

Washington Department of Children, Youth, & Families

Foster Care Negotiated Rule Making Final Report

July 2025



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NRM REPRESENTATIVES

Adam Makoviney, Tribal Child Placing Agency	Lori Menken, DCYF Licensing Division – Child Protective Services
Amy Santos, Lived Experience – Youth	Marcella Taylor, Lived Experience – Parents
Britta Saltonstall, Caregiver Region 3	Mayauna Renea, Lived Experience – Youth
Charissa Keebaugh, Lived Experience – Youth	Megan Levitan, DCYF Licensing Division – Assessment
Chris Duclos, Caregiver Region 6	Meghan Reichart, DCYF Licensing Division – Regional Licensing / Child Placing Agency
Christie Mackie, Caregiver Region 1	Melanie Gibson, DCYF Licensing Division – Safety and Monitoring
Christina Faucett, Caregiver Region 4	Nora Helder, Child Placing Agency
Cindy Howard, Tribal Child Placing Agency	Pamela Javier, Lived Experience – Youth
Connie Horne, DCYF Licensing Division – Child Protective Services	Rachael Hill, Caregiver Region 5
Esther Taylor, Lived Experience – Youth	Ronnie Butler, Caregiver Region 2
Isaac Heslin, Lived Experience – Youth	Sarah Copes, Caregiver Region 6
Janelle Weaver, DCYF Licensing Division – Safety and Monitoring	Shannon Anderson, Caregiver Region 3
Julie Duim, Caregiver Region 4	Shelley Genuardi, Child Placing Agency
Kayla Hollimon, Caregiver Region 4	Tiffany (Vawn) Hicks, Caregiver Region 6
Kaylena Satiacum, Tribal Child Placing Agency	Tracie Jefferson, Caregiver Region 5
Keeyshonna Harris, Lived Experience – Youth	Tristan Fujita, Caregiver Region 5
Krystina Marie Cummins, Lived Experience - Parents	Whitney Englund, Caregiver Region 6
Lillie Thompson, Lived Experience - Youth	

DCYF NRM PROJECT TEAM, COMMUNITY PARTNERS, AND CONSULTANTS

Brittany Lenihan, Foster Care Health Program Manager
 Cameron Norton, Missing & Exploited Youth Program Manager
 Dawn Hagen, Child Health and Educational Tracking Social Worker
 Eva Freimuth, NRM Group Care / Foster Care Policy Manager
 Elizabeth (Libby) Wagner, Policies and Rules Advisor
 Felix Fernandez-Ortiz, NRM Research & Data Analyst
 Fostering Well-Being, Department of Social Health Services
 Holly Luna, Retention and Support Program Manager
 Jacki Christl, Kinship and Guardianship Program Manager
 Jason Churchwell, Workforce Development Administrator
 Jordan Perin, Extended Foster Care Program Manager
 Lily Cory, Youth Group Advocate
 Mandy Morlin, Office of Tribal Relations

Marj Trudnowski, NRM Project Manager
Melissa Hemstreet, LD Safety Administrator
Melissa Hoogendoorn, Extended Foster Care Supervisor
Michelle Hetzel, Child and Family Welfare Services Program Manager
Natalie Adams, Office of Tribal Relations Licensing Specialist
Peggy Lewis, Youth Group Advocate
Reny Rodriguez, Foster Care NRM Training Specialist
Alliance CaRES
Angels Organizations
DCYF Partnership Prevention Services (PPS) Recruitment and Retention
DCYF PPS Integrated Systems Care
DCYF Practice Support Quality Improvement
Department of Health
Developmental Disabilities Community Services (DDCS)
Family Connections at Amara
Foster Hearts
Foster Parents Association Washington State (FPAWS)
Mockingbird Society
Office Civil Legal Aid (OCLA)
Office of Public Defense (OPD)
Office of Tribal Relations
Sibling Strong
Team Child
Washington Association for Children and Families
Washington Child Advocates (CASA)

DISCLAIMER

The purpose of this report is to provide a general overview of the foster care negotiated rulemaking project from a third-party facilitator perspective. This report is written independently from the Department of Children, Youth, and Families and may be less detailed in areas in which PCG had minimal or no involvement.

I. PROJECT OVERVIEW

In January 2021, a [class action complaint](#) was brought against the State of Washington Department of Children, Youth, and Families (DCYF) alleging systemic deficiencies related to the provision of child services and supports, as well as unacceptable placements, especially for youth affected disproportionately, such as BIPOC, LGBTQIA+, and youth with behavioral health and developmental disabilities. As a result, in September 2022, the U.S. District Court Western District of Washington at Seattle filed an [Agreement and Settlement Order](#) ("D.S. Settlement"), identifying eight (8) system improvement areas to transform child safety and well-being processes. One of these improvement areas, [Revising Licensing Standards](#), mandated that DCYF amend contracts and policies, and engage in negotiated rule-making (NRM), to amend licensing requirements for foster care placements to be more developmentally appropriate and/or flexible to meet individual youths' needs. The amendments must define and require the following:

Normalcy	Developmentally appropriate autonomy and privacy, including but not limited to developmentally typical access to mobile phones and support or resources necessary to engage in normal social activities with peers.
Connections	Obligations to facilitate connections to immediate, extended, and chosen family members, in accordance with the youth's case plan, including but not limited to potential long-term or permanent placements.
Education	Responsibility to support youth to remain in their school of origin in accordance with the youth's case plan.
Transitions	Expectations to provide education, training, and coaching to families of origin and other potential long-term or permanent placements about how best to support the child.
Planning	Expectations to engage in service or discharge planning.
Dietary Satisfaction	Standards for providing sufficient nutrition and satisfaction of dietary needs.
Inclusive & Affirming Care	Training requirements and expectations for providing culturally responsive, LGBTQIA+ affirming and trauma-informed care.

The Washington legislature passed funding for the foster care NRM work, and identified the following outcome measures:

- ▶ The ability to accommodate the most relevant and beneficial care programming and settings as possible, while maintaining a necessary minimum of health and safety standards;
- ▶ The minimization of Washington Administrative Code (WAC) barriers to serve in improved ways for marginalized communities;
- ▶ The reduction of undue burden to providers; and
- ▶ An evaluation process to affirm an equitable and consistent application of rules.

According to [RCW 34.05.310](#), agencies are encouraged to develop and use new procedures for reaching agreement among interested parties before publication of notice and the adoption hearing on a proposed rule. Examples of new procedures include NRM by which representatives of an agency and of the interests that are affected by a subject of rulemaking, including, where appropriate, county and city representatives, seek to reach consensus on the terms of the proposed rule and on the process by which it is negotiated. Although RCW guidance is limited regarding the NRM process, there are several key principles by which to adhere, including:

- ▶ Participants usually represent stakeholder groups or interests, and not simply themselves;

- ▶ All necessary interests are represented or at least supportive of the discussions;
- ▶ Participants share responsibility for both process and outcome;
- ▶ An impartial facilitator or mediator, accountable to all participants, manages the process;
- ▶ The intent is to make decisions through consensus rather than by voting; and
- ▶ The agency is a party at the negotiating table, it does not just facilitate a consensus among the other participants.

To meet the objectives of the D.S. Settlement 4.9 Revising Licensing Standards, DCYF amended foster care WAC through the following distinct phases: NRM preparation, NRM development and Listening and Learning, NRM Representative Orientation, NRM virtual negotiation, WAC finalization, policy and procedures updates impacted by WAC, and WAC training and rule implementation. Washington DCYF contracted with Public Consulting Group (PCG) to facilitate and manage the NRM virtual negotiations. Specifically, this work included:

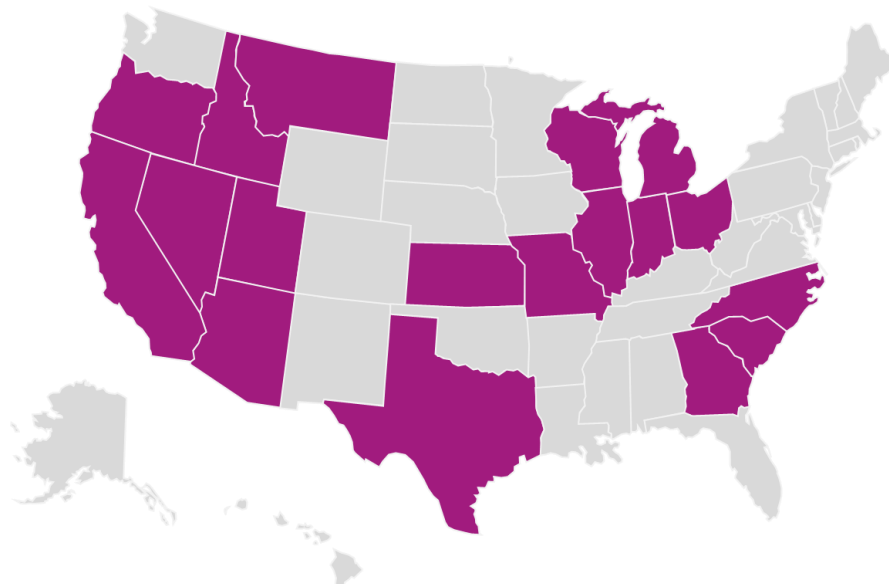
- ▶ Project facilitation management of the WAC negotiation process;
- ▶ Assisting with stakeholder engagement to include, but not limited to, providing education regarding the NRM process, developing the NRM design, and defining key NRM terms and concepts;
- ▶ Assisting with national research and analysis to identify other state administrative code/rules regarding the following topics: bodies of water, bedroom sharing, children's and youth's belongings and inventory, medication, discipline / behavior management, use of restraints, pre-service and in-service training requirements, requirements of individuals on the foster parent's premises, and requirements of individuals who have unsupervised access to children and youth.
- ▶ Communicating extensively with the DCYF NRM Team and lead representatives;
- ▶ Developing and reporting NRM data throughout the negotiations; and
- ▶ Developing a detailed final report describing PCG's involvement in the NRM process and consolidating all NRM session discussion notes.

II. METHODOLOGY AND PROJECT APPROACH

REVIEW OF NATIONAL FOSTER CARE BEST PRACTICES

Throughout the contract period, PCG researched other states' administrative codes, regulations, rules, and practices regarding DCYF-identified topics. Foster care practices from 19 states were reviewed (see Figure 1). These states were selected based on one or more of the following characteristics: 1) geographic proximity to Washington State, 2) similar geographic landscapes, such as bordering large bodies of water, 3) maintaining a tribal presence, and 4) accessibility to the state's foster care regulations and administrative code.

FIGURE 1. NATIONAL BEST PRACTICE RESEARCH MAP



FOSTER CARE NEGOTIATED RULE MAKING: PLANNING, KICKOFF, AND COLLABORATION

From September 2024 through June 2025, DCYF and PCG met monthly, and intermittently as needed, to discuss the NRM process and meeting format and objectives. The first planning session, held on September 24, 2024, along with subsequent debrief meetings held after each NRM meeting, focused on strategies to engage Representative participation and continuous improvement of the NRM process. Key decisions were made regarding the below topics.

NRM Process Objectives

The primary objective of the NRM sessions was to amend Washington state's foster care WAC to improve the foster care experiences of youth in out of home placements as it aligns with DCYF's mission and the D.S. Settlement system improvements. Foster care representatives were tasked with negotiating DCYF proposed foster care amended WAC language, with the goal of reaching consensus.

Foster Care Representative Engagement

Prior to PCG's involvement, the DCYF NRM Team recruited representatives to participate in the NRM process. Specifically, from January 2024 through September 2024, the Foster Care NRM Team hosted 12 Orientation sessions, 14 Listening and Learning sessions, and four (4) Dinner and Dialog sessions to gather feedback from those most impacted by the rules. The Foster Care NRM Team conducted a poll on Foster Care WAC to get input on WAC that needed to be revised. Over 200 foster parents completed the poll. Four (4) sessions were held in-person and 26 were virtual. Two hundred and fifty (250) participants from over 20 agencies participated in these sessions. To ensure the amended rules were fair for all parties affected by the WAC, representatives from the following 14 Representative groups were invited to join the NRM activities:

- ▶ **Lived Experience:** Youth with Lived Experience, Parents with Lived Experience
- ▶ **Foster Parents:** DCYF Region 1, DCYF Region 2, DCYF Region 3, DCYF Region 4, DCYF Region 5, DCYF Region 6
- ▶ **Child Placing Agencies (CPA):** Private Child Placing Agencies, Tribal Child Placing Agencies
- ▶ **DCYF Licensing Division:** Child Protective Services (CPS), Safety and Monitoring (SAM), Assessment, Regional Licensing (RL) / Child Placing Agency

In addition to Representatives, DCYF recruited Lived Experience and Tribal advocates to assist groups with expressing perspectives and needs. Advocate members did not participate in consensus voting, but were present at NRM Representative Meetings and Breakout Sessions.

Role of Representatives:

Prior to each negotiation session, Representatives prepared by gathering input from their group to discuss areas of concern and proposed recommendations. During NRM Representative Group Meetings and Breakout Sessions, stakeholder groups identified which representative would vote on behalf of their respective group. Only the voting representatives were tasked with negotiating, providing recommendations, and casting consensus votes on behalf of their group. The list of representatives evolved throughout the project when replacement representatives were needed. A full list of representatives participating can be found in [Appendix A: Foster Care NRM Representatives](#).

Meeting Format:

All NRM meetings were conducted virtually through videoconference to enhance transparency and increase meeting inclusivity and accessibility, allowing NRM representatives with distance or schedule constraints to participate. DCYF and PCG chose to use Zoom as it was easier for Representatives to access than other platforms.

Meeting Cadence and Schedule:

The DCYF NRM Team grouped revised foster care WAC into five (5) sets, which is noted in [Section IV. WAC Negotiations and Outcomes](#). Each set contained approximately 10 revised WAC. The WAC in each set was negotiated in the following cadence:

Week	Meeting Type	Meeting Focus
Week 1	NRM Representative Meeting	<ul style="list-style-type: none"> Reaching consensus on the intent of the WAC Initial discussions regarding how the proposed WAC language meets the representative groups' needs
Week 2 & Week 3	Breakout Session	<ul style="list-style-type: none"> Continuing discussions and negotiations resulting from the outcome of the NRM Representative Meeting Identifying language in the WAC that was insufficient in meeting the groups' needs to meet the agreed upon intent.
Week 4	Bye Week	<ul style="list-style-type: none"> Representatives were provided a bye week to review the upcoming WAC, generate a collective agreement within each respective Representative group, and to prepare discussion points.

It was determined that PCG would facilitate six (6) four-hour long NRM Representative Meetings and fourteen (14) two-hour virtual breakout meetings. To determine the meeting schedule, PCG sent all Representatives a poll via Microsoft Forms asking Representatives to indicate their availability from a list of proposed days and times (including weekends, mornings, afternoons, and evenings). The time slot selected by most Representative Groups was chosen and PCG scheduled meetings accordingly. NRM Representative Meetings were scheduled for Tuesdays from 12:00 – 4:00PM and Breakout Sessions were scheduled for Tuesdays from 12:00 – 2:00PM. After the first WAC Set series concluded, DCYF requested subsequent breakout sessions be extended from two (2) hours to three (3) hours to allow more time to negotiate WAC that presented challenges in reaching consensus. The increase in time became effective on Tuesday, December 3, 2024. To align with compensation limitations and better accommodate the needs of representatives, NRM Representative sessions were subsequently reduced to 3.5 hours, which took effect on Tuesday, February 4, 2025.

Establishing Rapport with NRM Representatives:

The NRM series began with a 2.5 hour kickoff and orientation meeting on October 8, 2024, hosted by PCG. The initial hour of the meeting was dedicated to team introductions and orienting NRM Representatives to the NRM process. Representatives were encouraged, but not required, to have their camera on during all sessions and were referred to by their first names to evoke a casual friendly environment for the discussions. PCG shared a slide deck to outline the project's scope and create shared expectations and ownership over the NRM process, which is located in [Appendix B: NRM Representative Kickoff Meeting](#). The slide deck covered the following topics:

- ▶ Team member introductions
- ▶ PCG's experience with negotiations, and Washington State child welfare
- ▶ NRM project scope and process overview
- ▶ Roles and responsibilities during the NRM process
- ▶ Establishing meeting norms and a teaming agreement
- ▶ Reaching consensus on the WAC

During the orientation, Representatives developed a series of meeting norms to establish rapport and a collaborative environment. Meeting norms were reviewed prior to each negotiation session and included:

- ▶ **Expectation #1:** To engage in respectful communication while remaining globally focused and open minded to other's experiences and opinions.
- ▶ **Expectation #2:** To allow a safe space for sharing experiences, avoiding stereotypes, generalizations and biases while keeping meeting conversations on topic and confidential.
- ▶ **Expectation #3:** Remember we are on a team together that encourages curiosity, seeks clarity, challenges ideas, and allows all voices to be heard.

Discussion Format:

During NRM meetings, DCYF displayed the proposed WAC language on-screen and reviewed the language line by line with the representatives. PCG requested representatives use the hand raising function in Zoom, allowing the facilitator to call on representatives to ensure that all groups were provided with opportunities to speak. When issues regarding the proposed language arose, the Representatives discussed concerns in detail as time allowed, and real-time changes were made to the WAC language, to the greatest extent possible. The Zoom chat function was used by DCYF and Representatives to provide resources and language suggestions, express agreement during negotiations, and seek clarity or ask questions. All chat users were asked to reference the section of the WAC in which their chat referred so that the context of the question/comment could be accurately captured in the meeting record. At times, further research (e.g., American Red Cross) or consultations (e.g., Child Welfare, Office of the Attorney General) were needed to help inform language revisions, therefore tabling discussion until a later date. Discussions continued until consensus was reached or it was determined additional negotiations were needed. To create a more trusting environment, throughout the meeting, PCG facilitators and notetakers ensured representatives' comments were captured accurately by asking for clarification, repeating comments, and referring to written notes. In addition, at the start of each meeting, PCG informed participants verbally and via Zoom Chat that all meetings were being recorded and transcribed.

NRM Roles and Responsibilities:

The DCYF NRM Team and PCG established the following roles and responsibilities:

PCG	<ul style="list-style-type: none"> • Organizing all NRM meetings (i.e., NRM Representative Meetings and breakout sessions) • Managing meeting schedules and invites • Preparing notetaking materials • Documenting real-time notes • Recording and transcribing all NRM sessions in Zoom • Downloading Zoom chat, recording, and transcript records • Facilitating NRM meeting • Assisting representatives in reaching consensus on the proposed amended WAC language by asking the following guiding questions: <ul style="list-style-type: none"> • What is the intent of this rule? • How does this amended language meet your group's needs? • What language in this WAC are you the most concerned about and why? • What language should the WAC include to meet your group's needs? • What does the language need to meet your group's needs?
DCYF NRM Team	<ul style="list-style-type: none"> • Describing the DCYF Rule Making Process, including the role of the Policies and Rules Office, rulemaking process, and rulemaking approval process • Amending WAC language based on feedback obtained during the NRM Representative Meetings and breakout sessions • Explaining the intent and background of the proposed language • Asking clarifying questions to better understand representative feedback • Supporting Representative groups by talking through proposed WAC changes and providing technical assistance

- Documenting real-time language changes based on Representative suggestions
- Sending proposed WAC set language to Representatives approximately three (3) weeks prior to the NRM Representative Meeting
- Sending proposed WAC set language to community partners for input
- Seeking legal and medical consultations from:
 - Washington Office of the Attorney General
 - Fostering Well-being
 - Washington Department of Health
 - DCYF Child Welfare
 - DCYF's Education Programs Administrator
 - DCYF's Missing from Care Program Administrator
 - DCYF's Intake Program Administrator
 - DCYF's Licensing Division Safety Administrator

Consensus Process:

Once it was determined all representative groups approved of the amended WAC language, PCG asked if representatives were ready to proceed with a consensus vote. Consensus votes were initiated and recorded section by section. Consensus was “reached” if all voting representatives agreed on the proposed language. If any member raised a concern, discussion about the amended language continued. If consensus could not be reached during the allotted time, the language was slated for further discussion during a future breakout session.

