, for children under care as follows:
  - (a) Receive regular consultation from a child psychiatrist; and
  - (b) Provide or arrange for a psychologist for psychological testing and related services if the child's school does not provide these services.
  - (c) Provide or arrange for teaching by certified teachers qualified by training or experience in remedial education; and
  - (d) Use group counselors who are qualified by training or by experience in the care of emotionally disturbed children.

## **Emergency Respite Centers (ERC - Crisis Nurseries)**

### **388-145-2000 | Can my emergency respite center have more than one type of license?**

If you are licensed by the Division of Licensed Resources (DLR) as an emergency respite center you may also be licensed as a child care center by the Department of Early Learning (DEL). You must meet the requirements for both licenses and have written approval for both licenses from DLR and DEL.

### **388-145-2005 | What are the required ratios of staff to children in an ERC?**

- (1) At all times, emergency respite centers must have the following minimum staffing ratios:
  - (a) At least two staff on duty when children are present; and
  - (b) One direct care staff providing visual or auditory supervision for every four children in care.
- (2) The director, program manager, or case manager at an emergency respite center must normally be on the premises during daytime hours when children are in care.

- (3) If temporarily absent (for two hours or less) from the center, the director and program manager must leave a competent, designated staff person in charge. This person must meet the qualifications of a direct care staff person.
- (4) During evening, overnight, and weekend shifts, at least one of the staff on the premises must be a direct care worker when children are present. The other staff may be an assistant. The director, program manager, or case manager must be on-call and able to respond by telephone within fifteen minutes.

**388-145-2010 | Who are the residents served at my emergency respite center?**

- (1) An emergency respite center may provide care for:
- (a) Children from birth through seventeen years; and
  - (b) Persons eighteen through twenty years of age when the person has intellectual and developmental disabilities and admitted with a sibling who is under eighteen.

**388-145-2015 | Who may place children at my emergency respite center?**

A parent or legal guardian of a child may voluntarily place a child in an emergency respite center to prevent abuse and neglect for up to seventy-two hours.

**388-145-2020 | What information must I obtain before accepting a child for care at my emergency respite center?**

- (1) Before accepting a child for care at an emergency respite center you must obtain the following:
- (a) Permission from the child's parent or guardian authorizing placement and emergency medical care or surgery on behalf of the child;
  - (b) Basic family information, including address, telephone numbers, and emergency contacts; and
  - (c) Basic medical information, including current medication, known allergies, and at-risk behaviors of the child.

**388-145-2025 | May services I provide at my emergency respite center substitute for other types of care?**

- (1) The services provided by an emergency respite center may not substitute for those provided by:
- (a) Crisis residential centers;
  - (b) HOPE centers; or
  - (c) Any other services required under chapter 13.32A (family reconciliation services) RCW or chapter 13.34 RCW (Juvenile court act).

**388-145-2030 | Are there additional bed requirements at my emergency respite center?**

- (1) If a cot is used as a bed you must ensure the child's cot is:
- (a) Sufficient in length and width, constructed to provide adequate comfort for the child to sleep; and
  - (b) Is made of material that can be cleaned with a detergent solution, disinfected, and allowed to dry.

**Group Homes**

**388-145-2035 | What are the required ratios of staff to children in group homes?**

You must have at least one direct care staff on site while children are present for every eight children in your group home. If you have both a license and a contract for services, you must adhere to the most stringent staffing ratios.

## **Group Receiving Centers (GRC)**

### **388-145-2040 | Who are the residents at my group receiving center?**

(1) You are limited to one of the following age groups:

- (a) Age two through five;
- (b) Six through twelve; or
- (c) Thirteen through seventeen.

(2) With a DLR approved safety plan you may be licensed for more than one age group. This might include being licensed for children less than two years of age to accommodate sibling groups.

(3) If you provide care for children under age six and another age group, you may allow common activities for the children of different age groups.

