

1305 Definitions of WAC

"Bodies of water"

means a natural area or human-made area or device that contains or holds a depth of more than two inches of water. Examples include swimming pools, oceans, ditches, canals, fish ponds, water retention areas, excavations, and quarries.

Commented [FF1]: REVIEW & DISCUSS:

There was an ask to add definition to avoid confusion. This definition is tied to 1455 which states you must ensure children are safe around bodies of water.

Over-the-Counter Medication

means medication sold directly to consumers without a prescription. This includes, but is not limited to oral medication, herbal supplements and compounds, vitamins, sunscreen, medicated cream, and ointments.

Commented [FF2]: REVIEW & DISCUSS:

There was an ask to add definition to avoid confusion. This definition is tied to 1565 as prescription and over the counter medications must be kept locked in a container.

Concern about sunscreen being included as an over the counter meds.

Add bug repellents

Add cough drops

"Active ingredient" is considered medication

~~"Intellectual and developmental~~Developmental disability"

"Developmental disability" means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.

Commented [FF3]: REVIEW & DISCUSS:

Caregivers and LD voiced the want to separate intellectual and developmental disability.

This is a term tied to DDA. What you are seeing is the revised group care term.

Psychotropic medication

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

Commented [FF4]: REVIEW & DISCUSS:

Updated definition based up group care's revision.

Commented [FF5]: REVIEW & DISCUSS:

Listening & Learning sessions wanted firearms and a weapons definitions separate from one another. from

Language seen here is group care's revision.

"Firearms" means any devices from which a projectile or projectiles are launched. These include, but are not limited to, BB guns, pellet guns, air rifles, stun guns, handguns, rifles, shotguns, and archery equipment

Commented [FF6]: REVIEW & DISCUSS:

What you are seeing is the definitions group care came up for Home, property, and premises.

Discuss Intent: We are trying to identify language that reflects what needs to be assessed by Licensing Division in order for licensure.

Alternative definition:

what came from Listening & Learning Sessions:

Property & Premises as:

means to the buildings-home that the foster family resides in-as well as any grounds under the resident's control adjacent. As well as any buildings that are owned and managed by you.

"Other weapons" means any instruments other than firearms intentionally designed to cause bodily harm or physical damage to a person.

Alternative definition:

definition is childcare's definition for

Premises

means the licensed and unlicensed space at the licensed address including, but not limited to, buildings, land, and residences.

"Home" means the living structure licensed by DCYF for community foster care.

"Property" means the adjoining grounds licensed by DCYF for community foster care.

"Premises" means the home and property licensed by DCYF for community foster care.

~~What are the personal requirements for foster parents?~~

110-148-1365 Personal Requirements

- (1) You must be at least 21 years old to apply for a license.
- (2) You must demonstrate you have:
- (a) The understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, cultural, and social needs of children under your care;
- (b) Sufficient regular income or resources to maintain your own family, without the foster care reimbursement made for the children in your care; and
- (c) To be able to communicate with the child, the department, health care providers, and other service providers.
- (3) You must adhere to, follow, and comply with the case plan for the children in your care.
- (4) You may not use drugs or alcohol, whether legal or illegal, in a manner that affects your ability to provide safe care to children.
- (5) You and everyone residing on your premises or who you allow to have unsupervised access to children must demonstrate they have the ability to furnish children with a nurturing, respectful, and supportive environment.

~~What kinds of assessments are included in the licensing process?~~

110-148-1370 Assessments

- (1) The department or child placing agency will assess you for a foster family license. This will include, but is not necessarily limited to:
- (a) Your ability to comply with the licensing requirements;
- (b) The physical condition of your home and property;
- (c) The physical and mental health of all members of the household; and
- (d) Your ability to provide sufficient income or resources to meet the financial needs of your family without the foster care reimbursements for foster children in your care.

Commented [FF7]: INFO ONLY - FEDERAL STANDARD LANGUAGE

Federal Standard 18 vs DCYF 21

Commented [FF8]: FOCUS & DISCUSS:
What we talking about here? Is there a better way to describe what the intent is?