After Consensus Vote:

If consensus could not be reached during the NRM Representative Meeting, the WAC was discussed during a breakout session(s) to continue the negotiation process. Regularly scheduled breakout sessions were used to either reach consensus or identify the section(s) of the WAC that could not reach consensus. Once a consensus decision was made, the WAC moved out of the negotiation process and began the review process as outlined by the Policy Rules Office (PRO). If consensus could not be met, the Representatives stated their concerns for record keeping purposes.

REFINING THE NRM PROCESS

Throughout the course of the NRM work, the DCYF NRM Team and PCG met to debrief meetings and assess the progress made in negotiating and reaching consensus on proposed WAC language. At the onset of the negotiation process, DCYF identified specific sections of each WAC for discussion, guided by feedback gathered during listening and learning sessions. As a result, certain WAC sections were initially omitted from the negotiation agenda. To determine the level of agreement on the proposed language, PCG asked each Representative group to provide a score of 0-5. If a group scored a 0-2, discussion and negotiations were opened. If all Representative groups scored a 3-5, the section was closed for discussion and marked as having reached consensus. During debrief sessions between DCYF and PCG, it was determined that sharing the complete WAC during negotiations could enhance contextual understanding and contribute to a more efficient negotiation process. The voting process was revised to include all sections of the WAC and the collective group was asked to raise their hand if they scored the section 0 –2. If any Representative scored a 0-2, the discussion and negotiation was opened. Live revisions of the language occurred and after all points of concern were addressed, a second score of 0-5 was requested. If all Representative group members scored a 3-5, the section was finalized. The revised process took place on all sections of each WAC.

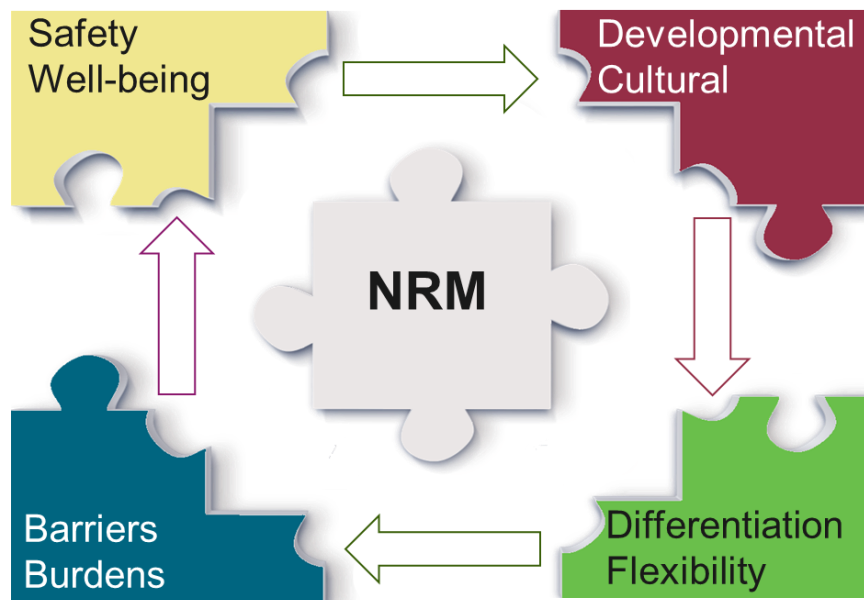
Based on the above observations, the DCYF NRM Team and PCG collaborated to identify strategies to improve the progress made during the NRM process. Representatives began to identify when they were speaking on behalf of their group and also when they were sharing a personal opinion from a perspective other than their assigned Representative group. Additionally, Representatives began asking for more time to consult all members of their group if a language change prompted a vote in which they were not equipped to provide on behalf of their full group.

Guiding Principles Framework Introduction:

PCG introduced the DCYF NRM Team's four-principle framework clarifying the goals and priorities that guide the NRM process (see Figure 3). These principles include:

- ▶ Prioritizing **youth safety and well-being** above all else.
- ▶ Creating **developmentally and culturally appropriate** rules that meet the needs of youth placed in out of home care.
- ▶ **Minimizing barriers and reducing undue burden** on the part of caregivers.
- ▶ Addressing **differentiation and flexibility** between care settings to support various programs across the state serving children and youth with diverse needs.

FIGURE 2. NRM GUIDING PRINCIPLES



Consensus and Interest-Based Decision-Making Definitions:

To help the representatives better understand the negotiation process, PCG introduced the following definitions for “consensus” and “interest-based decision-making”:

- ▶ **Consensus:** A general agreement among a group, achieved through a “good faith effort” to meet the interests of all stakeholders, where everyone agrees they can accept the proposed final language.
- ▶ **Interest-based decision-making:** A negotiation approach focused on finding a “win-win”, educating parties to understand the interests and needs of each representative group, understanding the motivations behind each group’s interests, and appreciating each group’s perspective.

“Fist to Five” Approach to Reaching Consensus:

The “Fist to Five” method was used to understand representatives’ initial and ongoing reactions to the proposed WAC language (See Figure 4). Additionally, this method allowed representatives to express for the record that although they may not be in total agreement with the language, they could be comfortable enough to reach consensus on the amended language. At the start of each WAC discussion and at various touchpoints throughout the negotiation process, NRM representatives were asked to verbally say or enter into the Microsoft Teams Chat their group’s WAC consensus score (0-5) on the proposed language. When all groups scored the proposed language at a 3-5, a consensus vote was obtained. If any voting member(s) scored the language at a 0-2, further negotiations occurred. At times, discussions were opened prior to seeking a 0-5 vote to address questions or to provide clarity upon request.

All attendees, regardless of their consensus score, were encouraged to share insights regarding how their group's interests were addressed or unmet by the proposed WAC language. PCG asked members to recommend revised WAC language that would better meet their group's needs. During each session, the PCG facilitator asked representatives clarifying questions to assist groups with expressing their interests and perspectives.

					
Closed Fist No. I am blocking consensus.	1 Finger I have major concerns.	2 Fingers I would like to discuss some minor issues.	3 Fingers I am not in total agreement, but I feel comfortable enough to let the language pass without further discussion.	4 Fingers I think the language is good.	5 Fingers I think the language is great.

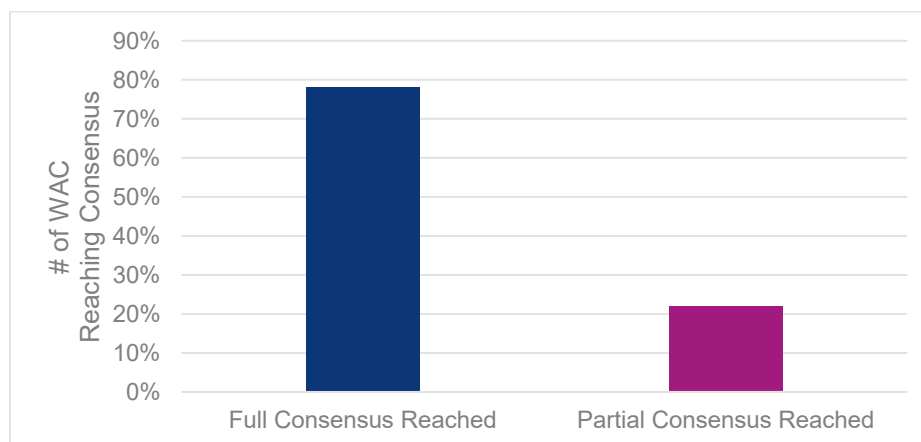
Following the negotiation period, PCG asked all Representatives if anyone scored the section under review a 0-2. If no Representatives scored the language a 0-2, consensus was considered reached on that section and noted for the record. A WAC reached consensus in its entirety when all sections scored a 3 or higher. If consensus was not reached on any section, the amended section was tabled for further revision by DCYF, incorporating recommendations to present amended language in future breakout sessions. A WAC could reach partial consensus if one or more sections within a WAC scored a 0-2 and one or more sections within the same WAC scored a 3-5 after all negotiations concluded. A WAC reached full consensus if every section within the WAC scored a 3 or higher.

FIGURE 3. FIST TO FIVE CONSENSUS SCORE

FOSTER CARE REPRESENTATIVES MEETINGS, BREAKOUT SESSIONS, AND CONSENSUS POLLS

Between December 2024 and May 2025, PCG facilitated a total of 20 meetings to negotiate 44 foster care WAC with NRM representatives. DCYF initially identified 63 WAC for review; however, several WAC were combined or removed. Additionally, DCYF realized that some of the WAC that were originally identified to be negotiated were related to DCYF's internal processes and RCW requirements and were not negotiable. Several WAC amendments, including drafts of new WAC language, required extended negotiation time requiring multiple breakout sessions. Consensus was reached during the NRM Representative Meeting or during a breakout session. Every WAC presented reached either partial consensus or full consensus. The table below indicates the number of WAC reaching partial or full consensus.

FIGURE 4. FULL AND PARTIAL CONSENSUS REACHED



Foster Care Representative Meetings and Observations

Between October 29, 2024 and May 6, 2025, PCG facilitated a total of 20 virtual negotiation meetings with the Representatives, five of which were first-round negotiations and 15 of which were breakout sessions for the continuation of negotiations of previously discussed WAC. NRM representative meeting dates and associated WAC sets presented during each week are located in [Appendix C: NRM Representative Meeting and Breakout Session Schedule](#). Each meeting was recorded and transcribed by Zoom. Meeting recordings, transcripts, and chats were saved by PCG and available upon request. Meeting minutes and attendance reports were disseminated to all Representatives the Friday following each Tuesday meeting.

Breakout Sessions and Observations

The majority of WAC reached consensus during the breakout sessions. Representatives negotiated 11 WACs over the course of four (4) or five (5) focused sessions. This time commitment allowed groups to foster deep engagement with the core issues and encouraged thoughtful consideration of the diverse perspectives. To see the number of times each WAC was discussed, see Section [IV. WAC Negotiations and Outcomes](#).

Consensus Polls and Observations

As negotiations grew increasingly more complex and time-intensive, two polls were administered to enhance the efficiency of meetings and to facilitate a more streamlined negotiation process. The first poll served to identify the sections of WAC Set #3 that would require focused negotiations during the scheduled meeting on January 7, 2025. To determine this information, one Representative from each group was asked to respond to the poll, indicating their name, Representative group, and any sections of the WAC that the group scored a 0-2, if any. The information allowed DCYF to prioritize time according to the sections identified as requiring negotiations.

A second poll was administered to assess which entities the Representatives believed should receive incident reports, in accordance with WAC 110-148-1420 *Reporting incidents*. The insights gathered from this poll enabled DCYF to revise the WAC language to better reflect the preferences of the majority in preparation for negotiations. Additionally, Representative groups were tasked with identifying specific information that should be provided in a child or youth's wellbeing file, in accordance with WAC 110-148-1405 *Children's and youth's well-being file*, to ensure the safety and wellbeing of that child or youth while in foster care. DCYF used the results of this poll to rewrite the WAC language and to inform where targeted facilitation and negotiations were needed.

FOSTER CARE NEGOTIATED RULE MAKING CELEBRATION AND CLOSURE

At the conclusion of the negotiated rule making process, a celebration and closure was planned for all participating Representatives. Planned activities included:

- ▶ Highlighting project achievements, such as how many hours were spent in negotiations, how many WAC reached consensus, and how many WAC reached partial consensus
- ▶ PCG's reflections and key highlights on the overall NRM process and participation of Representatives
- ▶ An overview of how the Foster Care NRM incorporated the Guiding Principles into the negotiations
- ▶ A timeline outlining next steps

To allow more time for negotiations, the originally scheduled time for the celebration was reduced. As a result, the celebration included a quick recap and overview of the achievements and concluded with the next steps.

III. NRM PROCESS OBSERVATIONS, TAKEAWAYS, AND RECOMMENDATIONS

The foundational process of the Foster Care NRM followed a procedural framework established by prior NRMs. While slight process modifications were tailored to fit the needs of the Foster Care Representatives, the guiding principles of the negotiation process had already been established and were duplicated during this round of negotiations. Observations, key take aways, and recommendations were documented to understand what worked well and where improvements could be made for future virtual NRM processes.

VIRTUAL NRM SETTING ADVANTAGES

Increased Inclusivity, Accessibility, and Convenience

- ▶ Allowed representatives flexibility to attend the meeting from almost any location (i.e., office, home, car) via phone or Wi-Fi connection.
- ▶ Eliminated the need for representatives to travel to multiple locations throughout the State during the seven (7) month negotiation period, which would be time consuming and costly if conducted in person.
- ▶ Allowed for breakout sessions to be increased from 2 hours to three and a half hours by eliminating the need for travel time after the close of each breakout session.

Attendance and Participation

- ▶ Allowed for high attendance rates.
- ▶ Allowed multiple channels for which representatives could participate, such as either speaking or commenting in the Zoom Chat Function.
- ▶ Allowed participants to decide whether to use the camera function, based on comfort levels. Most participants remained on camera throughout the duration of a meeting and if not using the camera function routinely, would turn it on when speaking.
- ▶ Allowed more time for representatives to consult with their groups and prepare for meetings.

VIRTUAL NRM SETTING DISADVANTAGES:

Social Limitations

- ▶ Challenged facilitators to adequately manage monopolizing behaviors when representatives were eager to share feedback.
- ▶ Limited the ability for individual team members to observe others' body language in response to comments, adjust their communication style, and clarify messages.
- ▶ Limited nonverbal cues in the virtual setting may have contributed to less sensitivity to and thoughtfulness of comments and how they were delivered.

KEY OBSERVATIONS/TAKE AWAYS FOR THE FOSTER CARE NRM PROCESS:

Commitment:

- ▶ Negotiating the WAC presents inherent complexities. All Representatives demonstrated a strong commitment to the process by thoroughly acquainting themselves with the language and structure of the administrative code to engage in informed and effective negotiations. Consequently, each meeting was marked by robust advocacy and meaningful representation from all Representative Groups.

Preparedness:

- ▶ Each Representative Group approached every meeting with a high level of preparedness, contributing research and relevant resources to support their positions.
- ▶ Each Representative Group participated in the negotiations by articulating the collective interests and perspectives of their respective group members.
- ▶ Representative Groups often came prepared with language recommendations which kept the meetings on task and moving forward.

Flexibility:

- ▶ Throughout the NRM process, continuous procedural adjustments were implemented to improve the efficiency and effectiveness of negotiations. Representatives demonstrated flexibility and adaptability in response to the ongoing changes.

Collaboration:

- ▶ Youth advocates effectively communicated the group's interests, particularly during discussions that evoked strong emotions for youth on issues like normalcy, privacy rights, and person choice for young people in foster care.
- ▶ Improved collaboration was evident between representatives as they became more familiar with the NRM process, each other, and the project goals.
- ▶ Debrief sessions held between PCG and the DCYF NRM Team were instrumental in continuously improving the effectiveness of the NRM process and progress.

IV. WAC NEGOTIATIONS AND OUTCOMES

Each of the amended WAC negotiated during the PCG-facilitated NRM Representative Meetings, Breakout Sessions, and Consensus Polls is identified in Table 1.

TABLE 1. WAC MEETING OUTCOMES

WAC: Outcomes				
WAC Number	WAC Name	WAC Set	Full / Partial Consensus	# of Negotiation Sessions
110-148-1365	General requirements for foster parents and those living on premises	Set #1	Partial	2
110-148-1370	Assessments	Set #1	Removed: Consolidated with WAC 110-148-1365	1
110-148-1375	Completing preservice, first aid, CPR, and bloodborne pathogen training	Set #1	Partial	4
110-148-1380	In-Service training	Set #1	Full	3
110-148-1385	Determining licensing capacity	Set #1	Full	4
110-148-1390	Overcapacity exemptions	Set #1	Full	2
110-148-1395	Admitting and retaining children and youth	Set #1	Not fully negotiated due to AAG consultation	1

110-148-1400	Medical services for children and youth who are medically fragile or with developmental disabilities	Set #1	Full	2
110-148-1405	Children's and youth's well-being files	Set #2	Full	3 meetings 1 Poll
110-148-1410	Confidentiality of children's, youth's, and their families' information	Set #2	Full	1
110-148-1420	Reporting incidents	Set #2	Partial	5 meetings 1 Poll
110-148-1430	Reporting other circumstances	Set #2	Full	1
110-148-1435	Travel with children or youth	Set #2	Full	3
110-148-1440	Home and property requirements	Set #2	Full	2
110-148-1445	Garbage, sewer, and water	Set #2	Full	2
110-148-1450	Care for infants and toddlers and youth with disabilities	Set #2	Consolidated into other WAC	1
110-148-1455	Swimming pools and bodies of water	Set #2	Full	2
110-148-1460	Natural disaster and emergency preparation	Set #2	Partial	2
110-148-1465	Fire and safety	Set #3	Full	2
110-148-1470	Bedrooms	Set #3	Full	5
110-148-1475	Shared bedrooms	Set #3	Partial	2
110-148-1480	Pets and animals	Set #3	Full	3
110-148-1485	Alcohol, cannabis, nicotine, and illegal drugs on the premises	Set #3	Full	3
110-148-1500	Firearms and other weapons	Set #3	Partial	4
110-148-1505	Infection and communicable disease prevention	Set #3	Full	1
110-148-1510	Transporting children or youth	Set #3	Full	1
110-148-1515	Serving meals, snacks, and milk	Set #3	Full	2
110-148-1520	Providing care and arranging services for children and youth	Set #4	Partial	3
110-148-1525	Educational and vocational instruction	Set #4	Full	2

110-148-1530	Child and youth participation in activities	Set #4	Full	2
110-148-1535	Extended foster care	Set #4	Full	2
110-148-1540	Children's and youth's privacy	Set #4	Full	3
110-148-XXXX	Technology use	Set #4	Full	4
110-148-1545	Inventory of children's and youth's belongings	Set #4	Full	4
110-148-1550	Medical, dental, and vision care	Set #4	Full	3
110-148-1555	Immunization requirements	Set #4	Full	2
110-148-1560	Medical care consent	Set #4	Full	2
110-148-1565	Medication storage	Set #5	Full	2
110-148-1575	Administering medication	Set #5	Full	3
110-148-1580	Children taking their own medication	Set #5	Full	4
110-148-1600	Respite	Set #5	Full	2
110-148-1605	Supervision of children and youth in care when foster parent is away from home	Set #5	Partial	4
110-148-1610	Supervising children and youth, including bodies of water	Set #5	Partial	5
110-148-1615	Behavior management	Set #5	Full	5
110-148-1620	Use of restraints	Set #5	Full	4

V. FOSTER CARE WAC RESULTS AND KEY THEMES

The tables below represent negotiation activities facilitated by PCG. Key discussion points are noted, demonstrating the representatives' interests. Each table also includes the agreed upon intent, outcome (i.e., full consensus, partial consensus), consensus votes when language was blocked, and language revisions based on representative discussions. References to specific WAC subsections (e.g., Subsection 1(a)(i)) noted in the tables below are in regard to the final WAC language that was discussed as subsection numbering changed throughout the amendment process. The draft amended WAC language based on negotiations can be found in [Appendix D: Foster Care Draft Amended Language Based on Negotiations](#).