### **388-145-2045 | What are the required ratios of staff to children in group receiving centers?**

(1) The department has the following specific requirements for the ratio of direct care staff to children at group receiving centers:

- (a) At least two staff, including at least one direct care staff person, must be on site whenever children are on the premises; and
- (b) If you have at least one child under the age of six in placement, the ratio for a group receiving center is at least one direct care staff person on site during waking and sleeping hours, for every four children.

(2) The ratio for a group receiving center is at least one direct care staff person on site during waking and sleeping hours, for every six children, age six years and older. If your group receiving center is approved for more than one age group, you must maintain the staffing ratio designated for the youngest child in the group.

### **388-145-2050 | When do I accept placements at my group receiving center?**

A group receiving center must accept placements twenty-four hours a day, seven days a week.

### **388-145-2055 | What services must I provide at my group receiving center?**

(1) A group receiving center must provide direct receiving care and assessment of a child in terms of his or her physical, mental, social, and emotional condition.

(2) A group receiving center may provide transportation and/or family support services, such as the supervision of family visits.

(3) You must arrange or provide transportation for each school-age child in care to attend school.

### **388-145-2060 | What are the requirements for supervision of children at my group receiving center?**

(1) Children must be within visual or auditory range at all times during waking hours.

(2) You must ensure that staff providing direct care and supervision of the children are free of other administrative duties at the time of care.

(3) When a child is known to have exhibited behavior that poses a safety risk to other children, you must develop a safety and supervision plan with the child's DSHS worker to address the risk.

## **Programs for Medically Fragile Children**

### **388-145-2065 | What services must I provide for medically fragile children?**

- (1) Your licensed group home or staffed residential facility may also provide specialized care, to medically fragile children who need intensive personal care. The children may require skilled health care, physical therapy, or other forms of therapy.
- (2) If you are serving this population as a specialty, you must ensure the following services are provided, if prescribed by a physician:
- (a) An individualized treatment plan suited to the unique needs of each child in care;
  - (b) Care by physicians, including surgeons, general and family practitioners, and specialists in the child's particular diagnosis on either a referral, consultative, or ongoing treatment basis;
  - (c) Sufficient nursing staff to meet the nursing care needs of the children, including at least one registered nurse licensed with the state of Washington;
  - (d) Regular nursing consultation that includes at least one weekly on-site visit by a registered nurse, who initially assesses each child and updates the assessments as needed on subsequent visits. These assessments and updates must be documented. You must also keep records of the weekly on-site visits;
  - (e) Your nursing consultant must advise you and your staff on your infant care program (if appropriate), and develop a written agreement with you about your child health program. The consultant must also advise and assist non-medical staff at your facility in maintaining child health records, meeting daily health needs and caring for children with minor illnesses and injuries;
  - (f) The nurse's name and telephone number must be posted or otherwise available in your home or facility;
  - (g) If you care for four or more infants, you must arrange for monthly on-site visits with a registered nurse that is trained or experienced in the care of young children; and
  - (h) If you care for children with intellectual and developmental disabilities requiring nursing services, you must have a registered nurse on staff or under contract.

### **388-145-2070 | What record keeping requirements exist for medically fragile children?**

- (1) In addition to meeting standard requirements for keeping records per WAC 388-145-1520 and 388-145-1525, you must also keep the following information for medically fragile children that have been in placement for more than thirty days in your facility:
- (a) Report of a physical examination and diagnosis by a physician and information about the child's daily care including treatment plans, medications, observations, medical examinations, physicians' orders, proper treatment for allergic reactions, consent authorizations, releases, diagnostic reports, and revisions of assessments;
  - (b) Upon discharge, a summary including diagnoses, treatments, and prognosis by the person responsible for providing care, and any instructions and referrals for continuity of care; and
  - (c) Evidence of meeting criteria for eligibility for services from the developmental disabilities administration, if appropriate.

**388-145-2075 | What are additional food requirements if I care for medically fragile children?**

You must follow the dietary plan for each child as prescribed by the child's physician. You must use the services of a dietitian who meets current registration requirements of the American dietetic association if offering modified diets. You must document in the child's file that staff are following the physician's order.