Note:

These are the basic requirements; can use this section to come back to if we have evidence of e.g. terminal illness, emotional instability; is kind of a catch all
Jason: can define more in training

Commented [FF9]: FOCUS & DISCUSS:

In the case of general license foster parents the WAC should include language regarding families receiving public assistance or informal income to meet their household needs? This would need to be carefully worded to prevent bias against socioeconomic groups.

INFO ONLY FEDERAL STANDARD LANGUAGE:

Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in foster care.

FEEDBACK SUGGESTION:

The ability to meet the financial needs of your family with out foster care reimbursement

Commented [WE(10R9)]: Add "resources" – can train to what "resources" are

Commented [FF11]: INFO ONLY - FEDERAL STANDARD LANGUAGE:

Applicants must be able to communicate with the child, the title IV-E agency, health care providers, and other service providers.

Commented [FF12]: INFO ONLY - FEDERAL STANDARD LANGUAGE

Applicants will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse

Commented [FF13]: Suggestions: remove reference to "premises" and to only include people in the household or those who will have unsupervised contact.

Commented [WE(14R13)]: Cannot do this per background check requirements

Commented [FF15]: INFO ONLY FEDERAL STANDARD LANGUAGE:

Commented [FF16]: FOCUS & DISCUSS:

Does this match the intent of income in WAC 1365

(2) At any time that a child safety or well-being concern is noted, we may require you or someone in your house to give additional information. We may also require an evaluation of your home or property, or of a person in your home, by an evaluator/provider approved by the department.

(3) Any evaluation requested by the department will be at your expense.

(4) You must give the evaluator written permission to share information with us throughout the evaluation process.

Commented [FF17]: FOCUS & DISCUSS:

What is the intent?

Based on feedback (2) & (3) can sound authoritarian, intrusive, and disrespectful to what families do. No one should demand to come into our homes and then charge us for whatever they deem necessary.

Commented [WE(18R17)]: At any time child safety or well-being concerns are noted, may require additional information

~~What training am I required to have before I become licensed?~~

110-148-1375 Pre-Training

(1) Before you are licensed for the first time, preservice training will be required for, at a minimum, the primary caregiver in your home.

(2) All members of the household over the age of 18 who provide care must have and maintain the following training:

(a) First aid;

(b) Age appropriate cardiopulmonary resuscitation (CPR); and

(c) Bloodborne pathogens and infection control standards consistent with educational materials published by the department of health.

(3) The department-approved first aid and CPR training must be accredited with nationally recognized standards. It also must include an in-person exercise demonstrating that you are capable of performing CPR.

(4) You must keep records in your home showing completed current first-aid and age appropriate CPR training for all care providers.

(5) Training for CPR is not required if you have a statement from a physician that the training is not advised for medical reasons. In that case, another person with current CPR training must be on the premises when children are present.

(6) 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, CPR, and bloodborne pathogens requirement.

Commented [FF19]: FOCUS & DISCUSS BASED ON FEEDBACK:

This WAC originally made negotiation list due suggestions on how to improve Caregiver Core Training (CCT). Feedback has been collected and will be addressed through policy or revision to CCT.

Specifically concerns with child development, kin first culture, LBGTQIA+, WAC requirements, their role/expectations as a foster parent etc. - essentially areas that ideally should be covered in CCT.

REVIEW WITH REPS IF THIS CAN BE REMOVED FROM NEGOTIATIONS OR ARE THERE OTHER CONCERNS FOR REVISION

Commented [WE(20R19)]: Facilitate conversation around which pieces of information are missing and how to amend CCT training to address those pieces. The training would be updated by the Alliance. Present section as is - there may be other comments/discussion that come up that haven't been captured in L&L

Commented [FF21]: INFO ONLY - FEDERAL STANDARD LANGUAGE:

First aid (including cardiopulmonary resuscitation (CPR) for the ages of the children in placement)

~~What training must I complete after I am licensed?~~
110-148-1380 In service Training

(1) You and your licensor must develop an individual in-service training plan pursuant to the department's foster home training policy. The training plan will be based on the type of children in your care and your previous training and experience.

(2) If you fail to complete your training requirements, we may take corrective action by:

(a) Delaying your foster care renewal license until the requirements are met;

(b) No longer placing children in your home; or

(c) Issuing a probationary license, suspending, or revoking your license.