Note: Due to changes in the negotiation processes, not all sections of each WAC were discussed until November 5, 2024. Representatives began voting on the intent of the WAC on November 19, 2024.

WAC 110-148-1365: GENERAL REQUIREMENTS FOR FOSTER PARENTS AND THOSE LIVING ON PREMISES

WAC 110-148-1365: General requirements for foster parents and those living on premises	
Outcome	<p>Partial consensus</p> <p>This WAC was combined with WAC 110-148-1370 <i>Assessments</i> on October 29, 2024. The key discussion points included in this table represent both WAC.</p>
Dates Discussed	<p>October 22, 2024</p> <p>October 29, 2024</p>
Key Discussion	<p>Section 1: Reached consensus on October 29, 2024</p> <ul style="list-style-type: none"> ▶ Assessing “personality” is hard to assess. Suggested replacement terms: temperament, disposition, character, good moral character. <ul style="list-style-type: none"> • The word “personality” is consistent throughout all WAC. ▶ Revise language to expand income possibilities, including such as “sufficient income” or adding a list of allowable resources. <ul style="list-style-type: none"> • Language revision: “Ability to meet the financial needs of the family without the foster care reimbursement made for the children and youth in care. ▶ Physical and mental health language should reflect that foster parents can meet the safety needs of the children and youth in care. ▶ Recommendation: Include language requiring the applicant to demonstrate an understanding of SOGIE (sexual orientation, gender identity and gender expression) during the licensing process. <p>Section 2: Reached consensus on intent on October 29, 2024</p> <ul style="list-style-type: none"> ▶ Language should allow for legal use of substances while caring for children, including pain medication that restricts driving or that could affect the ability to care for children. <p>Section 3: Reached consensus on October 29, 2024</p> <ul style="list-style-type: none"> ▶ Assessments should be tied to a certification or specific WAC. ▶ Recommendation: separate individual assessments (e.g., mental health) from structural assessments. <p>Section 4: Did not reach consensus</p> <ul style="list-style-type: none"> ▶ Representatives expressed concern about foster parents being responsible for the cost of the evaluation. ▶ Recommendations include: <ul style="list-style-type: none"> • Associating a dollar amount to the evaluation costs. • Requiring DCYF to pay for evaluations that result from concerns from another party. ▶ Representative 0-2 scores: Caregiver Region 2, Caregiver Region 3, Caregiver Region 5, and Child Placing Agencies.

WAC 110-148-1375: COMPLETING PRESERVICE, FIRST AID, CPR, AND BLOODBORNE PATHOGEN TRAINING

WAC 110-148-1375: Completing preservice, first aid, CPR, and bloodborne pathogen training	
Outcome	Partial consensus
Dates Discussed	October 22, 2024 October 29, 2024 November 5, 2024 December 10, 2024
Key Discussion	<p>Section 1: Did not reach consensus</p> <ul style="list-style-type: none"> ▶ Conflicting agreement amongst Representative Groups regarding whether CCT training should be required for all licensed caregivers in the home. Representatives against requiring the training for all adults indicated this requirement could be a barrier to licensing families. Representatives in support of requiring the training for all adults cited that the training will allow adults to better meet the needs of the child(ren) and youth. ▶ Proposed recommendations: <ul style="list-style-type: none"> • Require all caregivers to complete the initial training and once licensed, require a total number of training hours per household. • Require both caregivers to complete pre-service training; however, the secondary caregiver is only required to complete a reduced training that includes essential courses (e.g., CPR, Bloodborne Pathogens) and trauma-informed care. • The secondary caregiver completes the pre-service training as part of in-service training or within a certain amount of time following licensure (e.g., within one year). • Primary caregiver receives in-person training and secondary caregiver completes online courses. ▶ Groups Scoring Language 0-2: <ul style="list-style-type: none"> • Assessment: Does not agree with reducing training hours for secondary caregivers. Recommends Subsection 1(b) state, "...all adults providing care in the home." <p>Section 2: Reached consensus on November 5, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: This section only applies to individuals providing care to the child or youth. ▶ Recommendation: Include Narcan training. ▶ Recommendation: Require CPR training for ages covering infants through adults. <p>Section 3: Reached consensus on November 5, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.

WAC 110-148-1380: IN-SERVICE TRAINING

WAC 110-148-1380: In-service training	
Outcome	Full consensus
Dates Discussed	October 22, 2024 October 29, 2024 November 5, 2024
Key Discussion	<p>Section 1: Reached consensus on November 5, 2024</p> <ul style="list-style-type: none"> ▶ Recommendations included: <ul style="list-style-type: none"> • Ongoing training is relevant to the youth served. • Requiring some training based on the child's or youth's age. • Being transparent with the number of training hours needed for recertification. • Requiring annual training. ▶ Revised consensus language: "Foster parents must complete in-service training by <i>following the department-approved</i> individual in-service training plan based on..." <p>Section 2: Reached consensus on December 10, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: Include a compliance agreement to the list of corrective actions. ▶ Representatives were informed that this section could not be revised due to D.S. Settlement requirements. ▶ Concern was expressed regarding how the secondary caregiver will be monitored as there is not a current system for that. ▶ Negotiation occurred regarding the number of months for foster parents to complete the training. Recommendations were made for six (6) and 12 months. The Representative groups agreed on nine (9) months to complete the training. <p>Section 3: Reached consensus on November 5, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: Change "will" with "may". ▶ Concerns were expressed about how the language will ensure accountability. <ul style="list-style-type: none"> • Revised consensus language: "...the department will take <i>the following progressive actions...</i>" <p>Section 4: Reached consensus on November 5, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: The Department should be able to modify training plans at any time.

WAC 110-148-1385: DETERMINING LICENSING CAPACITY

WAC 110-148-1385: Determining licensing capacity	
Outcome	Full consensus
Dates Discussed	October 22, 2024 November 5, 2024 December 3, 2024 December 10, 2024

Key Discussion**Section 1: Reached consensus on November 5, 2024**

- ▶ Recommendation: Allow exceptions to the language, such as keeping siblings together, foster parents speaking the child's or youth's native language.
 - Concern that including exceptions could create more modifications and paperwork for the Licensing Division.
 - Language Revisions:
 - Subsection 1(c): Added reference to WAC 110-148-1390.
 - Added Section 4 and Section 6.

Section 2: Reached consensus on November 5, 2024

- ▶ Recommendation: Exclude extended foster care children from maximum capacities.

Section 3: Reached consensus on December 10, 2024

- ▶ Recommendation: Replace “non-ambulatory” with a more common-known term.
- ▶ Recommendation: Allow four (4) children in a home, if siblings.
- ▶ Concern was expressed about listing the number of children/youth in each subsection. Inquiries were made about how the number of children/youth was determined. There was conflicting agreement on whether the number of children should remain in the WAC language.
 - Reasons for removing number: The number of children or youth placed in a home should be individualized based on the severity of the disability and medical condition.
 - Reasons against removing the number: It could allow too many children being placed in the home, and it is difficult for the Licensing Division if there is not a standard.
- ▶ Recommendation: Reduce number of children with developmental disabilities to three (3) in subsection 3(b).
 - Revised consensus language: “**Three** children or youth with developmental disabilities.”
- ▶ Recommendation: Add language for those children and youth who are on supervision plans and could have emotional or behavioral needs.
 - Added consensus language: Subsection 3(c).

Section 4: Reached consensus on December 3, 2024

- ▶ There were no comments regarding this section.

Section 5: Reached consensus on December 3, 2024

- ▶ There were no comments regarding this section.

Section 6: Reached consensus on December 10, 2024

- ▶ Concern was expressed that what a family may think is ideal prior to licensure may not actually be ideal and an adjustment is needed. The licensed family could not take children and their license is closed.

	<ul style="list-style-type: none"> ▶ Recommendation: Allow for modifications six months after initial licensure and the ability to care for children has been demonstrated. ▶ Revised consensus language: Foster parents may request a modification to a higher capacity when: (a) within the first six months from the issuance of a new or renewed license; this requires approval from LD, (b) after six months from licensure for any reason with the demonstrated ability to care for children within the licensed capacity during this time.”
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WAC 110-148-1390: OVERCAPACITY EXCEPTION

WAC 110-148-1390: Overcapacity exceptions	
Outcome	Full consensus
Dates Discussed	October 22, 2024 December 3, 2024
Intent	To focus on confidentiality and to ensure that a child or youth's information is only being shared with those who need the information to support the child.
Key Discussion	<p>General Discussion on October 22, 2024</p> <ul style="list-style-type: none"> ▶ Recommended language revision: “The placement must be in the best interest of the children and does not compromise the well-being and safety of other children in the home.” ▶ There were no comments regarding the language changes made to this section. ▶ Recommendation to strike “if your home is licensed for six children” due to the household licensed capacity being reviewed. ▶ Section 2(c): If a child or youth has a relationship with a foster family, the child or youth could be placed again with the family. <ul style="list-style-type: none"> • Recommended Language: “A child who has an established, meaningful relationship with the family to remain with or return to the family...” • Recommendation to clarify “established, meaningful relationship”. ▶ Recommendation: Include an overnight emergency exception. <p>This WAC was rewritten and the following discussion took place on December 3, 2024.</p> <p>Section 1: Reached consensus on December 3, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 2: Reached consensus on December 3, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 3: Reached consensus on December 3, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.

WAC 110-148-1395: ADMITTING AND RETAINING CHILDREN AND YOUTH

WAC 110-148-1395: Admitting and retaining children and youth	
Outcome	This WAC was not fully negotiated based on AAG consultation
Dates Discussed	December 3, 2024
Key Discussion	<p>General Comments:</p> <ul style="list-style-type: none"> ▶ There is a difference between denying a child or youth based on sexual orientation and the foster parent being unable to meet the child's or youth's cultural needs. ▶ Youth need to be accepted by the foster family. ▶ Recommendation: Add language regarding guidance on when a child is removed (e.g., transition plan, consultation with caseworker). ▶ Reasons a foster parent may refuse a child or youth: history of sexual misconduct, behaviors, the foster parent lives too far from the biological parents, house is not equipped for non-ambulatory children or youth, unable to adequately support religious or cultural beliefs, food allergies.

WAC 110-148-1400: SERVICES FOR CHILDREN AND YOUTH WHO ARE MEDICALLY FRAGILE OR WITH DEVELOPMENTAL DISABILITIES

WAC 110-148-1400: Medical services for children and youth who are medically fragile or with developmental disabilities	
Outcome	Full consensus
Dates Discussed	November 5, 2024 December 3, 2024
Key Discussion	<p>Section 1: Reached consensus on December 3, 2025</p> <ul style="list-style-type: none"> ▶ Concerns expressed with "from the department". There should be more emphasis on the individual treatment plan being created by the entire team, including educational providers, medical providers, and parents. ▶ Foster parents have not been receiving a treatment plan from the Department. Inquiries were made about whether the Department would develop the treatment plan and how they treatment plans will be distributed. <ul style="list-style-type: none"> • Recommendation: Add language explaining who is providing the individualized treatment plan. ▶ There were no comments regarding the language revisions presented to Representative Groups on December 3, 2024. <p>Section 2: Reached consensus on December 3, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding the language revisions presented to Representative groups on December 3, 2024.

WAC 110-148-1405: CHILDREN'S AND YOUTH'S WELL-BEING FILES

WAC 110-148-1405: Children's and youth's well-being files	
Outcome	Full consensus

Dates Discussed	November 19, 2024 December 10, 2024 April 29, 2024
Intent	Foster parents have all essential information for caregiving.
Key Discussion	<p>General:</p> <ul style="list-style-type: none"> Concerns were expressed about how foster parents obtain the required information as Child Welfare does not always provide the required information to foster parents and youth aged 13+ have the right to privacy and may not share information with the caregiver. Recommendation: Allow the ability for electronic records. <ul style="list-style-type: none"> Concerns were expressed regarding confidentiality of electronic files. <p>Section 1: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> Concerns were expressed regarding the feasibility of frequently updating inventory lists. There was conflicting agreement on whether the foster parent should be required to obtain the information that was not provided to them. Some caregivers noted that it is not their job or the responsibility of the foster parent to request this information, but rather the social worker's responsibility. Other Representative groups noted that it is important to obtain this information for the safety and well-being of the young people. Recommendation: Include a list of individuals authorized to transport the child or youth. <ul style="list-style-type: none"> Revised consensus language: "List of case-related individuals authorized to have unsupervised access to children and youth in care". Recommendation: Add CASA. <p>Section 2: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> There were no comments regarding this section. <p>Section 3: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> There were no comments regarding this section. <p>Section 4: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> There were no comments regarding this section. <p>Section 5: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> There were no comments regarding this section.

WAC 110-148-1410: CONFIDENTIALITY OF CHILDREN'S, YOUTH'S AND THEIR FAMILIES' INFORMATION

WAC 110-148-1410: Confidentiality of children's, youth's and their families' information	
Outcome	Full consensus
Dates Discussed	November 19, 2024

Intent	To ensure the confidentiality of a child's and youth's information by only being sharing their information with those who need the information to support the child or youth.
Key Discussion	<p>Section 1: Reached consensus on November 19, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: Add emergency personnel and law enforcement. <ul style="list-style-type: none"> • No groups expressed concern with this addition to the language. <p>Section 2: Reached consensus on December 3, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: Moving the list to Section 1. ▶ Expressed concerns include: <ul style="list-style-type: none"> • Oversharing information (e.g., with teachers) may cause biases. • Children / Youth may not want certain information to be shared (voice in choice). ▶ Language should allow the caseworker to prevent certain information from being shared and also allow caregivers to provide information to physicians and teachers without needing approval from the caseworker (e.g., when a child or youth is new to care and there is no time to discuss with caseworker). ▶ Youth should be informed of who has access to their information and what is shared. <ul style="list-style-type: none"> • Recommendation: There should be a collaboration with the youth to determine what can be shared that is in the best interest of the youth. • Concern that youth could block foster parents from having conversations with teachers • Revised consensus language: "Foster parents may share information about children or youth with others...for the benefit of the child or youth: (a) <i>in collaboration with</i> the child or youth...; or (b) <i>unless prohibited by</i> their caseworker." <p>Section 3: Reached consensus on November 19, 2024.</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.

WAC 110-148-1420: REPORTING INCIDENTS

WAC 110-148-1420: Reporting incidents	
Outcome	Partial consensus
Dates Discussed	November 19, 2024 December 3, 2024 December 10, 2024 April 29, 2025 May 6, 2025
Intent	To ensure proper reporting protocols of incidents affecting a child's and youth's safety and well-being and to ensure timely reporting in a manner that allows for proper attention and follow up.
Key Discussion	Section 1: Did not reach consensus

- ▶ Language should be proactive in protecting young people when incidents in this section occur.
- ▶ Reporting period for incidents, such as death or injury, should be 24 hours.
- ▶ Conflicting agreement on whether incidents in this section should be reported to child placing agencies.
 - Reason for including notification to CPAs: This would provide clarity to foster parents that as a mandatory reporter, these incidents must be reported to the CPA. Reason for opposition: CPA WAC that must be followed.
 - Recommendation: Include CPAs to the definition of “caseworker”.
 - CPAs are the home’s caseworker, not the child’s/youth’s caseworker.
- ▶ SAM receives all Intake reports – reporting to Licensing may be duplicative.
- ▶ Representatives did not reach consensus regarding whether the caseworker should be notified of the incidents listed in Section 1.
 - 0-2 score if caseworker is removed: Lived Experience Youth, Child Placing Agencies, Tribal Child Placing Agencies.
 - 0-2 if caseworkers remain: Caregiver Region 3, Caregiver Region 6.
- ▶ Foster parents may not know if youth are engaging in consensual sexual contact with other teens.
- ▶ Recommend defining sexual and physical abuse.
- ▶ Suicidal and homicidal thoughts should be reported the first time so the proper supports can be put into place.
- ▶ Recommendation: Add when a youth is arrested or detained
 - Subsection 1(j) was added: “Arrest or detainment of child or youth”.
- ▶ Recommendation: Add missed medication that requires off-site medical attention, the discovery of illegal or dangerous possessions, and any inappropriate sexual behavior.
- ▶ Recommendation: Move “Any medication given or consumed incorrectly” to Section 1. This allows CPS to assess supervision.
 - This language was moved to Section 1.
 - Language revision: “Any medication that is given or consumed incorrectly **and that requires medical attention.**”

Section 2:

- ▶ Recommendation: Define “dangerous” to add accountability. Concerns that normal adolescent behavior (e.g., getting mouthy) or religious views can be construed as dangerous.
 - Subsection 2(b) was moved to Section 1 and revised to “Discovery of illegal property or weapons on the premises.”

WAC 110-148-1430: REPORTING OTHER CIRCUMSTANCES

WAC 110-148-1430: Reporting other circumstances	
Outcome	Full consensus
Dates Discussed	November 18, 2024
Intent	<p>Licensing Division needs to know if there are any changes of circumstances related to the foster parent, the foster home or property that may impact safety and welling of children youth in care.</p> <p>Certain circumstances may require additional assessments by a licensor which can lead to a change of age range or capacity.</p>
Key Discussion	<p>Section 1: Reached consensus on December 3, 2024</p> <ul style="list-style-type: none"> ▶ Concerns were expressed about timelines (e.g., the death of a child must be reported within 48 hours, but a divorce must be reported within 24 hours) ▶ Recommendation: Increase reporting time to 72 hours. <ul style="list-style-type: none"> • Opposition: Some situations should be reported within 48 hours (e.g., arrest, primary caregiver passes away or is seriously injured). ▶ Recommendation: CPAs must also be notified. <ul style="list-style-type: none"> • CPAs are not always applicable ▶ Revised consensus language: “Foster homes must report any of the following circumstances to the LD licensor: (a) When moving to a new location, follow the notification requirements outlined in RCW 74.15.100: (i) If they have children placed in the home, they must notify the licensor prior to the move. They may request a continuation of the license up to thirty days; or (ii) If there are no children placed in the home and family remains intact, they must notify the licensor within 90 days of the move...(b)(ii) Structure of the home or property, whether planned or unplanned, such as damage from a natural disaster...” <p>Section 2: Reached consensus on November 19, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.