**Overnight Youth Shelters (OYS)**

**388-145-2080 | What age groups may I serve in my overnight youth shelter?**

Youth shelters may be licensed to provide care for youth from thirteen through seventeen years of age or youth sixteen through twenty years of age.

**388-145-2085 | How are youth admitted to my overnight youth shelter?**

- (1) Youth are self-referred to overnight youth shelters.
- (2) Foster parents may not place foster children in an overnight youth shelter.

**388-145-2090 | What are the required ratios of staff to children under care in overnight youth shelters?**

- (1) An OYS licensed for youth who are thirteen through seventeen years old must have one staff person to every eight youth.
- (2) An OYS licensed for youth who are sixteen through twenty years old must have one staff person to every six youth.
- (3) An OYS must maintain the staffing ratio while youth are asleep. At least one staff must remain awake while youth are asleep. Other staff may be asleep, but must be available in the shelter in case of emergency.
- (4) Whenever only one staff is required to be on duty, a second staff person must be on call and available to respond within thirty minutes.

**388-145-2095 | What steps must I take when a youth first enters an overnight youth shelter?**

- (1) When a youth first enters an overnight youth shelter, you must:
  - (a) Determine whether the parents are aware of the whereabouts of the youth;
  - (b) Follow reporting requirements in WAC 388-145-1545; and
  - (c) Notify the police or children's administration intake (either the local CPS number or toll-free 1-886-ENDHARM) of any youth twelve years of age or younger who is unaccompanied by an adult and is requesting service, and you are unable to serve the child due to his or her age.

**388-145-2100 | What services must be offered at an overnight youth shelter?**

- (1) At a minimum, all overnight youth shelters must offer an intake assessment on the youth including:
  - (a) Emergency contacts (phone numbers);
  - (b) Areas of possible problems, such as medical problems, family situation and suicide evaluation;
  - (c) History of assault or predatory behavior; and
  - (d) Drug and/or alcohol involvement.
- (2) You must also assess the youth's:
  - (a) Outstanding warrants;
  - (b) Physical and medical needs, including medication;

- (c) School status;
- (d) Immediate needs for counseling; and
- (e) Options for the near future.

(3) You must also offer a youth the following:

- (a) Individual crisis intervention;
- (b) Assistance in accessing emergency resources, including child protective services (CPS) and emergency medical services;
- (c) Resource information;
- (d) Educational or vocational services;
- (e) Housing information;
- (f) Medical care or services;
- (g) Substance abuse services;
- (h) Mental health services;
- (i) Information regarding other treatment agencies;
- (j) Food programs;
- (k) Disability services; and
- (l) Other DSHS services.

(4) If the overnight youth shelter cannot directly provide these services, staff must have information for referrals to programs or organizations that would provide these services to youth.

**388-145-2105 | What are the additional requirements for bedrooms in overnight youth shelters?**

(1) In overnight youth shelters:

- (a) The number of beds allowed at an overnight youth shelter or emergency respite center is established in consultation with the department of health for each facility. Youth of different genders may share common sleeping areas if a visual barrier at least five feet high separates the youth; and
- (b) Youth less than eighteen years old must be separated from youth eighteen through twenty years old by having a staff or volunteer supervise open space or have a physical barrier to prevent contact.

**388-145-2110 | What are additional bedding requirements in my overnight youth shelter?**

The shelter must accept the use of sleeping and bedding equipment that is personally provided by the youth, if it is not a health or safety risk.

**388-145-2115 | Do I need a citizens' board for my overnight youth shelter?**

(1) Every overnight youth shelter must have a citizens' board that complies with laws and rules for nonprofit boards of directors. If the overnight youth shelter is part of a larger agency that has a citizens' board, that board will suffice.

(2) The shelter director must keep the following on file:

- (a) A list of all members of the current citizens' board; and
- (b) A copy of the articles of incorporation filed with the secretary of state verifying nonprofit status.

