



PROPOSED RULE MAKING

CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Department of Social and Health Services, Children's Administration

- Preproposal Statement of Inquiry was filed as WSR:15-15-083; or
- Expedited Rule Making--Proposed notice was filed as WSR:___; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR:
- Continuance of WSR:

Title of rule and other identifying information: (Describe Subject)
 WAC 388-148-1320 "When will the department grant me a foster family license?"
 WAC 388-145-1335 "What additional steps must I complete prior to licensing?"

The Department is proposing new WAC language to WAC 388-148-1320 (4) and WAC 388-145-1332 (4) to provide further instructions on how to proceed with foster care applicants and their household members over the age of eighteen years or agency staff that have a positive TB test due to latent TB.

This update will also include changes to WAC 388-148-1320 (6) and WAC 388-145-1335 (5) to allow for a medical exemption to the requirement for proof of the influenza vaccination if the vaccination would result in a severe medical consequence to the person and there is no other form of influenza vaccine that would not cause severe medical consequences. This will allow these applicants and agencies that otherwise meet all other licensing regulations to be licensed for birth to two years of age with a medical doctor's (MD) statement.

Hearing location(s):
 Office Building 2
 DSHS Headquarters
 1115 Washington
 Olympia, WA 98504

Public parking at 11th and Jefferson. A map is available at:
<http://www1.dshs.wa.gov/msa/rpau/RPAU-OB-2directions.html>
 Date: October 27, 2015 Time: 10:00 a.m.

Submit written comments to:
 Name: DSHS Rules Coordinator
 Address: PO Box 45850
 Olympia, WA 98504
 e-mail: DSHSRPAURulesCoordinator@dshs.wa.gov
 fax: (360) 664-6185
by: 5:00 p.m. October 27, 2015

Date of intended adoption: Not earlier than October 28, 2015
 (Note: This is **NOT** the **effective** date)

Assistance for persons with disabilities: Contact:
 Jeff Kildahl, DSHS Rules Consultant by October 13, 2015
 Phone: (360) 664-6092 or TTY: (360) 664-6178
 Email: KildaJA@dshs.wa.gov

Purpose of the proposal and its anticipated effects, including any changes in existing rules:
 The current WAC does not allow for exemptions for the influenza vaccination or for a positive TB result. The requested WAC revisions for WAC 388-148-1320 (4, 6) and WAC 388-145-1335 (4, 5) will allow the Department to license these homes or agencies that otherwise meet the minimum licensing requirements with a medical doctor's (MD) statement.

Reasons supporting proposal:
 The proposal will allow the Department to license these homes and agencies that otherwise meet the minimum licensing requirements with a medical doctor's (MD) statement.

Statutory authority for adoption:
 RCW 74.15.010, RCW 74.15.030, RCW 74.15.040, RCW 74.15.090, RCW 74.13.031

Statute being implemented:

Is rule necessary because of a:

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

DATE
 September 15, 2015

NAME (type or print)
 Katherine Vasquez

SIGNATURE

TITLE
 DSHS Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: September 15, 2015
TIME: 2:26 PM

WSR 15-19-082

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

Name of proponent: (person or organization) Department of Social and Health Services

- Private
 Public
 Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting: Kristina Wright	Olympia, WA OB2	360-902-8349
Implementation: Kristina Wright	Olympia, WA OB2	360-902-8349
Enforcement: Kristina Wright	Olympia, WA OB2	360-902-8349

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

Yes. Attach copy of small business economic impact statement or school district fiscal impact statement.

A copy of the statement may be obtained by contacting:

Name: Kristina Wright

Address: 1115 Washington Street, Olympia, WA 98504-5710

Phone: (360) 902-8349

Fax: (360) 902-7903

e-mail: wrihks@dshs.wa.gov

No. Explain why no statement was prepared.

The proposed rule amendments will not impose more than minor costs on businesses in an industry (foster care homes or group homes).

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Kristina Wright

Address: 1115 Washington Street, Olympia, WA 98504-5710

Phone: (360) 902-8349

fax: (360) 902-7903

e-mail: wrihks@dshs.wa.gov

No: Please explain:

WAC 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 landline 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 test or an X ray. 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 requirement, 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 medical doctor's (MD) 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 volun-

teers 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).

AMENDATORY SECTION (Amending WSR 15-01-069, filed 12/11/14, effective 1/11/15)

WAC 388-148-1320 When will the department grant me a foster family license? (1) We issue you a license when you and everyone in your household meet the licensing requirements contained in this chapter, and all required documents are in the licensing file.

(2) You and other caregivers over the age of eighteen must:

(a) Complete first aid training and age-appropriate adult and/or infant CPR (cardiopulmonary resuscitation). Training must be department approved and accredited with nationally recognized standards; and

(b) Complete HIV/AIDS and bloodborne pathogens training including infection control standards consistent with educational materials published by the department of health, office on HIV/AIDS.

(3) You, your household members and anyone else having unsupervised contact with your foster child(ren) must pass the following background check requirements per chapter 388-06 WAC (This includes people living on any part of your property):

(a) Anyone over the age of sixteen must pass a criminal history check.

(b) Anyone over the age of eighteen must pass an FBI fingerprint check.

(c) Anyone over the age of eighteen must complete a child abuse and neglect registry check from each state they have lived in over the past five years indicating:

(i) No license denials or revocations 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 health, safety, well-being and long-term stability; and

(ii) No finding or substantiation of abuse or neglect of a child or a 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, and your household members over the age of eighteen must submit a negative tuberculosis test or an X-ray, unless you can demonstrate a medical reason prohibiting the TB test, or have had 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.

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

(6) We recommend that you have pertussis and influenza immunizations. The department will not license you to serve foster children under the age of two, without proof of pertussis and influenza immunizations for all people living in your home. The department may license you to serve children under the age of two even though you or someone in your home is unable to obtain an influenza vaccination for medical reasons. In this case, a medical doctor's (MD) 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 persons in the home must still be vaccinated.

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

(8) Foster children under the care and authority of the department living in your home do not need to obtain a criminal history check, FBI fingerprint check or TB test.