WAC 110-148-1435: TRAVEL WITH CHILDREN OR YOUTH

WAC 110-148-1435: Travel with children or youth	
Outcome	Full Consensus
Dates Discussed	November 19, 2024 December 10, 2024 April 29, 2025
Intent	All interested parties are aware of where children and youth are when traveling so the child or youth is not considered missing.
Key Discussion	<p>Section 1: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> ▶ CPAs are not allowed to approve travel. ▶ Recommendations: <ul style="list-style-type: none"> • Define “travel”.

	<ul style="list-style-type: none"> • Include how far in advance the request for travel needs to be submitted to the Department and by when the Department needs to provide a response. <p>► There was conflicting agreement on the 72-hour travel time period, including:</p> <ul style="list-style-type: none"> • Some Representative groups advocated for obtaining approval for travel longer than one (1) week. • One Representative group noted that for safety reasons, the Department should know where the children and youth are. This Representative group recommended that for travel that is longer than 72 hours, but less than one week, the foster parent notify the social worker. • Some youth have a standing court order that allows for travel up to two (2) weeks. <ul style="list-style-type: none"> • Recommended language: Adding “unless otherwise previously approved per court order.” <p>► Recommendation: Extend the timeframe for out-of-country travel.</p> <p>► Recommendation: If the youth is denied out-of-country travel or travel with friends, the youth will be provided with an explanation as to why the request was denied.</p> <ul style="list-style-type: none"> • Recommendation: Social worker tells the child or youth the reason for denial due to the foster parent not always knowing the reason for denial or the biological parent denied the request. • Revised consensus language: Subsection 1(b) was added.
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WAC 110-148-1440: HOME AND PROPERTY REQUIREMENTS

WAC 110-148-1440: Home and property requirements	
Outcome	Full Consensus
Dates Discussed	November 19, 2025 December 3, 2025
Intent	Provides guidance regarding living space and the condition of the foster home so that basic needs and safety will be met.
Key Discussion	<p>Section 1: Reached consensus on November 19, 2025</p> <p>► There were no comments regarding this section.</p> <p>Section 2: Reached consensus on November 19, 2025</p> <p>► Section 2(a): Children and youth should be allowed access to outdoor space.</p> <p>► Section 2(a): Language should include considering the child’s or youth’s needs based on age.</p> <p>► Revised consensus language: “Adequate indoor and access to outdoor space to meet the needs of children and youth in care.”</p> <p>Section 3: Reached consensus on November 19, 2025</p> <p>► There were no comments regarding this section.</p>

Section 4: Reached consensus on December 3, 2025

- ▶ There was conflicting agreement on whether chemicals should be kept away from children under 12 years of age.
 - Recommendation: Locking cleaning supplies creates challenges when teaching youth life skills
- ▶ There was conflicting agreement on whether an age limit should be included, and if so, if the age limit should be 12 or six (6) years of age.
- ▶ Inquiries were made about what “accessibility” means.
- ▶ Revised consensus language: ***“Keep dangerous chemicals in accessible to children and youth based on their age, developmental capabilities, or requirements of their case plan.”*** This includes but is not limited to...

Section 5:

- ▶ Guidance was requested regarding what toxic substances are.

Section 6: Reached consensus on November 19, 2025

- ▶ There were no comments regarding this section.

Section 7: Reached consensus on December 3, 2025

- ▶ There were no comments regarding this section.

Section 8: Reached consensus on December 3, 2025

- ▶ Recommendation: Add baby walkers to the WAC.
- ▶ Added Section 8 language.

Section 9: Reached consensus on December 3, 2025

- ▶ There were no comments regarding this section.

Section 10: Reached consensus on December 3, 2025

- ▶ Posting phone numbers:
 - Many households use cell phones making it difficult to post phone numbers near the phone.
 - Programming a phone with the phone numbers could cause issue for those who struggle using phone.
 - The phone in which the numbers are programmed may not be accessible to the children or youth (e.g., babysitter is caring for child or youth).
- ▶ Posting address:
 - Younger children could benefit from having the address posted if needing to call the police or 9-1-1.
 - Could cause a safety concern
- ▶ Revised consensus language: Post the home’s address and emergency numbers...***in a prominent location unless the home has an exception under WAC 110-148-XXXX*** (Exception WAC)”).

Section 11: Reached consensus on December 3, 2025

- ▶ There were no comments regarding this section.

Section 12: Reached consensus on December 3, 2025

	<p>► There were no comments regarding this section.</p> <p>Section 13: Reached consensus on December 3, 2025</p> <p>► There were no comments regarding this section.</p> <p>Section 14: Reached consensus on December 3, 2025</p> <p>► There were no comments regarding this section.</p>
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WAC 110-148-1445: GARBAGE, SEWER, AND WATER

WAC 110-148-1445: Garbage, sewer, and water	
Outcome	Full consensus
Dates Discussed	November 19, 2025 December 3, 2025
Key Discussion	<p>Section 1: Reached consensus on December 3, 2025</p> <ul style="list-style-type: none"> ► Concerns were expressed regarding the term “facility”. Recommendations were made to replace “facility” with “garbage removal”, “garbage disposal”, “garbage service”, and “premises”. ► Subsection 1(c)(ii) is too vague and should follow county and state guidelines. In addition, it was recommended to add “coliform and nitrate testing” to subsection 1(c)(ii). <ul style="list-style-type: none"> • Language revision: Private water supply that has been tested according to state and local testing guidelines, including but not limited to testing for coliform and nitrates. • Representative groups agreed with language revisions. ► Revised consensus language to Subsection 1(a): “Dispose of garbage sufficient to maintain sanitary conditions on the premises, including having a system to remove garbage from the premises”. <p>Section 2: Reached consensus on December 3, 2025</p> <ul style="list-style-type: none"> ► Recommendation: Exception language should be included for instances when a well test cannot be obtained and when foster parents are unable to pass a well test. <ul style="list-style-type: none"> • Recommended language: Foster homes may request and be granted exception to the requirements...” ► Revised consensus language: “Foster homes may request an exception to the requirements in this section from the department if they can demonstrate: (a) The request is in response to temporary and unexpected circumstances; and (b) How they can provide for the safety and well-being of children and youth in care.”

WAC 110-148-1450: CARE FOR INFANTS AND TODDLERS AND YOUTH WITH DISABILITIES

WAC 110-148-1450: Care for infants and toddlers and youth with disabilities	
Outcome	<p>Consensus not obtained.</p> <p>Following the initial discussion, the following sections of this WAC were combined in other WAC:</p> <ul style="list-style-type: none"> ▶ Section 110-148-1450(1) was combined with WAC 110-148-1505 <i>Infection and communicable disease prevention</i>. ▶ Sections 110-148-1450(2)&(4) were combined with WAC 110-148-XXXX <i>Health and Safety in the Home</i>. ▶ Section 110-148-1450(3) was combined with WAC 110-148-1440 <i>Home and property requirements</i>.
Dates Discussed	November 19, 2024
Intent	To address specific topics regarding caring for infant and toddlers.
Key Discussion	<p>General Feedback:</p> <ul style="list-style-type: none"> ▶ Language is not inclusive of all groups (e.g., medically fragile, youth with disabilities) ▶ Recommendations were made to include language about diapering, toileting, and sanitation. ▶ Representatives agreed to move the sections of this WAC into other appropriate WAC.

WAC 110-148-1455: SWIMMING POOLS AND BODIES OF WATER

WAC 110-148-1455: Swimming pools and bodies of water	
Outcome	Full Consensus
Dates Discussed	<p>November 19, 2024</p> <p>December 3, 2024</p>
Intent	Ensure that all bodies of water are safe and hazard free, and meet all state, tribal and/or local safety requirements.
Key Discussion	<p>Section 1: Reached consensus on December 3, 2024</p> <ul style="list-style-type: none"> ▶ Fences: <ul style="list-style-type: none"> • Language limits barriers to fences (e.g., excludes elephant barriers). • Fences should be non-scalable / inaccessible ▶ Recommendation: Separate pools from other bodies of water. Requiring a fence on the property can be restrictive if there is a pond. <ul style="list-style-type: none"> • No Representatives opposed this recommendation. ▶ Consider flexibility for those who live in apartments or other housing where the foster parents do not have control of locks and fences. ▶ Revised consensus language: <i>“Prevent access to: (a) Swimming pools with a locking barrier that has been approved by the department. If the barrier is a fence it must be: (i) Nonscalable; and (ii) At least four feet high; and (b)</i>

	<p><i>Prevent access to other bodies of water as outlined in the site-specific supervision plan in subsection (6)."</i></p> <p>Section 2: Consensus reached on November 19, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 3: Consensus reached on November 19, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 4: Consensus reached on November 19, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 5: Consensus was reached on November 19, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: Add hot tubs <ul style="list-style-type: none"> • Revised language: "Comply with all state and local regulations for all swimming pools and hot tubs and other bodies of water". <p>Section 6: Consensus was reached on November 19, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.
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WAC 110-148-1460: NATURAL DISASTER AND EMERGENCY PREPARATION

WAC 110-148-1460: Natural disaster and emergency preparation	
Outcome	Partial consensus
Dates Discussed	November 19, 2024 December 3, 2024
Intent	Protect children and household members from harm in the event of an emergency, a fire, or a need to evacuate.
Key Discussion	<p>Section 1: Reached consensus on December 3, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: Add age and developmentally appropriate language. ▶ Conflicting agreement on whether to include "hostile individuals on the premises". <ul style="list-style-type: none"> • Reasons to include: most children and youth are exposed to this kind of training in school, the assumption is the evacuation plan only includes fire, and certain relationships (e.g., gang activity, human trafficking) could happen in the home which lead to hostile environments. • Reasons to exclude: Hostile individuals are usually not at the home and can seem scary to kids. ▶ Revised consensus language: Removed "hostile individuals on the premises". <p>Section 2: Reached consensus on November 19, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: Remove "LD". <ul style="list-style-type: none"> • Language revision: "LD" was struck. <p>Section 3: Reached consensus on December 3, 2024</p>

	<ul style="list-style-type: none"> ▶ Conflicting agreement on whether the plan should be posted. <ul style="list-style-type: none"> • For posting: The plan is easily accessible for babysitters, some children and youth may like to visualize and see the plan. • Against posting: Kids will not look at it before exiting the home during an emergency, kids may not be able to read the plan. • Recommendation: Make the plan accessible, but not necessarily visible (e.g., behind the door of a closet). ▶ Revised consensus language: <i>“Post a copy of the evacuation floor plan in a prominent place.”</i> <p>Section 4 (Original): Reached consensus to strike section on November 19, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 4: Reached consensus on December 3, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding the addition of this section. <p>Section 5: Did not reach consensus</p> <ul style="list-style-type: none"> ▶ Recommendation: Add requirement should be age appropriate. <ul style="list-style-type: none"> • Language revision: “Practice and document the emergency response plan...<i>appropriate to their developmental capabilities.</i>” ▶ Conflicting agreement on whether practicing the emergency response plan should be documented. <ul style="list-style-type: none"> • Reasons for documenting: Provides an element of accountability. • Reasons against documenting: Documentation will not be checked, there is not a structure to follow up on documentation. • Recommendation: Create a policy regarding how this documentation will be checked. ▶ Groups scoring language 0-2: <ul style="list-style-type: none"> • SAM: It is unclear how SAM licensors will monitor documenting practicing emergency response plans. <p>Section 6: Reached consensus on December 3, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 7: Reached consensus on December 3, 2024</p> <ul style="list-style-type: none"> ▶ Recommendation: Add who in the Department should be notified. ▶ Revised consensus language: “Notify the <i>caseworker...</i>”
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WAC 110-148-1465: FIRE AND SAFETY

WAC 110-148-1465: Fire and safety	
Outcome	Full consensus
Dates Discussed	January 7, 2025 January 14, 2025

Intent	In the event of an emergency, individuals know how to easily escape from the home or be rescued. In addition, the home has fire safety measures and is equipped with working fire safety devices, and the home and property is accessible to emergency responders.
Key Discussion	<p>Section 1: Consensus reached on January 7, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 2: Consensus reached on January 14, 2025</p> <ul style="list-style-type: none"> ▶ Concerns were expressed about how all members of the household would be protected under the WAC. <ul style="list-style-type: none"> • Recommendation: Clarify whether the children and youth in the WAC are referencing foster children and youth and/or biological children and youth. ▶ There was conflicting discussion on whether ADA compliant smoke detectors should be required. <ul style="list-style-type: none"> • Reasons for ADA compliant smoke detectors: These smoke detectors have a flashing light for those who are hearing impaired. • Reasons against ADA compliant smoke detectors: Changing all smoke detectors could be burdensome to foster parents. • Revised consensus language: “Comply with ADA requirements when needed for the children and youth in care.” ▶ People should be able to safely escape from upstairs. <ul style="list-style-type: none"> • Section 2(b)(i) revised consensus language: A plan that is approved by the department that allows children and youth to escape from every floor in the home as outlined in 110-148-1460. This must include having a functional and safe method of escaping from upper stories.” ▶ Placement of carbon monoxide detectors should match fire codes. <ul style="list-style-type: none"> • Revised recommended language: “Within 15 feet of each bedroom door”. • Fire Marshal does not include a recommended number of feet the carbon monoxide detector should be located from the bedroom. • Revised consensus language: “Outside each sleeping area within hearing distance”. ▶ Barriers cannot be put around all heating systems within a house. <ul style="list-style-type: none"> • Recommended revised language: Barriers that are in place at any heating system that gets hot enough to burn the skin when in use if the home is licensed for children age birth through five years old”. • Language should be in regard to temperature and not feeling. • Revised consensus language: “Barriers that are in place at any heating system that gets hot enough to burn or reaching 110 degrees Fahrenheit if the home is licensed for children age birth through five years old”.

WAC 110-148-1470: BEDROOMS

WAC 110-148-1470: Bedrooms	
Outcome	Full consensus
Dates Discussed	January 7, 2025 January 14, 2025 January 21, 2025 February 11, 2025 February 18, 2025
Intent	Identifies what can be determined as a suitable bedroom, provides standards for infant sleeping equipment and safe sleep practices, and includes the protocol for using weighted blankets.
Key Discussion	<p>Section 1: Reached consensus on January 14, 2025</p> <ul style="list-style-type: none"> ▶ Subsection 1(f): <ul style="list-style-type: none"> • Concerns were expressed regarding language allowing the use of a universal room (e.g., guest room) for respite or short-term care. • Recommendation: Add language clarifying that children's and youth's rooms are strictly their rooms and should not be used as a guest room unless the child or youth has given permission. • If a room is used for another purpose (e.g., sewing room), it needs to be converted into a bedroom when a child is placed. ▶ Subsection 1(g) Recommendation: Maintain original language regarding being on the same floor within hearing distance, including the use of an electronic monitor, and having a plan if there is an issue. <ul style="list-style-type: none"> • There was conflicting agreement on whether an individualized plan should be needed. <p>Section 2: Reached consensus on February 18, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Allow children and youth to pick out their own sheet sets and take the sheets with them when leaving the placement. <ul style="list-style-type: none"> • Moving placement is traumatizing and having something consistent (e.g., blanket, comforter, pillow) can be comforting. • Concerns were expressed that providing new bedding can be expensive. • Revised recommendation: Children and youth must have clean bedding and have the option to take the bedding with them to future placement. <ul style="list-style-type: none"> • Foster parent would have to agree that the child or youth could take the bedding with them. • Suggestion to provide children and youth with a voucher to purchase bedding. ▶ Recommendation: Clarify what a mattress in good condition is (e.g., without bugs, clean). ▶ Include language requiring bed frames makes the language more clear shows that the child or youth was planned for, welcomed, and worth what everybody else in the home has;

	<p>however, there could be cultural reasons for a child or youth not wanting a bed frame.</p> <ul style="list-style-type: none"> ▶ Recommendation: Allow the child or youth to determine if a waterproof mattress should be removed. <ul style="list-style-type: none"> • Revised consensus language: Waterproof mattress covers <i>unless requested to be removed by the child or youth</i> or moisture-resistant mattresses. ▶ Clothing should meet the youth's comfort and identity needs but also be affordable for families. ▶ Recommendation: Follow the American Pediatric guidelines for infant safe sleep, including swaddling. <ul style="list-style-type: none"> • Recommendation: add signs of rolling over ▶ Recommendation: Follow the American Pediatric guidelines for weighted blankets. ▶ Concerns were expressed regarding needing to obtain an order from a licensed health care provider or occupational therapist as it may take time to obtain the order and the child or youth uses the weighted blanket as a coping mechanism. <ul style="list-style-type: none"> • Medical consultation advised that using a weighted blanket may not adequately address an underlying condition, such as anxiety. There was opposition, including that young people can make the decision on what helps their anxiety and should not have to consult with a doctor. • Recommendation: Include an age of consent (12 years of age) for weighted blankets. • Recommendation: If a child or youth comes into care with a weighted blanket, the foster parent must initiate a consultation with a health care provider within 30 days to determine whether the child or youth can continue using the weighted blanket.
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WAC 110-148-1475: SHARED BEDROOMS

WAC 110-148-1475: Shared bedrooms	
Outcome	Partial Consensus
Dates Discussed	January 7, 2025 May 6, 2025
Intent	Provides standards on bedroom sharing, including age, sexual orientation, gender identity, and expression, parenting youth and infants, and extended foster care.
Key Discussion	<p>Section 1: Reached consensus on May 6, 2025</p> <ul style="list-style-type: none"> ▶ Not all children or youth may be able to speak or have an opinion. <ul style="list-style-type: none"> • Subsection 1(a)(i)(B) revised language: "The children and youth that will be sharing bedrooms <i>according to their developmental capabilities.</i>" • Language was revised and proposed to Representatives on May 6, 2025. ▶ There was conflicting agreement on the number of children and youth who could share a bedroom. One Representative group advocated for allowing for up to two (2) children or youth to share

	<p>a bedroom. Another group recommended allowing for up to three (3) children and youth to share a bedroom to allow for different scenarios (e.g., siblings). Two (2) Representative groups expressed agreement with the proposed language of allowing up to four (4) children or youth to share a bedroom.</p> <ul style="list-style-type: none"> • Recommendations: use rental property laws as a guideline, consider square footage. • Concerns were expressed that requiring a certain square footage would make foster parents out of compliance or unable to foster. It was agreed upon to not include square footage requirements. <p>► Inquiries were made regarding youth who no longer show sexually aggressive behavior, noting that sexually aggressive youth (SAY) / physically aggressive youth (PAY) titles are not automatically removed.</p> <p>► Recommendation: Add language that is inclusive of sexual orientation and that is in the best interest of the child and the other children in the home.</p> <ul style="list-style-type: none"> • Language should protect youth from transphobia. • Language should honor those who choose to or choose not to disclose how they identify. <p>► It should not be required to require a caseworker's approval of a newborn or one-year old to sleep in the same room as an adult as it is a safe sleep recommendation.</p> <ul style="list-style-type: none"> • Subsection 1(b)(ii) revised language: "Allow children birth through one year to share a bedroom with care provider if it is in the best interest of the child." <p>► Recommendation: Revise "care provider" to "licensed provider" in Subsection 1(b)(ii). Representative groups indicated that this change to the language could limit substitute care providers and teen parents.</p> <p>Section 2: Consensus reached on January 14, 2025</p> <p>► There were no comments regarding this section.</p>
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WAC 110-148-1480: PETS AND ANIMALS