## **Pregnant and Parenting Youth Programs and Maternity Services**

### **388-145-2120 | What services shall be provided to pregnant and parenting youth?**

- (1) Residential programs provide twenty-four hour care to expectant mothers and to new mothers with infants. Your licensed group home or staffed residential facility may provide this specialized care.
- (2) You must provide or arrange for the following services:
  - (a) Information and referral services to every youth;
  - (b) Safe and stable housing;
  - (c) An assessment of the family's need(s);
  - (d) Referral to an authorized medical care provider for prenatal and postnatal medical care;
  - (e) Case management services; and
  - (f) The provision of direct services or referrals to available needed services. This includes consultation regarding prenatal care by specialists meeting their full professional qualifications when the physician requests prenatal care.
- (3) You must also provide individual or group counseling sessions, if necessary, about the following topics:
  - (a) Pregnancy counseling;
  - (b) Independent living education;
  - (c) Infant and child care training;
  - (d) Living arrangements;
  - (e) Medical care planning;
  - (f) Legal issues;
  - (g) Vocational or educational guidance;
  - (h) Plans for the child;
  - (i) Financial, emotional or psychological problems;
  - (j) Relations with the child's other parent;
  - (k) Home management and consumer education;
  - (l) An expectant mother's delivery in a licensed hospital or licensed birthing facility;
  - (m) Postpartum medical examinations, as prescribed by a physician, to a new mother;
  - (n) Childcare, as needed; and
  - (o) Case management services.
- (4) You must provide or arrange for consultation regarding prenatal care by specialists meeting their full professional qualifications when the physician requests prenatal care.
- (5) You must provide or assist a parent in arranging for licensed childcare when appropriate.

### **388-145-2125 | How are services for pregnant and parenting youth delivered?**

- (1) The department must approve the program of daily activities that you've developed for pregnant and parenting youth.
- (2) Provision of services must not be contingent upon a parent's decision to keep or relinquish a child.
- (3) If you do not directly provide pregnant and parenting youth services in your facility, you must either:
  - (a) Arrange for these services through formal agreements with other community agencies; or
  - (b) Assist the clients in your program to get these services.

**388-145-2130 | What types of health education must a facility offer to pregnant and parenting mothers?**

- (1) You need to offer or arrange health education for pregnant and parenting mothers that includes the following areas:
- (a) Hygiene;
  - (b) Suitable preparation for childbirth;
  - (c) The physiological changes during pregnancy;
  - (d) Examinations and childbirth procedures;
  - (e) Postnatal and pediatric care;
  - (f) Contraception and family planning;
  - (g) Nutritional requirements for mother and child;
  - (h) Child health and development; and
  - (i) Psychological and emotional changes during and after pregnancy.

**388-145-2135 | How is capacity determined for a facility that provides services to pregnant and parenting youth?**

- (1) We count the number of parents and children in determining capacity.
- (2) The space required for a parent and infant bedroom needs to be considered when determining the capacity of a group care facility providing pregnant and parenting youth services. This is determined by a department of health (DOH) representative.

**388-145-2140 | What are the required ratios of staff to children in pregnant and parenting youth programs and programs providing maternity services?**

- (1) The minimum ratio of case management staff to youth for pregnant and parenting teen programs is one staff person to fifteen teens.
- (2) When youth are on the premises, the ratio of staff to residents must be as follows:
- (a) At least one residential staff member must be on duty for every eight parents.
  - (b) When more than eight parents are on the premises, at least two staff, including at least one direct care staff must be on duty.

**388-145-2145 | What are the facility and room requirements for programs offering services for pregnant and parenting youth?**

- (1) If you have a residential program for pregnant and parenting youth with infants, you must meet the room requirements for group care facilities per WAC 388-145-1600 through 388-145-1605.
- (2) If your facility offers medical clinics, you must have a separate, adequately equipped examination room with adequate nursing equipment.

**Resource and Assessment Centers (RAC)**

**388-145-2150 | What is the purpose of a Resource and Assessment Center (RAC)?**

- (1) The purpose of the resource and assessment center is to provide short-term emergency and crisis care for children who are:
- (a) Removed from their parent's or guardian's care due to suspected abuse or neglect; and
  - (b) In immediate need of health care or social services.

