Washington State Department of Social & Health Services

Transforming lives

DIVISION OF LICENSED RESOURCES (DLR)
BEHAVIORAL REHABILITATIVE SERVICES (BRS)
Comprehensive Review:
DLR Foster Home File

AGENCY NAME	DATE
REVIEWER	TYPE OF LICENSE

DLR Requirements for Foster Home Files					
WAC 388-148 AND 147	DESCRIPTION	FAMILY NAME	COMMENTS	FAMILY NAME	COMMENTS
147-1350	Certification Card				
148-1315	Signed Application on file indicating sufficient income				
148-1365	Autobiographical Statement for each foster parent				
148-1365	Re-assessment of family and home every three (3) years				
148-1320	Copy of License				
148-1365	References documented three (3)				
148-1320	Current Background Clearances for each person over 16 years old				
DLR policy	Licensing file checklist				
DLR policy	Foster Home checklist				
148-1365	Doctors statement when applicable				
148-1320	TB test(s)				
148-1375	First Aid training for each foster parent				

148-1375	CPR training for each foster parent				
148-1375	HIV training for each foster parent				
148-1615 (7) 148-1520 (8) 148-1520 148-1410 148-1495 148-1610 148-1420	**Policy Statements** Discipline / Corporal Punishment policy statement Religious policy statement Culture and Basic needs Confidentiality Statement Smoking policy statement Supervision Plan Incident Reporting Responsibility policy statement				
148-1560	Medical and Emergency surgical consents or court order				
148-1610 (2b)	Employment Daycare Plan				
148-1375 148-1380	CCT and other trainings attended documented on training log				
74.13.260	Health and Safety visits to the home documented				
148-1630	Copies of approved administrative approvals				
148-1510	Driver's License				
148-1510	Proof of auto insurance				
148-1480	Pets deemed safe				

148-1455	Water Safety			
148-1460	Emergency Evacuation plan			
148-1445	Well Test (if applicable)			
148-1470	Children within easy hearing distance			
147-1350	Signature of CPA social service staff on foster file checklist			

General Comments

☐ Satisfactory ☐ Compliance Agreement	REVIEWER'S SIGNATURE DATE