WAC 110-148-1480: Pets and animals	
Outcome	Full consensus
Dates Discussed	January 7, 2025 January 14, 2025 January 21, 2025
Intent	Identify the required immunizations for pets, addresses dangerous pets, and identifies standards on storing pet medication.
Key Discussion	<p>Section 1: Reached consensus on January 21, 2025</p> <p>► Visiting pets should be held to the same standard as pets in the home.</p> <p>► Concerns were expressed with the term "dangerous", including who determines whether a pet is dangerous.</p> <ul style="list-style-type: none"> • Recommended language: Replace "dangerous" with "pose a potential risk to children", and "foster parents

	<p>must ensure any pet living in the home or visiting the home is safe to be around children and youth”.</p> <ul style="list-style-type: none"> ▶ Recommendation: Add language regarding safe feeding habits (e.g., making sure pet food is inaccessible to children). There was conflicting agreement about making pet food inaccessible to children. <ul style="list-style-type: none"> • Feeding pets is used as a teaching tool. • An individualized safety plan can be created if there is an issue that needs monitoring. ▶ Recommendation: Align vaccination requirements with Department of Health requirements. <ul style="list-style-type: none"> • Revised consensus language: “Follow the requirements from DOH regarding rabies vaccinations for pets as outlined in WAC 246-100-197(3)...” ▶ Inquiries were made regarding whether pet medication has to be locked in a separate storage container from human medication. <ul style="list-style-type: none"> • Revised consensus language: “Keep animal medications in locked storage;” <p>Section 2: Reached consensus on January 21, 2024</p> <ul style="list-style-type: none"> ▶ Consensus was reached on original language presented on January 7, 2025. Subsequent revisions were made to Section 2 and presented to Representatives on January 21, 2025. ▶ Foster parents are responsible for all animals that come onto their property, including visiting pets and support animals. ▶ Subsection 2(b) (in final WAC language) revised language: “Create and follow a site-specific supervision plan for animals <i>living in or visiting</i> the home on the premises that <i>pose a safety risk</i> to children and youth in care <i>demonstrating how they will maintain children’s and youth’s safety and well-being</i>”.
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WAC 110-148-1485: ALCOHOL, CANNABIS, NICOTINE, AND ILLEGAL DRUGS ON THE PREMISES

WAC 110-148-1485: Alcohol, cannabis, nicotine, and illegal drugs on the premises	
Outcome	Full consensus
Dates Discussed	January 7, 2025 January 14, 2025 January 21, 2025
Intent	To address safe storage of alcohol and marijuana, as well as to prohibit illegal drugs.
Key Discussion	<p>Title:</p> <ul style="list-style-type: none"> ▶ Recommendations: Add nicotine and replace “marijuana” with “cannabis”. <p>Section 1: Reached consensus on January 14, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Add “paraphernalia” because paraphernalia could contain residue.

	<ul style="list-style-type: none"> Revised consensus language: “Cannabis and cannabis paraphernalia”. <ul style="list-style-type: none"> ▶ Recommendation: When there are youth in the home who are struggling with substance use or addition, substances should be inaccessible and locked in an unknown or discreet area. <ul style="list-style-type: none"> Concerns with this recommendation include there may not be many places to hide items, and substances may be hidden in places where the item is not typically stored (e.g., a bottle of wine in a locked closet). ▶ Recommendation: Separate nicotine and nicotine paraphernalia into its own category. Adults aged 18+ can possess nicotine. <ul style="list-style-type: none"> Revised consensus language: “Nicotine and nicotine paraphernalia”. <p>Section 2: Reached consensus on January 21, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Include verbiage that recognizes caregivers as foster parents are not always in control of what is brought into their home. ▶ Recommendation: Include language instructing foster parents what do with illegal substances once found. <ul style="list-style-type: none"> Subsection 2(b)(i) revised consensus language: “Immediately make them inaccessible to children and youth in care.” ▶ Notifying the Department if illegal drugs are found on the premises is included in WAC 110-148-1420 <i>Reporting incidents</i>.
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WAC 110-148-1500: FIREARMS AND OTHER WEAPONS

WAC 110-148-1500: Firearms and other weapons	
Outcome	Partial consensus
Dates Discussed	January 7, 2025 January 14, 2025 April 29, 2025 May 6, 2025
Intent	To define firearms and other weapons, outline the requirements of the storage of firearms, and addresses the use of firearms for children and youth in placement.
Key Discussion	<p>This WAC was rewritten and the following discussions took place throughout the course of the negotiations. The discussion points align with the final WAC version.</p> <p>General Comments:</p> <ul style="list-style-type: none"> ▶ The WAC does not address open carry or concealed carry. <p>Section 1: Subsection 1(c) did not reach consensus</p> <ul style="list-style-type: none"> ▶ Recommendation: Language should include any firearm or weapon in the home or on the property. ▶ Recommendation: All firearms and weapons are stored, including firearms and weapons belonging to visitors. ▶ Recommendation: Replace “storage container” with “locked storage”.

	<ul style="list-style-type: none"> ▶ There was conflicting agreement on whether firearms need to be contained in locked storage or if concealed carry is permissible as long as the firearm is inaccessible to children and youth. <ul style="list-style-type: none"> • Some Representative groups noted that guns should not be out and available in the presence of a child or youth, concealing a gun is not storing but rather secretly using the gun and measures need to be taken to ensure the weapon is inaccessible, • Representatives noted that individuals are allowed to carry a gun at home without a permit and in public with a permit. ▶ Ammunition should always be stored separately regardless of locked status. ▶ Recommendation: Extended Foster Care Youth aged 18+ do not need a supervising adult if they completed the hunter's safety course and have experience and knowledge with firearms and weapons. ▶ There was conflicting agreement regarding children and youth being present while guns are in use at an organized or community sponsored event. <ul style="list-style-type: none"> • Recommendation: Include a distance from which the child or youth must remain when a gun is in use and language regarding supervision. <p>Section 2: Consensus not obtained</p> <ul style="list-style-type: none"> ▶ Representatives were informed that LD leadership would only approve law enforcement carrying weapons.
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WAC 110-148-1505: INFECTION AND COMMUNICABLE DISEASE PREVENTION

WAC 110-148-1505: Infection and communicable disease prevention	
Outcome	Full consensus
Dates Discussed	January 7, 2025
Intent	To require TB testing, educating around personal hygiene, and obtaining further consultation on infection control procedures when caring for medically fragile children.
Key Discussion	<p>Section 1: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 2: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 3: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Add a section that states, "During public health emergencies, follow department reporting guidelines for other communicable diseases."

WAC 110-148-1510: TRANSPORTING CHILDREN AND YOUTH

WAC 110-148-1510: Transporting children and youth	
Outcome	Full consensus
Dates Discussed	January 7, 2025
Intent	To identify the requirements for drivers who will be transporting foster children and youth and the requirements of the vehicle.
Key Discussion	<p>Section 1: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 2: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Require a valid Washington state driver's license. <ul style="list-style-type: none"> • If requiring only Washington state licenses, then military IDs should be allowed. <p>Section 3: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Remove "and proof of registration". ▶ Liability insurance is not a safety risk to the child. ▶ Revised consensus language: "The driver must <i>follow laws for operating a motor vehicle.</i>" <p>Section 4: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 5: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 6: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.

WAC 110-148-1515: SERVING MEALS, SNACKS, AND MILK

WAC 110-148-1515: Serving meals, snacks, and milk	
Outcome	Full consensus
Dates Discussed	January 7, 2025 January 21, 2025
Intent	To provide guidance on the food that is served to children and youth, home canned food, infant food, and feeding standards.
Key Discussion	<p>Section 1: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 2: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Remove children and youth having to participate in canning foods. ▶ Revised consensus language: "When serving home-canned foods, follow proper food canning processes per the guidelines"

	<p>on canning and food preparation from the United States Department of Agriculture.”</p> <p>Section 3: Reached consensus on January 7, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Include all ages to prohibit youth being put on fad diets. ▶ Recommendation: Clarify “modifying”. If “modifying” is in regard to medically modifying a diet, “medically” should be included. ▶ Revised consensus language: Obtain written authorization from a licensed health care provider before requiring or modifying a child’s or youth’s specialized diet.” <p>Section 4: Reached consensus on January 21, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Add language about receiving approval before serving breastmilk that has been known to be tested and properly stored. ▶ Recommendation: Include the biological parent’s approval before serving breastmilk. ▶ Recommendation: Breastmilk not provided by the biological mother should be obtained through a donor approved by the caseworker. ▶ Bottles do not need to be sanitized after each use but should be cleaned according to the manufacturer’s instructions.
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WAC 110-148-1520: PROVIDING CARE AND ARRANGING SERVICES FOR CHILDREN AND YOUTH

WAC 110-148-1520: Providing care and arranging services for children and youth	
Outcome	Partial consensus
Dates Discussed	February 4, 2025 February 11, 2025 February 18, 2025
Intent	<p>Foster parents are to offer a safe, temporary living environment where they can receive necessary care, support, and stability while reunification or other options for child or youth are obtained.</p> <p>Foster parents must follow guidance of department.</p> <p>Support physical needs.</p> <p>Support SOGIE and do not discriminate.</p>
Key Discussion	<p>Section 1: Consensus was not reached on Subsection 1(m)</p> <ul style="list-style-type: none"> ▶ Recommendation: Include “case plan” in addition to permanency plan as the case plan relates to the services required for the child. <ul style="list-style-type: none"> • Representatives agree with following the case plan, and also want the ability to work with the Department to determine alternatives or provide feedback when they are unable to follow the Department’s guidance or instructions (e.g., identifying a suitable physical therapy office close to the foster home). • Revised language: “Follow any instructions and guidance..., including any of the following that apply: (i) Case plan and permanency plans;...(iv) Work with the

	<p>department if there are reasons why the foster parents are not able to follow the instructions and guidance to find an alternative to providing those services.”</p> <ul style="list-style-type: none"> ▶ Recommendation: Add “when needed”, “with consent”, or “preference”. Individuals may not want support in the moment (e.g., to be physically touched or hugged) and others may view support as being provided with space. <ul style="list-style-type: none"> • Revised language: “Provide and arrange for care that is appropriate for children’s and youth’s age, SOGIE, and developmental capabilities and their individual needs and preferences including but not limited to...”. ▶ Recommendation: Add language allowing children and youth to choose the nutritious meals and snacks. <ul style="list-style-type: none"> • Revised language: Added reference to WAC 110-148-1515 <i>Serving meals, snacks, and milk</i>. ▶ Recommendation: Replace “equally” with “equitably”. ▶ The following considerations should be made when assigning chores: how to balance chores with school, work, and extracurricular activities, the individual’s developmental and physical capabilities, compensation, and foster parent accountability if parameters are breached. ▶ Additional recommendations for Section 1: <ul style="list-style-type: none"> • Youth should have autonomy to express themselves that is age appropriate. • Native children’s hair should never be cut without biological parent/family approval and/or tribal caseworker approval and/or tribal court approval. • Language should include extended foster care as people aged 18+ are allowed to get tattoos and body piercings. • Biological parents should be involved in changes to hair. ▶ Providing adequate opportunities is different than allowing participation. <ul style="list-style-type: none"> • Revised consensus language: “...(ii) Provide opportunities to participate in their spiritual and religious beliefs”. ▶ There was conflicting conversation as to whether exceptions may be allowed to support children’s and youth’s SOGIE. It was noted that allowing an exception could create a safety concern. <p>Section 2: Reached consensus on February 18, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.
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WAC 110-148-1525: EDUCATIONAL AND VOCATIONAL INSTRUCTION FOR CHILDREN AND YOUTH IN CARE

WAC 110-148-1525: Educational and vocational instruction for children and youth in care	
Outcome	Full consensus
Dates Discussed	February 4, 2025 February 11, 2025
Intent	Foster parents can support children and youth with their education.

Key Discussion	<p>Section 1: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 2: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Allow children and youth to attend private schools. It was noted that the D.S. Settlement focuses on consistency with schools. By enrolling a child or youth into a private school after being placed in care could cause a future barrier when returning home. <p>Section 3: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 4: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 5: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 6: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ Representatives were unaware of what an “educational plan” is. ▶ Foster parents should collaborate and maintain communication with the caseworker prior to changes being made to the plan. ▶ Foster parents must share significant school issues or changes with the caseworker (e.g., bullying) even if it does not change the education plan. <ul style="list-style-type: none"> • Original WAC language was struck and replaced with “Notify the caseworker if there are any concerns for the child’s or youth’s safety as school”. <p>Section 7: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ There was conflicting agreement on whether “in the home” should remain in the language. By removing “in the home”, young people have options to study in the home or elsewhere (e.g., library, coffee shop). <p>Section 8: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Clarify what “older youth” means. Suggestions included “high school aged youth” or “youth, young adult, or adolescents” (which allows for young people who complete their high school diploma over the age of 18 and young people who are on the run). <p>Additional Comments:</p> <ul style="list-style-type: none"> ▶ Recommendation: Include language in the WAC that foster parents cannot change schools without Department approval.
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WAC 110-148-1530: CHILD AND YOUTH PARTICIPATION IN ACTIVITIES

WAC 110-148-1530: Child and youth participation in activities	
Outcome	Full consensus

Dates Discussed	February 4, 2025 February 11, 2025
Intent	Children and youth in placement should be able to engage in normal childhood activities with foster families and with child and youth peers. This WAC also highlights certain activities which require additional permission from department/assigned caseworker.
Key Discussion	<p>Section 1: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ Section 1 recommendations: <ul style="list-style-type: none"> • Reference prudent parenting to ensure the standards are fully encompassed in the WAC. • Add a clause that a youth can contest a foster parent's denial for the youth to participate in an appropriate extracurricular activity. • Add a clause that youth cannot be forced into an extracurricular activity for which the youth did not provide consent. ▶ Language reached consensus on February 4, 2025: "Decide what foster family or community activities are appropriate for children and youth in care, with their input and considering the standards in RCW 74.13.710 and as long as the activities meet the following requirements. They must: Not prevent court-ordered family time with children's and youth's parents or siblings." ▶ The DCYF NRM Team proposed amended language on February 11, 2025 that allows for indoor and outdoor activities, both on the premises and in the community, and cultural connections. Representatives reached consensus on the revised language. <p>Section 2: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> ▶ Certain behaviors (e.g., drug use and unsafe activities) are potential reasons for cancelling a youth's automobile insurance.

WAC 110-148-1535: EXTENDED FOSTER CARE (EFC)

WAC 110-148-1535: Extended foster care (EFC)	
Outcome	Full consensus
Dates Discussed	February 4, 2025 February 18, 2025
Intent	Extended Foster Care (EFC) youth are supported by foster parents as they transition to adulthood. EFC youth are taking responsibility for their own actions.
Key Discussion	<p>Section 1: Reached consensus on February 18, 2025</p> <ul style="list-style-type: none"> ▶ Extended Foster Care (EFC) and supervised independent living (SIL) have different requirements. The WAC language needs to be clear which version of EFC is being referenced. <ul style="list-style-type: none"> • Per a consultation with the Extended Foster Care Program Manager, if a youth is under a SIL agreement, the WAC does not apply to that youth.

	<p>Section 2: Reached consensus on February 18, 2025</p> <ul style="list-style-type: none"> ▶ Recommended Language Addition: (1) Provide opportunity and support for achieving youth's education and employment goals. (2) Prepare them to take over their medical and dental needs. (3) Build life skills. (4) Develop youth's financial literacy. <ul style="list-style-type: none"> • The suggested language was added. ▶ Some foster parents are caring for children and youth whom getting a job is not appropriate. <p>Section 3: Reached consensus on February 18, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 4: Reached consensus on February 18, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.
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WAC 110-148-1540: CHILDREN'S AND YOUTH'S PRIVACY

WAC 110-148-1540: Children's and youth's privacy	
Outcome	Full consensus
Dates Discussed	February 4, 2025 February 11, 2025 February 18, 2025
Intent	Children and youth have the right to privacy which includes reasonable access to uncensored communication. Video and audio electronic monitoring is prohibited, except for in very specific scenarios or as approved by the department or the court.
Key Discussion	<p>Section 1: Reached consensus on February 18, 2025</p> <ul style="list-style-type: none"> ▶ Section does not allow normal parental monitoring. ▶ Inquiries were made about whether communication includes text messages, social media, and packages. ▶ Language should balance the child's safety and their right to privacy. ▶ Recommendations: <ul style="list-style-type: none"> • Add "developmentally appropriate" language to this section. • Add language regarding technology (e.g., streaming TVs) and cell phone use. • Allow foster parents to prohibit youth under 13 years of age from the use of social media and email. ▶ Some subsections were rewritten and presented to Representatives on February 11, 2025. Representatives reached consensus on these subsections on February 11, 2025. ▶ There was conflicting agreement on whether cameras should be allowed in non-private areas where there is no expectation of privacy. Reasons for allowing cameras include safety and being used as a protective factor against false accusations. Reasons to prohibit the use of cameras include concerns that video monitoring would take place of supervision - there is a difference between what one sees with their eyes and what is recorded on video, and it is unclear what will be done with the recording.