(2) Services provided by a center may not substitute for a crisis residential center, Hope center, or any other services required under chapter 13.32A, Family reconciliation services, or 13.34 RCW, Child welfare.

**388-145-2155 | What must I demonstrate to be licensed for an RAC?**

(1) In accordance with RCW 74.15.311, you must meet the following requirements:

- (a) There is a need in the local community for a RAC;
- (b) Be primarily staffed with trained volunteers in order to meet staffing requirements; and
- (c) You are not financially dependent upon reimbursement from the state;

**388-145-2160 | What is the ratio of direct care staff/volunteers to children at an RAC?**

(1) At all times, resource and assessment centers must have the following minimum staffing ratios:

- (a) At least two staff/volunteers on duty when children are present; and
- (b) One staff/volunteer providing visual or auditory supervision for every four children in care.

**388-145-2165 | Who are the residents at my RAC?**

A resource and assessment center is licensed to provide care for children ages birth through twelve, or for children ages thirteen through seventeen who are placed with a sibling(s) under thirteen years of age.

**388-145-2170 | How long can a child stay at an RAC?**

Children may be admitted to the resource and assessment center for up to seventy-two hours not including Saturdays, Sundays and holidays.

**388-145-2175 | When am I required to be available for services?**

You or a designated staff must be available by phone at all times when you are receiving new placements. Your resource and assessment center may limit days and times of operation, but if you accept placement of a child, you must be operational until that child is discharged. Resource and assessment centers are not required to be operational at times during which there are no children in care.

**388-145-2180 | Who may place children at an RAC?**

A DCFS worker may place a child in a resource and assessment center. These centers may not be used to address placement disruptions for children being removed from a foster home or group care facility.

**388-145-2185 | What services are provided or arranged for at an RAC?**

(1) A resource and assessment center may provide the following:

- (a) Direct care of children and youth;
- (b) Referral and provision of health care assessments or screening;
- (c) Appropriate community service referrals, as needed; and/or
- (d) Initial assessment of child functioning.

## **Staffed Residential Homes (SRH)**

### **388-145-2190 | How many children may be served in my staffed residential home?**

- (1) The department may license a staffed residential home for six or fewer children. This must include the children of youth in care, as well as other children living in the facility who are not in care. The maximum number of children in your staffed residential home must not exceed six at any time to include youth eighteen or older enrolled in the Extended Foster Care program.
- (2) The department may restrict the number of children in a staffed residential home according to the age and needs of the children.
- (3) Except for programs for pregnant and parenting youth, you may have only two children under two years of age in your facility at a time.
- (4) You must only be licensed for a maximum of three pregnant and parenting youth.
- (5) The department may license a staffed residential home for up to three children with mental or physical disabilities that are severe enough to require nursing care if you meet the following conditions:
  - (a) You provide staff that are qualified by training and experience to provide proper care, including necessary medical procedures; and
  - (b) The children's treatment is under the supervision of a physician.

### **388-145-2195 | What are the required ratios of staff to children under care in an SRH?**

- (1) You must have at least one direct care staff for every six children during waking hours for the children placed in your home.
- (2) During sleeping hours at least one staff person must be awake when:
  - (a) There is a written supervision agreement or a contract with the department specifying an awake staff is needed for either the program or a specific child; or
  - (b) A youth's behavior poses a safety risk to self and/or others; or
  - (c) A child's medical condition requires constant monitoring.
- (3) The need for overnight supervision must be documented in each child's treatment plan, if awake supervision is necessary.
- (4) When only one direct care staff is on duty, a second person must be on-call and available to respond within thirty minutes.
- (5) You must have relief staff so that all staff can have the equivalent of two days off a week. This is not required for family members if the staffed residential home is a family residence.

### **388-145-2200 | Who is eligible to manage my staffed residential home?**

A staffed residential home may be managed by a family residing in the facility or by staff hired to work in the facility.

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