(3) We may modify training plans at any time and we may require specific training given the needs of the foster children placed in your home.

~~How do you decide the capacity for my home?~~

110-148-1385 Determining License Capacity

(1) We will identify the maximum number, age range, and gender of children that may be placed with you. We will base this on your skills, the number of care providers, the physical accommodations in your home, and the needs of the children placed in your home.

(2) The maximum number of children in a licensed foster home is:

(a) Six children in a home licensed with two caregivers. This includes your own children under the age of 18, and children in foster or respite care;

(b) Four children, in a home licensed with one caregiver. This includes your own children under the age of 18, and children in foster or respite care;

Commented [FF22]: FOCUS & DISCUSS BASED ON FEEDBACK:

Is there a way to clear up intent?

Individual Training Plan individual training dictates specific topics need to be covered in training while the WAC suggests it can be specific to the child in your care. Other caregivers may just be focused on complying with the 24 hours and taking the training they can.

Isn't the intent to have quality training and training that will be useful?

Commented [FF23]: SUGGESTION REVISION; REORDER TO EASE UNDERSTANDING:

(a) Delaying your foster care renewal license until the requirements are met;

(b) Issuing you a corrective action plan

(c) No longer placing children in your home; or

(d) Issuing a probationary license, suspending, or revoking your license.

I think also adding a line that addresses "roll over" hours, so if a provider takes more than their required 24 hours, up to 12 hours can count toward their ongoing training hours in their next licensing cycle

Commented [FF24]: FOCUS & DISCUSS: BASED ON FEEDBACK:

One issue that has come up with somewhat regularity, is families who provide regular care to additional children that are not their own children or foster children (for example another relative, a family friend etc.) it isn't technically a violation. The issues that arise have more to do with we didn't assess the provider to provide care to

Commented [FF25R24]: One issue that has come up with somewhat regularity, is families who provide regular care to additional children that are not their own children or foster children (for example another relative, a family friend etc.) during the day or even overnight but they do not live there. This has been a little tricky to navigate

Commented [WE(26R24): For negotiation

Commented [FF27]: FOCUS & DISCUSS:

If the department allows exceptions to the maximum it needs to be written here. I think they should, especially with the increase in multiples (twins, triplets, etc.). Any exceptions should be at the department's discretion.

Commented [FF28R27]: This is currently in 1390

Commented [FF29]: INFO ONLY- FEDERAL STANDARD LANGUAGE

Capacity - The total number of children in foster care in a foster family home must not

(c) If you already have the maximum number of your own children as specified in (a) or (b) in this subsection, you may be licensed for one foster child at our discretion if you meet the other licensing requirements.

(3) If you reach maximum capacity during licensure because you give birth or adopt, your licensor will determine your home's suitability for one additional child.

(4) At any one time you may care for not more than:

(a) Two children less than two years of age or who are non-ambulatory, including your own children; or

(b) Four children with intellectual and developmental disabilities as defined in RCW 71A.10.020; or

(c) Three medically fragile foster children who need semi-skilled maintenance or supportive services. You must have the qualified training and experience to provide proper care.

(5) You may have placement of a teen parent and their child. Both the teen parent and their child do not have to be in the custody of the department or a CPA, however, they will count towards your maximum capacity.

Commented [FF30]: DISCUSS TO DETERMINE IF THIS BELONGS IN WAC:

Caregiver would like to know the process; (c) If you already have the maximum number of your own children as specified in (a) or (b) in this subsection, you may be licensed for one foster child at our discretion if you meet the other licensing requirements.

Commented [FF31]: 2 children under 2. I think it should be based on a per family basis, the length of time a family would expect to have an exception to the WAC. And if it could avoid placement disruption

Commented [WE(32R31)]: Research: based on emergency evacuation, possibly recommendation from fire marshal. Figure out why behind this requirement and if there are options.

Commented [FF33]: Can this be and/or?

Commented [FF34R33]: means children with deficits in general mental cognitive abilities and/or impairment in everyday adaptive functioning.

Commented [WE(35R33)]: This was addressed on group care side; look into what that says

~~Can I accept children outside the limitations of my license?~~

110-148-1390 Overcapacity Exceptions

(1) We have the discretion to allow you to temporarily exceed your capacity. The placement must be in the best interest of the child and may not affect the health and safety of other children in the home.