	<p>Section 2: Reached consensus on February 18, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Clarify what “sick” refers to. <ul style="list-style-type: none"> • Revised consensus language: “...(b) As directed by a licensed health care provider to: (i) Monitor children or youth who are medically fragile or with a life-threatening illness; or (ii) Document actions of a child.”
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WAC 110-148-XXXX: TECHNOLOGY USE

WAC 110-148-XXXX: Technology use	
Outcome	Full consensus
Dates Discussed	<p>February 4, 2025</p> <p>April 8, 2025</p> <p>April 15, 2025</p> <p>April 29, 2025</p>
Intent	<p>Addresses technology use in/outside of home and the house rules for each individual foster home.</p> <p>Teach and guide children and youth to use technology and internet safely</p> <p>Addresses when foster parents can impose restrictions of technology, including when the department requires child and youth restrictions</p>
Key Discussion	<p>Section 1: Reached consensus on April 8, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Add “in accordance with AAP guidelines”. ▶ Language does not include TVs with streaming capabilities. ▶ Consider how school provided laptops and tablets monitored. ▶ Consider house rules (e.g., rules foster parents have for their own biological kids). ▶ Language should include flexibility for the child’s or youth’s past and current behavior. ▶ Foster parents cannot determine safety if they are unable to monitor technology use. <p>Section 2: Reached consensus on April 15, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Add “guiding”. <ul style="list-style-type: none"> • Revised consensus language: “Provide teaching, guiding, and monitoring on the safe use of technology...” <p>Section 3: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> ▶ House rules regarding technology use should be communicated with children and youth at the onset of placement. ▶ Recommendation: Remove language regarding consequences for violating technology use and include in other sections of the WAC. ▶ TVs can connect to the internet. <p>Section 4: Reached consensus on April 29, 2025</p>

	<p>► Recommendation: Add language regarding restricting technology for the safety of children and youth. The restriction must be appropriate.</p> <p>Section 5: Reached consensus on April 29, 2025</p> <p>► Foster parents should collaborate with the caseworker if the use of technology access is restricted for more than 72 hours.</p>
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WAC 110-148-1545: INVENTORY OF CHILDREN'S AND YOUTH'S BELONGINGS

WAC 110-148-1545: Inventory of children's and youth's belongings	
Outcome	Full consensus
Dates Discussed	<p>February 4, 2025</p> <p>February 18, 2025</p> <p>April 8, 2025</p> <p>April 15, 2025</p>
Intent	<p>To ensure children's and youth's items, particularly those that hold sentimental value to them, stay with the child and youth when they leave that placement.</p> <p>Keeping a physical inventory form allows for accountable</p>
Key Discussion	<p>Section 1: Reached consensus on February 4, 2025</p> <p>► There were no comments regarding this section.</p> <p>Section 2: Reached consensus on February 18, 2025</p> <p>► Representatives had conflicting viewpoints on maintaining up-to-date inventory lists:</p> <ul style="list-style-type: none"> • Reasons for developing inventory lists: can build rapport between young people and foster parents, and adds a level of accountability. • Reason against developing inventory lists: maintaining a current list is difficult when young people frequently get new items, throw away or destroy items, regularly receive items from biological parents, grow out of clothes <p>► Need to balance honoring the children's and youth's belongings and reasonability of expectations on foster parents.</p> <p>► Recommendations:</p> <ul style="list-style-type: none"> • Include the caseworker in the development of the inventory list. • Replace "list" with "documentation". • Foster parents document the child's or youth's items when entering the home and at regular intervals (e.g., at arrival, quarterly, and at placement end). <ul style="list-style-type: none"> • Children and youth can choose not to have items documented. <p>► Representatives expressed concern with the word "sentimental", noting all items belonging to youth are of value.</p> <p>► The inventory document should be provided to the child or youth when developmentally appropriate.</p>

	<p>► There was conflicting agreement regarding whether a child or youth can take a meaningful comfort item with them when they leave placement. A Representative noted that a taking a comfort item can be allowed, but not required.</p> <ul style="list-style-type: none"> • Comfort items can be anything (e.g., a pillow, rock), causing concern that the child or youth could take anything from the foster home (e.g., TV). • Recommended language: “other item agreed upon by the caregiver”. <p>Section 3: Reached consensus on April 15, 2025</p> <p>► Representatives proposed that foster parents store belongings between 14 to 30 days after a child or youth leaves there care. Representatives advocating for storing belongings for 14 days noted that some foster parents have small homes and keeping belongings may prevent subsequent placements. Representatives recommend foster parents to store belongings up to 30 days noted that there can be complexities resulting from moves. Representatives agreed that foster parents and caseworkers should collaborate to transfer the belongings either to the child or youth or the Department within 21 days of the child or youth’s removal from the foster parent’s care.</p> <p>Section 4: Reached consensus on April 15, 2025</p> <p>► Discussion on this section was combined with Section 3.</p>
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WAC 110-148-1550: MEDICAL, DENTAL, AND VISION CARE

WAC 110-148-1550: Medical, dental, and vision care	
Outcome	Full consensus
Dates Discussed	February 4, 2025 February 11, 2025 February 18, 2025
Intent	Ensure children’s medical, dental, and vision are addressed. Ensure foster parents are prepared for basic first aid
Key Discussion	<p>Section 1: Reached consensus on February 18, 2025</p> <p>► Children and youth should not be denied medical care by their foster parents (e.g., being told to “walk it off”).</p> <p>► Clarification was requested regarding what foster parents should do if a child or youth refuses medical care.</p> <p>Section 2: Reached consensus on February 4, 2025</p> <p>► EPSDT examinations should begin prior to discharge from the hospital at birth.</p> <p>Section 3: Reached consensus on February 11, 2025</p> <p>► Recommendation: Require medication logs.</p> <p>► Recommendation: Include a timeline for how long medication labels must be stored.</p> <ul style="list-style-type: none"> • Revised consensus language: “...(c)Retaining the following for current medications...(d) Completing the

	<p><i>medication documentation as required in WAC 110-148-1575</i>.</p> <p>Section 4: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ Allow children and youth the autonomy to determine if they need to go to the doctor when they think there is a serious illness or injury. ▶ Revised consensus language: "Take necessary actions to respond to...<i>and children's and youth's health concerns</i>". <p>Section 5: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 6: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ It is insufficient to only notify a caseworker if a child or youth refuses medical care. <ul style="list-style-type: none"> • Recommendation: Foster parents collaborate with the caseworker to determine steps support the child or youth in accessing medical care or non-emergent care. • Revised consensus language: "Collaborating with the caseworker for assistance on responding to a youth refusing routine or nonemergent care, which could include requesting a shared planning meeting". <p>Section 7: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.
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WAC 110-148-1555: IMMUNIZATION REQUIREMENTS

WAC 110-148-1555: Immunization requirements	
Outcome	Full consensus
Dates Discussed	February 4, 2025 February 11, 2025
Intent	Foster parents have to follow the department recommendations on child and youth immunizations.
Key Discussion	<p>Section 1: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Allow foster parents to decline a placement for any unvaccinated, dependent child, if it negatively impacted any of the other children in the home. <ul style="list-style-type: none"> • Agreement to add this recommendation in WAC 110-148-1395 <i>Admitting and retaining children and youth</i>. <p>Section 2: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Add language noting that the Department will not accept exemptions that schools will not accept. <p>Section 3: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> ▶ It is the caseworker's responsibility to determine if there is an immunization exemption.

WAC 110-148-1560: MEDICAL CARE CONSENT

WAC 110-148-1560: Medical care consent	
Outcome	Full consensus
Dates Discussed	February 4, 2025 February 11, 2025
Intent	Foster parents able to consent to child's and youth's medical care for routine or emergency medical services, except for youth in 18 to 21 years. Ensure child and youth receive necessary routine and emergency services.
Intent:	Include the following: Language should include instances when young people cannot consent to their own medical care (e.g., when unconscious). There are certain medical procedures and rights that young people have at the age of 13, including but not limited to getting birth control, seeking mental health treatment, and getting tested for sexually transmitted infections. <ul style="list-style-type: none"> Legal opinion included that if a young person can consent to medical care, a young person can decline medical care. Recommendation: Include this distinction in the WAC.
Key Discussion	<p>Section 1: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> There were no comments regarding this section. <p>Section 2: Reached consensus on February 4, 2025</p> <ul style="list-style-type: none"> There were no comments regarding this section. <p>Section 3: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> The Department grants medical treatment authority to foster parents at the time of placement. It is unclear why the WAC language delegates authority again. <p>Section 4: Reached consensus on February 11, 2025</p> <ul style="list-style-type: none"> There were no comments striking section language. Revised consensus language: "...foster parents must follow the direction of that agency or court regarding authority to give consent for medical care."

WAC 110-148-1565: MEDICATION STORAGE

WAC 110-148-1565: Medication storage	
Outcome	Full Consensus
Dates Discussed	March 4, 2025 March 11, 2025
Intent	To prevent a child from misusing medications by securing them so they cannot be accessed
Key Discussion	Section 1: Reached consensus on March 4, 2025

	<ul style="list-style-type: none"> ▶ Original language required prescription and over-the counter- (OTC) medication to be kept in a locked container. DCYF noted that “locked container” was changed to “locked storage” in the WAC guiding the storage of firearms. Representative groups agreed with using the term “locked storage” for prescription and OTC medications. ▶ The primary concern was that prescription and OTC medications would remain inaccessible when not in use by way of a locking mechanism. <p>Section 2: Reached consensus on March 11, 2025</p> <ul style="list-style-type: none"> ▶ The original subsets of Section 1 were struck to remove the nuance that may be experienced based on the type of medication (i.e. diaper rash cream, eye drops, emergency medications, etc.). ▶ Representatives agree on the revised and simplified Section 1 that was moved to Section 2, requiring foster homes to keep: <ul style="list-style-type: none"> ○ The unlocking mechanism inaccessible to children and youth except as provided in WAC 1580; ▶ Representatives agreed that emergency medications should be easily accessible to caregivers. Language was revised to state that foster homes must keep: <ul style="list-style-type: none"> ○ Life-saving medications accessible in an emergency.
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WAC 110-148-1575: ADMINISTERING MEDICATION

WAC 110-148-1575: Administering medication	
Outcome	Full Consensus Reached
Dates Discussed	March 4, 2025 March 11, 2025 March 18, 2025
Intent	Track medication administration to prevent errors and provide a clear record of care. Follow medication label/prescription.
Key Discussion	<p>Section 1: Consensus reached on March 11, 2025</p> <ul style="list-style-type: none"> ▶ The discussion focused on medication documentation practices, including which types of medications should be recorded as administered or taken, whether to document medication refusals, and when OTC medications warrant documentation, such as after consecutive days of use or in cases of inappropriate administration. ▶ Section 1 was revised to denote that the written record should include a list of prescription medications and OTC medications if used for more than 3 days. The record should include doses given and any medication refusals. The record will be submitted to the caseworker quarterly. Section 1 was revised to include an outline of the requirements to report to the licensed health care provider and caseworker of any medications missed or refused for more than two days. <p>Section 2: Consensus reached on March 18, 2025</p>

	<ul style="list-style-type: none"> ▶ Representatives expressed concern with notifying the caseworker if a child who is new to care does not have a medical record, as outlined in Section 1, because as explained, they would not have that record in place. Proposed language changed suggested the requirement when child changes placement. ▶ Discussions focused on when to receive permission to administer a psychotropic medication and by whom permission to do so should be received. ▶ Some representatives expressed concern that checking with the social worker would be an added burden on the foster parent. DCYF noted that the proper use of medication is in the best interest of the children, particularly for their safety. ▶ The section was revised to include the caseworker should be notified in writing of any changes in prescribed medications, except that changes to psychotropic medications must be approved first by the caseworker. Notification to the case worker must also occur if a child comes into placement without a medication record. <p>Section 3: Reached Consensus on March 11, 2026</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 4: Reached Consensus on March 11, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 5: Reached consensus on March 11, 2025</p> <ul style="list-style-type: none"> ▶ It was noted that prescription includes any OTC medications that have been prescribed.
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WAC 110-148-1580: CHILDREN TAKING THEIR OWN MEDICATION

WAC 110-148-1580: Children taking their own medication	
Outcome	Full consensus
Dates Discussed	March 4, 2025 March 11, 2025 March 18, 2025 April 1, 2025
Intent	To provide guidance to foster parents on when youth can take their own medications and what approval procedures must be followed prior to youth self-administering medications. To provide guidance on what is the responsibility of the youth and what is the responsibility of the foster parent.
Key Discussion	<p>Section 1: Reached consensus on March 4, 2025</p> <ul style="list-style-type: none"> ▶ The following language reached consensus on March 4, 2025; however, was this section rewritten for negotiation at subsequent meetings: "They have the developmental capability to follow medication administration instructions". <p>Section 2: Reached consensus on April 1, 2025</p>

	<ul style="list-style-type: none"> ▶ WAC language should align with laws stating that youth aged 13+ can make their own medication decisions, and youth aged 15+ can pick up their own medication from the pharmacy. ▶ Taking medication is an independent living skill. <ul style="list-style-type: none"> • Representative groups noted that monitoring a youth taking their own medication undermines the youth being approved to self-administer medication. • Representative group advocated for tighter language because of the frequent CPS investigations resulting from medication misuse or the possibility of another kid having access to the youth's medication. ▶ Recommendation: Identify medication classifications that are not allowed to be self-administered. ▶ Recommendation: The caseworker identifies which medication needs to be monitored when self-administered. ▶ Recommendation: Create a child-specific plan that outlines documenting (including refusals), administering, distributing, and monitoring self-administered medication. <p>Section 3: Reached consensus on March 18, 2025</p> <ul style="list-style-type: none"> ▶ There are different types of medication supplies, not all of which needing to be in locked storage (e.g., Band-Aids, gauze). <p>Section 4: Reached consensus on April 1, 2024</p> <ul style="list-style-type: none"> ▶ When a foster parent finds a medication, it must be inaccessible to children and youth in the home until there is an approved plan. <p>Section 5: Reached consensus on April 1, 2024</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section.
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WAC 110-148-1600: RESPITE CARE USED FOR SUBSTITUTE CARE

WAC 110-148-1600: Respite care used for substitute care	
Outcome	Full consensus
Dates Discussed	<p>March 4, 2025 March 11, 2025</p> <p>This WAC was originally discussed on March 4, 2025 as part of WAC 110-148-1605 <i>Supervision when foster parents are not home</i>. Respite care was separated and included in its own WAC (110-148-1600) and presented to Representatives on March 11, 2025. The key discussion in this table includes all discussions regarding respite care.</p>
Intent	To give guidelines to foster parents as to who can supervise children in out-of-home care, as respite care, when foster parents are not present.
Key Discussion	<p>Section 1: Reached consensus on March 11, 2025</p> <ul style="list-style-type: none"> ▶ Representatives discussed the parameters of respite care, noting it is difficult to find respite care. <p>Section 2: Reached consensus on March 11, 2025</p> <ul style="list-style-type: none"> ▶ Foster parents do not verify training, background checks, age and TB screenings. <ul style="list-style-type: none"> • "Verified" was removed from the section.

	<ul style="list-style-type: none"> • DCYF will certify / approve respite providers. <ul style="list-style-type: none"> ▶ Representatives noted that foster parents may not know who the respite provider is or be provided with contact information. ▶ Medication logs are necessary for respite care.
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WAC 110-148-1605: SUPERVISION OF CHILDREN AND YOUTH IN CARE WHEN FOSTER PARENT IS AWAY FROM HOME

WAC 110-148-1605: Supervision of children and youth in care when foster parent is away from home	
Outcome	Partial consensus
Dates Discussed	March 4, 2025 March 18, 2025 April 1, 2025 April 29, 2025
Intent	To provide guidelines to foster parents as to who can supervise children in out-of-home care, other than respite, when foster parents are not present.
Key Discussion	<p>Section 1: Consensus not reached</p> <ul style="list-style-type: none"> ▶ Representatives requested clarification on the difference between child-centered care and prudent parenting. Per the DCYF NRM Team: <ul style="list-style-type: none"> • Substitute care applies when care is parent-centered (e.g., child care). • Prudent parenting applies when care is child-centered (e.g., normalized childhood experiences). ▶ Recommendation: Add definitions for the three types of care – respite, babysitting, and emergent. <p>Section 2: Consensus not reached</p> <ul style="list-style-type: none"> ▶ Some representative groups noted that requiring background checks for babysitters is contradictory from Prudent Parenting laws. ▶ Recommendation: Remove requirement that babysitters who are used on a regular basis meet the same training and TB screening requirements for members of the household. <p>Section 3: Consensus reached on April 29, 2025</p> <ul style="list-style-type: none"> ▶ There were no comments regarding this section. <p>Section 4: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> ▶ Discussion occurred regarding youth in foster care babysitting other children and youth in foster care. Babysitting allows young people to learn responsibility, caring, problem-solving and future parenting skills. ▶ Youth in care should be allowed to babysit, as long as there are parameters in place that they are not taken advantage of. ▶ It is normal in Tribal communities for siblings to care for their siblings. <ul style="list-style-type: none"> • This will be addressed in the Tribal WAC.

	<p>Section 5: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Caseworkers must approve any person under the age of 18 who is babysitting a child or youth overnight.
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WAC 110-148-1610: SUPERVISING CHILDREN AND YOUTH, INCLUDING AROUND BODIES OF WATER

WAC 110-148-1610: Supervising children and youth, including around bodies of water	
Outcome	Partial consensus
Dates Discussed	<p>March 4, 2025</p> <p>March 18, 2025</p> <p>April 8, 2025</p> <p>April 15, 2025</p> <p>April 29, 2025</p>
Intent	<p>To provide the supervision requirements of children and youth in care.</p> <p>To follow prudent parenting guidelines when engaging in motorized activities.</p> <p>To provide supervision requirements of children and youth in and around bodies of water.</p>
Key Discussion	<p>Section 1: Reached consensus on March 4, 2025</p> <ul style="list-style-type: none"> ▶ Foster parents should not have to notify the caseworker that a supervision plan must be created or updated. <ul style="list-style-type: none"> • The following subsection was struck: "Advise the caseworker if a supervision plan must be created or updated". <p>Section 2: Reached consensus on March 4, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Add "developmental capabilities". <ul style="list-style-type: none"> • Revised consensus language: "Leave children or youth unattended in a bathtub or shower...or it is unsafe due to their developmental capabilities." ▶ Recommendation: Add "car seats" and "as a substitution for supervision". <ul style="list-style-type: none"> • Revised consensus language: "Use cribs, bassinets, cradles, playpens, car seats, high chairs, and swings as a substitute for supervision." <p>Section 3: Reached consensus on March 18, 2025</p> <ul style="list-style-type: none"> ▶ Clarify "motorized activities". <ul style="list-style-type: none"> • Revised consensus language: "Must comply with all laws and use appropriate safety gear when using motorized vehicles." <p>Section 4: Did not reach consensus</p> <ul style="list-style-type: none"> ▶ Representatives noted that people do not wear life vests on ferries or cruise ships. ▶ Representatives expressed concerns about requiring youth up to the age of 12 to wear life vests when swimming in a pool because a child could be a good swimmer.

	<ul style="list-style-type: none"> Recommendations: Obtain social worker approval for not having to wear life vests under the age of 12, requiring a child or youth to pass a swimming test, adding “developmentally capable” language. <p>► Representatives expressed concern with “non-designated swimming area”. Concerns included the term needed to be clarified or defined and non-designated swimming limits areas where children and youth can swim.</p> <ul style="list-style-type: none"> Recommendations: Replace “non-designated swimming area” with “open water” or “water with a current”. Concerns were expressed regarding “water with a current” as currents are not always visible. <p>► Concerns were expressed with requiring foster parents to take rescue equipment to bodies of water (e.g., the beach) and having a water safety certification. Specifically, inquiring about how these requirements will be monitored.</p> <p>Section 5: Did not reach consensus</p> <p>► Representative groups did not vote on Section 5 because it relies on Section 4, which did not reach consensus.</p>
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WAC 110-148-1615: BEHAVIOR MANAGEMENT

WAC 110-148-1615: Behavior management	
Outcome	Full consensus
Dates Discussed	March 4, 2025 April 1, 2025 April 8, 2025 April 15, 2025 April 29, 2025
Intent	To provide foster parents guidance on appropriate and positive methods of behavior management
Key Discussion	<p>Section 1: Reached consensus on April 8, 2025</p> <p>► Consensus was reached on the language originally proposed on March 4, 2025. The DCYF NRM Team revised the language to incorporate trauma-informed behavior guidance methods. No comments were made regarding the updated language.</p> <p>Section 2: Reached consensus on April 8, 2025</p> <p>► Representative groups expressed opposing viewpoints on whether a list of behavior management examples should be included in the WAC language. One Representative noted that including examples can be helpful for foster parents. Another Representative noted that if examples are included, they need to be looked at through a trauma care perspective.</p> <ul style="list-style-type: none"> Representative groups reached consensus on proposed language presented on April 8, 2025. <p>Section 3: Reached consensus on April 8, 2025</p>

	<ul style="list-style-type: none"> ▶ Representatives expressed concern with the term “corporal punishment” and recommended replacing with “physical punishment”. ▶ Physical labor and exercise can be a good way for children and youth to calm down and should be offered as a behavior management tool, if appropriate. <ul style="list-style-type: none"> • Recommendation: Include “approved physical methods as prescribed by an occupational therapist or health care provider”. Leaving this to the discretion of foster parents could create power imbalance and other challenges. • Recommendation: Foster parents provide the caseworker with documentation outlining the behavior management strategies in the home to identify if any have caused past trauma and what worked well. ▶ Additional Recommendations: <ul style="list-style-type: none"> • Separate chores from physical labor. • Add “water”. • Add “physical restraint”. ▶ Representatives noted that children and youth should not be withheld from attending a cultural, religious, or community event because these events help with identity, belonging, and healing. <ul style="list-style-type: none"> • Recommendation: Add the clause “except in collaboration with the caseworker” as a youth may want to go to a peer event that is bad for them. Inquiries were made about whether foster parents can withhold a youth from attending these events as a one-off consequence. <p>Section 4: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> ▶ The use of physical labor and chores can be used only if the youth is helping repair damage or to earn compensation to pay for the cost of replacing something that was damaged. <p>Section 5: Reached consensus on April 1, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Develop a behavior management plan that documents behavior management practices. <ul style="list-style-type: none"> • One Representative group noted it would be difficult to monitor because the plan could change throughout the case. Recommends the language remains broad.
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WAC 110-148-1620: USE OF HANDLING AND RESTRAINTS

WAC 110-148-1620: Use of handling and restraints	
Outcome	Full consensus
Dates Discussed	March 4, 2025 April 1, 2025 April 8, 2025 April 29, 2025
Intent	To provide requirements on when physical restraints can be used, what physical restraints are not allowed, and the protocols for follow-up after physical restraint is used.

<p>Key Discussion</p>	<p>Section 1: Reached consensus on April 29, 2025</p> <ul style="list-style-type: none"> ▶ Redirecting toddlers (e.g., gently picking them up and placing them elsewhere) is a form of restraint and may be needed to keep the toddler safe and from destroying someone else's things. <ul style="list-style-type: none"> • Need to consider protecting the other children and youth in care. ▶ The use of mechanical restraints would be for the prevention of injury or potential of a child running away, not for physical punishment. <ul style="list-style-type: none"> • Recommendation: Include language regarding the need for approval from a medical or health care professional. <p>Section 2: Reached consensus on April 8, 2025</p> <ul style="list-style-type: none"> ▶ Recommendation: Replace “structural damage” with “major damage”. Structural damage compromises the ability to live in the home whereas major damage requires extensive repairs. ▶ Concerns were expressed about property being valued over child wellness. ▶ Concerns were expressed regarding prohibiting physical restraints that caused temporary injury, noting that “temporary” is subjective. <ul style="list-style-type: none"> • Revised consensus language: “Physical restraints that intended to cause injury.”
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APPENDIX A: FOSTER CARE NRM REPRESENTATIVES

NRM Representative	Representative Group
Christie Mackie	Caregiver Region 1
Ronnie Butler	Caregiver Region 2
Britta Saltonstall	Caregiver Region 3
Shannon Anderson	Caregiver Region 3
Christina Faucett	Caregiver Region 4
Julie Duim	Caregiver Region 4
Kayla Hollimon	Caregiver Region 4
Rachael Hill	Caregiver Region 5
Tracie Jefferson	Caregiver Region 5
Tristan Fujita	Caregiver Region 5
Chris Duclos	Caregiver Region 6
Sarah Copes	Caregiver Region 6
Tiffany (Vawn) Hicks	Caregiver Region 6
Whitney Englund	Caregiver Region 6
Nora Helder	Child Placing Agency
Shelley Genuardi	Child Placing Agency
Megan Levitan	DCYF Licensing Division – Assessment
Lori Menken	DCYF Licensing Division - CPS
Connie Horne	DCYF Licensing Division – CPS
Meghan Reichart	DCYF Licensing Division – RL / CPA
Janelle Weaver	DCYF Licensing Division – SAM
Melanie Gibson	DCYF Licensing Division – SAM
Krystina Marie Cummins	Lived Experience - Parents
Marcella Taylor	Lived Experience – Parents
Lillie Thompson	Lived Experience - Youth
Amy Santos	Lived Experience – Youth
Charissa Keebaugh	Lived Experience – Youth
Esther Taylor	Lived Experience – Youth
Isaac Harris	Lived Experience – Youth
Keeyshonna Harris	Lived Experience – Youth
Mayauna Renea	Lived Experience – Youth
Pamela Javier	Lived Experience – Youth
Adam Makoviney	Tribal Child Placing Agency
Cindy Howard	Tribal Child Placing Agency
Kaylena Satiacum	Tribal Child Placing Agency

APPENDIX B: NRM REPRESENTATIVE KICKOFF MEETING

Foster Care Negotiated Rulemaking Representative Orientation

Washington Department of Children, Youth & Families

October 8, 2024



PUBLIC
CONSULTING GROUP

Solutions that Matter

Agenda

- Opening Remarks
- Introductions & Roles
- Icebreaker
- Foster Care NRM Background
- NRM Virtual Negotiations
- Questions
- Resources



Opening Remarks

Introductions

Introductions & Roles

PCG	DCYF NRM Team
<ul style="list-style-type: none"> Organize and manage NRM Meetings via Zoom Facilitate NRM Representative Meetings and Breakout Sessions Assist representatives in reaching consensus Document all notes and live language updates 	<ul style="list-style-type: none"> Amend WAC language based on feedback with collaboration with the Policy and Rules Office Explain amended language's intent and background Schedule and facilitate ad hoc meetings Seek consultations Support representatives
Representatives	Community Partners
<ul style="list-style-type: none"> Representative Groups: Parents and Youth with Lived Experience, DCYF Licensing Division, Child Placing Agencies, Tribal Child Placing Agencies, Community Providers Collaborate and represent group needs Negotiate amended WAC Vote on consensus Lived Experience and Tribal Advocates 	<ul style="list-style-type: none"> Review WAC sets Provide input on recommended WAC revisions Provide subject matter expertise feedback, as needed Stay up-to-date on project progress



Icebreaker

Foster Care NRM Background

NRM is a Shared Vision



D.S. History and Overview

Plaintiff D.Y.



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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

Next friend TARA URS;
Next friend JULIE
N; H.A. by and
ISTEN BISHOPP;
S WASHINGTON, a
nization for the
tion and Advocacy

NO. 2:21-cv-00113

Plaintiffs,

CLASS ACTION COMPLAINT FOR
DECLARATORY AND INJUNCTIVE
RELIEF

DEPARTMENT OF
ND FAMILIES; and
ficial capacity as
Story of the Washington State Department of
Youth, and Families,

Defendants.

I. OVERVIEW

1. Named Plaintiffs D.Y., D.S., and H.A.,¹ by and through their next friends and acting on behalf of a class of children with behavioral health and developmental disabilities who are in the custody of Washington State's child welfare system, and the non-profit organization, Disability Rights Washington ("DRW") (collectively, "Plaintiffs"), bring this civil rights action

¹ Plaintiffs will seek permission to use pseudonymous initials for the minor Named Plaintiffs.

CLASS ACTION COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF - 1

Disability Rights Washington
315 5th Avenue South, Suite 850
Seattle, Washington 98104
(206) 324-1521 • Fax: (206) 957-0729



D.S. History and Overview

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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

D.S. by and through her next friend TARA URS;
D.Y. by and through his next friend JULIE
KELLOGG-MORTENSEN; H.A. by and
through his next friend KRISTEN BISHOPP;
and DISABILITY RIGHTS WASHINGTON, a
nonprofit membership organization for the
federally mandated Protection and Advocacy
Systems,
Plaintiffs,
v.
WASHINGTON STATE DEPARTMENT OF
CHILDREN, YOUTH, AND FAMILIES; and
ROSS HUNTER, in his official capacity as
Secretary of the Washington State Department of
Children, Youth, and Families,
Defendants.

NO.
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I. OVERVIEW

1. Named Plaintiffs D.Y., D.S., and H.A.,¹ by and through their next friends and
acting on behalf of a class of children with behavioral health and developmental disabilities who
are in the custody of Washington State's child welfare system, and the non-profit organization,
Disability Rights Washington ("DRW") (collectively, "Plaintiffs"), bring this civil rights action

¹ Plaintiffs will seek permission to use pseudonymous initials for the minor Named Plaintiffs.

CLASS ACTION COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF - 1

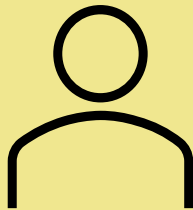
Disability Rights Washington
315 5th Avenue South, Suite 850
Seattle, Washington 98104
(206) 324-1521 • Fax: (206) 957-0729

Plaintiff H.A.



D.S. History and Overview

Plaintiff D.S.



Case 2:21-cv-00113 Document 5-1 Filed 01/29/21 Page 1 of 49

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

through her next friend TARA URS;
through his next friend JULIE
MORTENSEN; H.A. by and
next friend KRISTEN BISHOPP;
DISABILITY RIGHTS WASHINGTON, a
membership organization for the
disabled Protection and Advocacy

NO. 2:21-cv-00113

CLASS ACTION COMPLAINT FOR
DECLARATORY AND INJUNCTIVE
RELIEF

Plaintiffs,

DEPARTMENT OF
SOCIAL AND FAMILIES; and
ER, in their official capacity as
the Washington State Department of
Health, and Families

Defendants.

I. OVERVIEW

1. Named Plaintiffs D.Y., D.S., and H.A.,¹ by and through their next friends and acting on behalf of a class of children with behavioral health and developmental disabilities who are in the custody of Washington State's child welfare system, and the non-profit organization, Disability Rights Washington ("DRW") (collectively, "Plaintiffs"), bring this civil rights action

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CLASS ACTION COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF - 1

Disability Rights Washington
315 5th Avenue South, Suite 850
Seattle, Washington 98104
(206) 324-1521 • Fax: (206) 957-0729



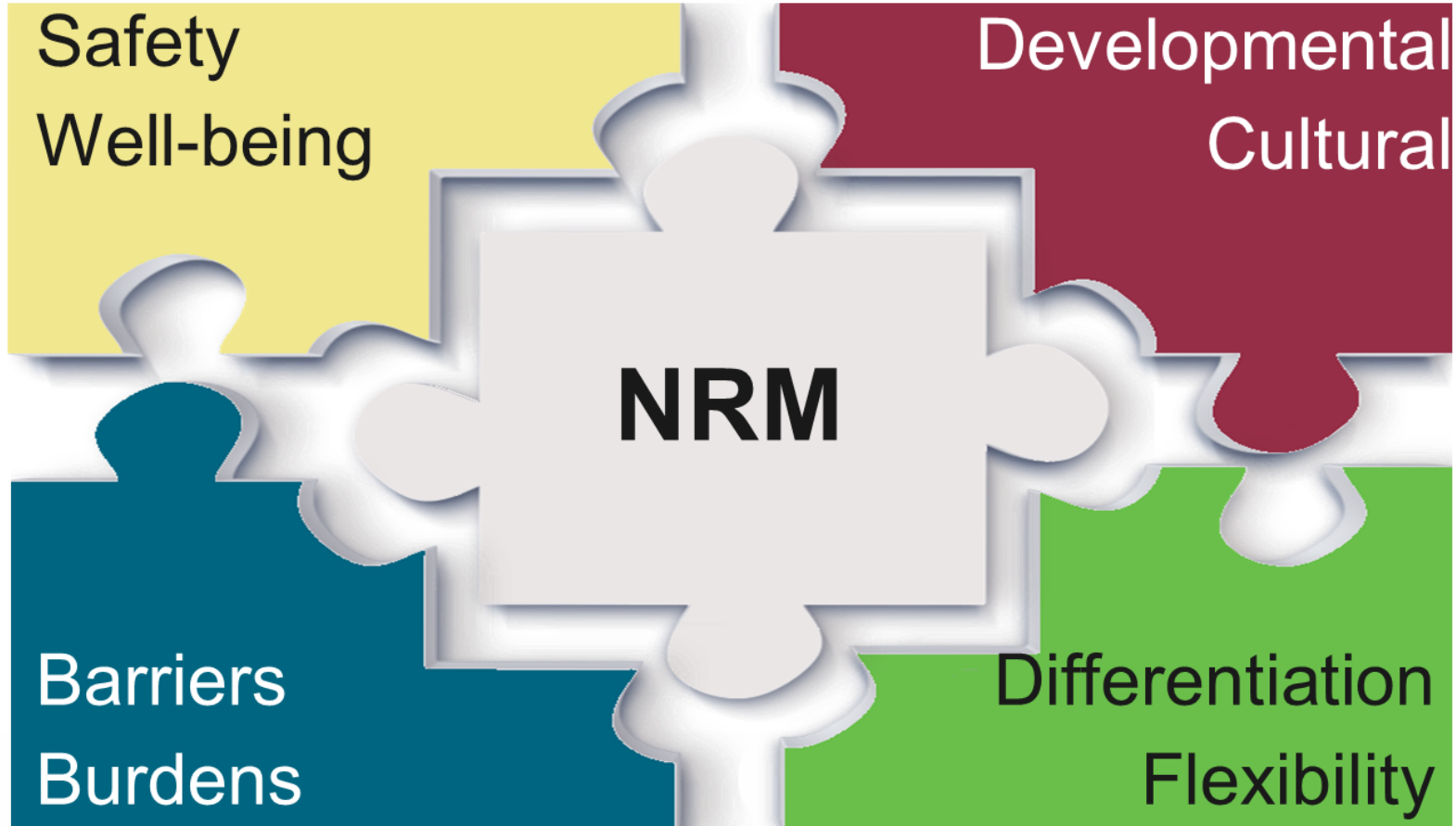
Foster Care NRM Background

D.S. Settlement: Engage in NRM to amend requirements for foster care rules that are more developmentally appropriate and flexible to meet the needs of individual youth's needs.

Normalcy	Developmentally appropriate autonomy and privacy, including but not limited to developmentally typical access to mobile phones and support or resources necessary to engage in normal social activities with peers
Connections	Obligations to facilitate connections to immediate, extended, and chosen family members, in accordance with the youth's case plan, including but not limited to potential long-term or permanent placements
Education	Responsibility to support youth to remain in their school of origin in accordance with the youth's case plan
Transitions	Expectations to provide education, training, and coaching to families of origin and other potential long-term or permanent placements about how best to support the child
Planning	Expectations to engage in service or discharge planning
Dietary Satisfaction	Standards for providing sufficient nutrition and satisfaction of dietary needs
Inclusive & Affirming Care	Training requirements and expectations for providing culturally responsive, LGBTQIA+ affirming and trauma-informed care



Foster Care NRM Guiding Principles



NRM Virtual Negotiations

Negotiating WAC

Objective: Amend Washington State's foster care WAC to improve experiences of young people as it aligns with DCYF's mission and the D.S. Settlement system of improvements.

Goal: Negotiate and reach consensus on 63 WAC by April 30, 2025

Consensus Approach: Reach agreement among representatives that maximizes gains for everyone.

- [Principle: The Beachball \(youtube.com\)](#)

Negotiation How To:

- Actively listen
- Ask questions
- Collaborate
- Communicate
- Control emotions
- Create solutions

Interest-Based vs. Positional Negotiations



Interest-Based

- Parties are joint problem solvers
- Goal is “Win-Win” for everyone
- Work together to determine priorities
- Focus on underlying needs/interests, not positions
- Use reason and principles to explain the needs/interests, not pressure
- Good Faith participation

Positional



- Parties are Adversaries
- Goal is “Win for You or Your Group”
- Demands concessions
- Digs into a position
- Applies pressure
- Insist on your position

Negotiating WAC: WIN-WIN



Consensus is...



General agreement among a group of people



The product of “Good Faith Effort” to meet the interests of stakeholders



Everyone agrees they can live with the final proposal; that is after every effort has been made to meet any outstanding interests.

Measuring Consensus

How it Works:

When asked by the facilitator, each voting representative notes their consensus score (0-5) in the Zoom chat feature. Any voting representative who scores the language at a three or lower, must state objections.

- Negotiations will take place for WAC that are scored between zero and 2 (0-2).
- When all voting representatives score the amended WAC between 3 and 5 (3-5), a formal consensus vote will take place.

					
Closed Fist No. I am blocking consensus.	1 Finger I have major concerns.	2 Fingers I would like to discuss some minor issues.	3 Fingers I am not in total agreement, but I feel comfortable enough to let the language pass without further discussion.	4 Fingers I think the language is good.	5 Fingers I think the language is great.

Negotiating WAC

When negotiating amended language, representatives should understand the interests, needs, and motivations of each other.

Guiding Questions	
1	What is the intent of the rule?
2	Does the how of the WAC meet your group's needs?
3	What portions of the how in the WAC is most concerning to your group?
4	What needs to be changed about the how in the WAC to meet your group's needs?

Consensus Vote

Consensus is Reached When: All voting representatives score the WAC language as a three or higher.

- Voting representatives will utilize Zoom chat to place their consensus vote

After Consensus is Reached: The revised WAC is sent to the Assistant Secretary of the DCYF Licensing Divisions and Washington Office of the Attorney General for review and recommendations.

WAC Not Reaching Consensus: The DCYF NRM Team will collaborate with the Assistant Secretary of the DCYF Licensing Division and the Washington Office of the Attorney General to finalize amended language.

NRM Process



Prior to NRM Representative Meeting

1. **Receive** WAC set two weeks prior to the NRM Representative meeting
2. **Review** assigned WAC set with group members to determine whether the intent behind the WAC is met, and the how supports the intent
3. **Prepare** to represent your groups perspective of the following:
 - What is the need for change to the proposed WAC?
 - How is your group's need not met with the proposed WAC?
 - What should the WAC include to meet your group's need?



NRM Process



During NRM Representative Meeting

1. **Review** a new WAC set during each meeting
2. **Share** your group's perspective on the intent and how it is being met
3. **Negotiate** proposed changes to meet your group's needs
4. **Consensus Scale (0-5)** for the proposed WAC
5. **Vote** to reach Consensus using the fist to five scale when there is general agreement on WAC
6. **Determine** when a WAC is unable to reach timely consensus and needs a breakout session



NRM Process



Following NRM Representative Meeting

1. Prepare for Breakout sessions:

- The DCYF NRM Team will research topic areas about which additional information was requested.
- Representatives will collaborate within their group to determine the group's perspectives on reaching a win-win

2. During the Breakout Session: Review any additional information and continue negotiations to identify a win-win

3. Reach consensus



NRM Meeting Expectations

Expectation #1: To engage in respectful communication while remaining globally focused and open minded to other's experiences and opinions.

Expectation #2: To allow a safe space for sharing experiences, avoiding stereotypes, generalizations and biases while keeping meeting conversations on topic and confidential.