(2) If your home is licensed for six foster children, LD will not allow you to exceed your capacity, except to allow:

(a) Parenting youths in foster care to remain with their children;

(b) Siblings to remain together;

(c) A child who has an established, meaningful relationship with the family to remain with the family; or

(d) A family with the necessary special training or skills to provide care to a child who has a severe disability.

(3) The approval must be in writing and we may require a written plan for additional supervision or other requirements before granting approval.

Commented [FF36]: NOTE: BASED ON FEEDACBK SECTION 2 A-D WILL EITHER BE COMBINED WITH 1385 BASED ON FEEDBACK OR LEFT AS IS

Commented [FF37]: INFO ONLY - FEDERAL STANDARD LANGUAGE

Commented [FF38]: INFO ONLY - FEDERAL STANDARD LANGUAGE

To allow a parenting youth in foster care to remain with the child of the parenting youth;

Commented [FF39]: INFO ONLY- FEDERAL STANDARAD LANGAUGE

To allow siblings to remain together;

Commented [FF40]: INFO ONLY- FEDERAL STANDARAD LANGAUGE

To allow a child with an established meaningful relationship with the family to remain with the family;

Commented [FF41]: INFO ONLY- FEDERAL STANDARAD LANGAUGE

To allow a family with special training or skills to provide care to a child who has a severe disability

~~Do I have to admit or retain all children?~~
110-148-1395 Admitting & Retaining Children

(1) You have the right to decline, to admit, or keep a child in your home, unless your decision violates the Washington state law against discrimination, chapter 49.60 RCW. For example, a provider must not decline a child because of the child's actual or perceived race, ethnicity, religion, sexual orientation, gender identity, or SOGIE.

(2) Individual CPA programs may have contracts that specify a child cannot be denied admission.

(3) You do not have the authority to move a child to another home, either temporarily or permanently, without the consent of the child's DCYF caseworker or the CPA case manager. This does not include temporary visits under 72 hours. You must also comply with travel requirements in WAC 110-148-1435.

"Medically fragile" means the condition of a child who requires the availability of 24-hour skilled care from a health care professional or specially trained family or foster family member. 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.

~~What services must I provide for medically fragile children and children with intellectual and developmental disabilities?~~

110-148-1400 Services for Medically Fragile & Children with Intellectual and Developmental Disabilities

(1) If you care for medically fragile children and children with intellectual and developmental disabilities, 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; and

Commented [FF42]: FOCUS & DISCUSS BASED ON FEEDBACK:

Foster parents feel that they should have the ability to decline to take a child for any reason. It is too unclear what constitutes "discrimination" and thus, enforcement of this rule is likely to itself become discriminatory. When a family is not equipped to take a child, it's not in the child's best interest:

I.E.

- Some families only take teenage girls
- Some families may not know how to deal with youth behavior or medical conditions

Commented [WE(43R42): Negotiate; AAG consult – does this RCW apply to foster parent? Would declining to admit "for the right reason" constitute discrimination?

Commented [FF44]: FOCUS & DISCUSS BASED ON FEEDBACK.

There are a couple contradicting thought to discuss.

One thought is that foster parents can end a placement at anytime and this can include of dropping off youth at office.

Another thought is that foster parents should work with department to give time to find new placement for youth.

On the contrary foster parents have voiced that at times they have given department time to find new placement but department has no plan of future placement. Foster parents are concerned that if they cannot properly care for youth then youth should no longer stay in their home.

Commented [FF45]: EXPLAIN FOR GROUP

Commented [FF46]: FOCUS & DISCUSS BASED ON FEEDBACK:

How can we clear up the intent of this section?

Can we use language other than "move".

Commented [WE(47R46): Negotiate to try and find a different term; may be an issue for training; consult with CW

Commented [FF48]: Clarify (3): This does not include temporary visits under 72 hours

Commented [FF49]: FOCUS & DISCUSS BASED ON FEEDBACK:

What is intent? Are we saying that the department will take the lead in planning for Medically fragile and Children with Intellectual and developmental

(b) Care by physicians, including surgeons, general and family practitioners, and specialists related to the child's particular diagnosis.

DRAFT