Expectation #3: Remember we are on a team together that encourages curiosity, seeks clarity, challenges ideas, and allows all voices to be heard.

Foster Care Meeting Schedule

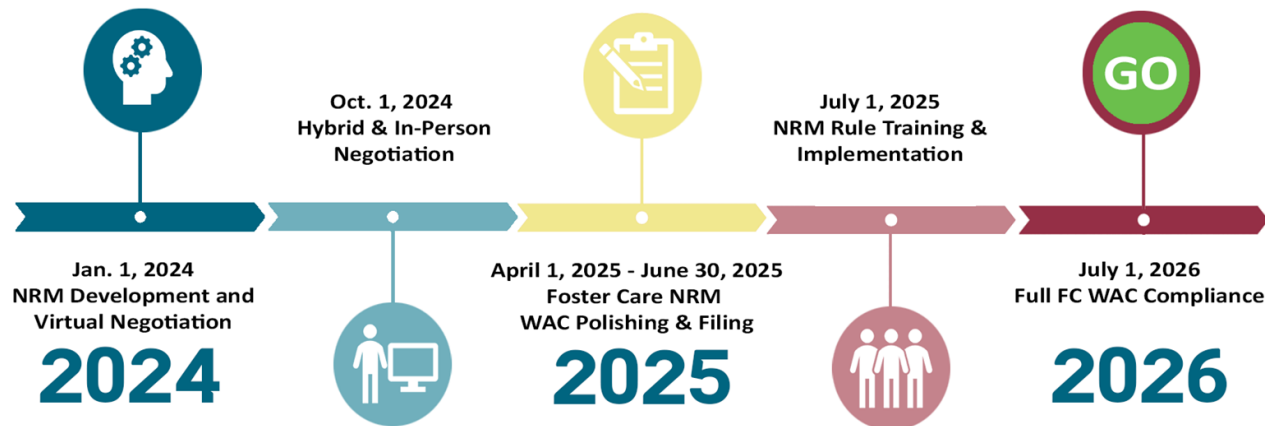
- Negotiations will begin on October 22, 2024 via Zoom.
 - NRM Representative Meetings will occur on Tuesdays from 12:00-4:00
 - Breakout Sessions will occur on Tuesdays from 12:00-2:00.

Week 1	<p>4-Hour NRM Representative Meeting</p> <ul style="list-style-type: none">• PCG to send WAC set to Representatives 2 week prior to meeting<ul style="list-style-type: none">• Each WAC set will contain 10 WAC• WAC in each set will only be discussed within the set 4-week period• PCG to send Meeting Minutes within three (3) business days of meeting
Week 2	<p>2-Hour Breakout Session, as needed</p> <ul style="list-style-type: none">• Continue negotiations on WAC that did not reach consensus during the NRM Representative Meeting
Week 3	<p>2-Hour Breakout Session, as needed</p> <ul style="list-style-type: none">• Continue negotiations on WAC that did not reach consensus during the NRM Representative Meeting or previous Breakout Session• No further discussions on WAC included in Set
Week 4	<p>Independent preparation for Week 1 NRM Representative Meeting</p> <p>If slow progress on reaching consensus, will schedule 2-hour Breakout Session</p>

Next Steps

1. PCG will send meeting invites for NRM Representative Meetings and Breakout Sessions.
2. The DCYF NRM Team sent all representatives the first WAC set to be discussed during the first Negotiation Meeting held during the week of October 21, 2024.

NRM Foster Care Roadmap



The background is a solid blue gradient. It is decorated with several abstract geometric shapes: squares and rectangles of various sizes and shades of blue. Some shapes are solid, while others are outlined in white. They are scattered across the frame, with a higher concentration on the left side. The word "Questions?" is written in white, bold, sans-serif font in the lower-left area.

Questions?

Resources

Foster Care NRM Email Address

Dcyf.fostercarenrm@dcyf.wa.gov

WA DCYF Foster Parenting & Kinship Care Website – WAC Amendments

<https://www.dcyf.wa.gov/services/foster-parenting/current-foster-parents/nrm>

PCG Contacts

Kate Smith: katsmith@pcgus.com

Diane Haver: dhaver@pcgus.com





PUBLICTM
CONSULTING GROUP

Solutions that Matter

APPENDIX C: NRM REPRESENTATIVE MEETING AND BREAKOUT SESSION SCHEDULE

Meeting Type	Meeting Date	WAC Set(s) Discussed
NRM Representative Meeting	October 22, 2024	1
Breakout Session	October 29, 2024	1
Breakout Session	November 5, 2024	1
NRM Representative Meeting	November 19, 2024	2
Breakout Session	December 3, 2024	1, 2
Breakout Session	December 10, 2024	1, 2
NRM Representative Meeting	January 7, 2025	3
Breakout Session	January 14, 2025	3
Breakout Session	January 21, 2025	2, 3
NRM Representative Meeting	February 4, 2025	4
Breakout Session	February 11, 2025	3, 4
Breakout Session	February 18, 2025	3, 4
NRM Representative Meeting	March 4, 2025	5
Breakout Session	March 11, 2025	5
Breakout Session	March 18, 2025	5
Breakout Session	April 1, 2025	5
Breakout Session	April 8, 2025	4, 5
Breakout Session	April 15, 2025	4, 5
Breakout Session	April 29, 2025	2, 3, 4, 5
Breakout Session	May 6, 2025	2, 3

APPENDIX D: FOSTER CARE DRAFT AMENDED WAC LANGUAGE BASED ON NEGOTIATIONS

WAC 110-148-1365 GENERAL REQUIREMENTS FOR FOSTER PARENTS AND THOSE LIVING ON PREMISES

- (1) To apply for a foster care license, applicants must:
 - (a) Be at least 21 years old;
 - (b) Demonstrate through the department's assessment process:
 - (i) They have the:
 - (A) Understanding, ability, physical health, emotional stability, and character suited to meet the physical, mental, emotional, cultural, and social needs of children and youth in care;
 - (B) Ability to meet the financial needs of the family without the foster care reimbursement made for the children and youth in care; and
 - (C) Ability to communicate with all of the following:
 - (I) Children and youth in care;
 - (II) The department;
 - (III) Health care providers; and
 - (IV) Other service providers;
 - (ii) The condition of the home and property meet the safety and well-being needs of children and youth in care; and
 - (iii) All members of the household:
 - (A) Agree to comply with the minimum licensing requirements; and
 - (B) Have the physical and mental health to meet the safety and well-being needs of children and youth in care.
- (2) Foster parents must comply with all of the following upon and after placement of children and youth in their care:
 - (a) Comply with the case plan for the children and youth in care;
 - (b) Not use:
 - (i) Illegal drugs;
 - (ii) Legal drugs or alcohol in excess or contrary to as indicated:
 - (A) In the presence of children or youth in care; or
 - (B) In a manner that affects their ability to provide safe care.
 - (c) Verify that everyone residing on the premises or who has unsupervised access to children and youth has the ability to furnish children and youth with an environment that is:
 - (i) Safe;
 - (ii) Nurturing;
 - (iii) Respectful; and
 - (iv) Supportive
- (3) At any time that a child safety or well-being concern is noted, the department may require:
 - (a) Applicants and foster parents to provide additional information;
 - (b) An evaluation of the premises; or
 - (c) An evaluation of the applicant or anyone living in the home by an evaluator the department recommends.
- (4) When the department requires an evaluation, applicants or licensees must:
 - (a) Pay any related costs for evaluations required by the department; and
 - (b) Give written permission for the evaluator to exchange information with the department prior to and throughout the evaluation process.

WAC 110-148-1375 COMPLETING PRESERVICE, FIRST AID, CPR, AND BLOODBORNE PATHOGEN TRAINING

- (1) The primary foster parent applicant designated on the application must complete preservice training before licensure;

- (2) All other foster parent applicants must complete modified preservice training that includes fundamental training before licensure; and
- (3) Foster parents and household members are not required to complete CPR training if the following requirements are met:
 - (a) They have a statement from a physician advising they not complete training for medical reasons; and
 - (b) Another individual with current CPR training is on the premises when children are present.

WAC 110-148-1380 IN-SERVICE TRAINING

- (1) Foster parents must complete in-service training by following the department-approved individual in-service training plan based on:
 - (a) The department's foster home training policy;
 - (b) The needs of children and youth in care; and
 - (c) Previous training and experience.
- (2) All foster parents must complete training approved by the department within their first year of licensure on the following topics:
 - (a) Culturally responsive care;
 - (b) LGBTQIA+ affirming care; and
 - (c) Trauma-informed care.
- (3) If foster parents fail to complete the training requirements, the department will take the following progressive actions:
 - (a) Issue a compliance agreement;
 - (b) Delay the foster care renewal license until the requirements are met;
 - (c) No longer place children or youth in the home; and
 - (d) Take one of the following licensing actions:
 - (i) Issue a probationary license;
 - (ii) Suspend the license; or
 - (iii) Revoke the license.
- (4) The department may:
 - (a) Modify training plans at any time; or
 - (b) Require specific training related to the needs of the children and youth in care.

WAC 110-148-1385 DETERMINING LICENSING CAPACITY

- (1) The department will:
 - (a) Issue licenses that specify the licensed capacity, which is the maximum number, age range, and gender of children and youth that may be placed in a foster home.
 - (b) Determine capacity based on the:
 - (i) Number of caregivers and their skills;
 - (ii) Physical accommodations in the home; and
 - (iii) Needs of the children and youth placed in the home;
 - (c) Limit the number of children and youth in a foster home except as outlined in WAC 110-148-1390:
 - (i) Six children and youth in a home licensed with two caregivers;
 - (ii) Four children and youth in a home licensed with one caregiver; and
 - (iii) These limits include:
 - (A) Their own children and youth under the age of 18; and
 - (B) Children and youth in foster or respite care;
- (2) The department may allow foster homes to exceed the capacity limit in subsection (1)(c) in the following cases:
 - (a) Applicants that have the maximum specified in subsection (1)(c) of their own children and youth may be licensed for one foster child or youth at the department's discretion if the home meets all the other minimum licensing requirements.

- (b) LD licensors may determine that foster homes that reach maximum capacity during licensure due to birth or adoption may be assessed for their suitability for one additional child or youth.
- (3) At any time, foster parents may not care for more than except as provided in subsection (4):
 - (a) Two children birth through one year old or who are non-ambulatory, including their own children;
 - (b) Three children or youth with developmental disabilities; or
 - (c) Three children or youth with emotional disorders and a supervision plan developed by the department;
 - (d) Three children or youth with behavioral disorders; or
 - (e) Three medically fragile foster children or youth who need semi-skilled maintenance or supportive services that the foster parents have the training and experience to care for.
- (4) Foster homes may request an exception to subsection (3) if they develop a plan to demonstrate how they can provide for the safety and well-being of additional children and youth in care.
- (5) Foster homes may accept placement of a teen parent and their child even if both are not in the custody of the department or a CPA. Both the parent and child will count towards the maximum capacity.
- (6) Foster parents may request a modification to a higher capacity when:
 - (a) within the first six months from the issuance of a new or renewed license; this requires approval from LD
 - (b) after six months from licensure for any reason with the demonstrated ability to care for children within the licensed capacity during this time

WAC 100-148-1390 OVERCAPACITY EXCEPTION

- (1) The department may allow foster homes to exceed capacity in the following situations:
 - (a) To temporarily exceed the home's licensed capacity as long as the placement:
 - (i) Is in the best interest of the child or youth; and
 - (ii) Does not affect the health and safety of other children and youth in the home; or
 - (b) To exceed a capacity of six foster children and youth in a home with two foster parents or four foster children and youth in a home with one foster parent if one or more of the following conditions exist:
 - (i) It is an emergent placement;
 - (ii) It allows:
 - (A) Parenting youth in foster care to remain with their children;
 - (B) Siblings to remain together;
 - (C) A child or youth who has an established, meaningful relationship with the family to be placed or 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.
- (2) The approval must be in writing.
- (3) Foster parents must follow written plans from the department for additional supervision or other requirements.

WAC 110-148-1395 ADMITTING AND RETAINING CHILDREN AND YOUTH

- (1) Foster parents have the right to refuse to admit or keep children or youth in their home, unless that decision:
 - (a) Violates the Washington state law against discrimination, chapter [49.60](#) RCW, such as declining to admit children or youth because of their:
 - (i) Actual or perceived race;
 - (ii) Ethnicity;
 - (iii) Religion; or
 - (iv) SOGIE; or
 - (b) Conflicts with their contract with an individual CPA program.

(2) Foster parents may not move children or youth to another home, either temporarily or permanently unless one of the following applies:

- (a) They have the consent of the child's or youth's DCYF caseworker or the CPA case manager; or
- (b) The move is a temporary visit that lasts less than 72 hours and is in compliance with travel requirements outlined in WAC [110-148-1435](#).

WAC 110-148-1400 MEDICAL SERVICES FOR CHILDREN AND YOUTH WHO ARE MEDICALLY FRAGILE OR WITH DEVELOPMENTAL DISABILITIES

Foster parents caring for medically fragile children and youth or children and youth with developmental disabilities must:

- (1) Arrange for medical services prescribed by or referred to by a licensed health care provider or certified specialist related to children's or youth's particular diagnosis; and
- (2) Follow any treatment plans from children's and youth's licensed health care providers or certified specialists to meet their unique safety and well-being needs.

WAC 110-148-1405 CHILDREN'S AND YOUTH'S WELL-BEING FILES

Foster homes must meet the following requirements for keeping children's and youth's records in their well-being files:

- (1) Make reasonable efforts to obtain documents in subsection (2)
- (2) Keep the following records when provided by the caseworker accessible to authorized individuals in the home:
 - (a) The child's or youth's general information, including:
 - (i) Name;
 - (ii) Birth date; and
 - (iii) Inventory of their personal belongings as outlined in WAC 110-148-1545;
 - (b) Legal information, including:
 - (i) Name and phone number of their caseworker;
 - (ii) Written consent for providing medical care and emergency surgery, as authorized by a court order;
 - (iii) Contact information for the individuals to be contacted in case of emergency, including their:
 - (A) Name;
 - (B) Address; and
 - (C) Phone number; and
 - (iv) List of individuals authorized to take children and youth out of the home, including their:
 - (A) Name;
 - (B) Address; and
 - (C) Phone number;
 - (c) Special instructions, including supervision requirements and suggestions for managing problem behavior;
 - (d) Medical information, including:
 - (i) Provider One information;
 - (ii) A written list of all their prescription medications;
 - (iii) Their medical history including:
 - (A) Any clinical or medical diagnoses or special health problems and any related treatment plans;
 - (B) The name of all their licensed health care providers;
 - (C) The type of medical coverage and provider under which they are covered;
 - (D) The date of their last physical exam;
 - (E) The date of their last dental exam; and
 - (F) Any allergies;
 - (iv) Their mental health history, including any of the following current issues as applicable:
 - (A) Mental health disorders;
 - (B) Chemical dependency issues; and

- (C) Behavioral issues; and
- (iv) Medical and psychological reports; and
- (3) Keep the following information as applicable to the child or youth as it is obtained and updated:
 - (a) Information on their specific cultural needs and how they will be met, including:
 - (i) Spiritual and religious beliefs;
 - (ii) Race and ethnicity;
 - (iii) SOGIE; and
 - (iv) Tribal connection, if applicable;
 - (b) Medical information, including:
 - (i) Name and contact information for their dental care provider; and
 - (ii) Immunizations records;
 - (c) Their most current school records, including any of the following as applicable:
 - (i) Report cards;
 - (ii) School pictures; and
 - (iii) 504 plans and IEPs; and
 - (d) Children's or youth's case plans;
- (4) Provide copies of the records listed in subsection (2) to the caseworker as they are updated;
- (5) Turn reports and information about children, youth, or their family over at the end of placement to either:
 - (a) The department, tribal, or CPA caseworker; or
 - (b) Their next placement if directed by the department, tribal, or CPA caseworker.

WAC 110-148-1410 CONFIDENTIALITY OF CHILDREN'S, YOUTH'S, AND THEIR FAMILIES' INFORMATION

- (1) Foster homes must comply with the following when sharing information about children, youth, and their families
 - (a) Keep information about children, youth, and their families confidential and only share their information, including their well-being files to the extent necessary to conduct one's official duties with:
 - (i) Representatives of:
 - (A) The department;
 - and
 - (B) The office of the family and children's ombuds;
 - (ii) Their assigned CPA team;
 - (iii) Their tribal social services worker;
 - (iv) Treatment and service providers identified in their case plan or with permission of their department caseworker; and
 - (v) Their guardian ad litem;
 - (vi) Their court-appointed special advocate and attorney.
 - (v) Emergency services, including law enforcement, first responders, and emergency medical personnel.
- (2) Foster parents may share information as necessary and only to the extent necessary for the benefit of the child or youth unless directed to the contrary by the child or youth or their caseworker:
 - (a) Parents;
 - (b) Teachers;
 - (c) Counselors;
 - (d) Doctors; and
 - (e) Others involved in their case plan.
- (3) CPAs and the department must share information with foster parents about children, youth, and their families related to their case plan in order to meet their needs.

WAC 110-148-1420 REPORTING INCIDENTS

Foster parents must report the following incidents involving children and youth in their care:

- (1) To department intake, the child's or youth's caseworker, and the CPA licenser immediately and in no instance later than 48 hours after the following type of incidents:
 - (a) Death;

- (b) Injuries or health conditions that carry high risk of mortality or long-term negative impacts on an individual's daily function or quality of life;
 - (c) Psychiatric care that requires hospital admission;
 - (d) Any time they suspect physical or sexual abuse, neglect, or exploitation of the child or youth as required under chapter [26.44](#) RCW;
 - (e) Sexual contact, as defined in RCW [9A.44.010](#), between two or more children or youth;
 - (f) Disclosure by the child or youth of sexual or physical abuse;
 - (g) Suicidal or homicidal thoughts, gestures, and attempts;
 - (h) Drug or alcohol use in the home by a child or youth;
 - (i) Use of prohibited physical restraints for behavior management per as outlined in WAC 110-148-1620;
 - (j) Arrest or detainment of the child or youth;
 - (k) The child's or youth's self-inflicted physical injury not intended as a suicide attempt that requires off-site medical treatment;
 - (l) Use of physical restraint alleged to have been excessive or improperly applied as outlined in WAC 110-148-1620;
 - (m) Physical assault between two or more children or youth that results in injury;
 - (n) Physical assaults involving foster parents or other adults by a child or youth in care that results in injury;
 - (o) Any medication given or consumed incorrectly; or
 - (p) Any treatment for emergency medical or emergency psychiatric care;
 - (q) Missed medication that requires off-site medical attention;
 - (r) Any inappropriate sexual behavior by or toward a child or youth;
 - (s) Discovery of illegal property or weapons on the premises
- (2) The LD licensor and the child's or youth's caseworker as soon as possible and in no instance later than 48 hours after the following types of incidents:
- (a) Drug or alcohol use by a child or youth in care off-site;
 - (b) Unexpected health problems outside the usual range of reactions caused by medications that do not require off-site medical attention;
 - (c) Significant property damage on the licensed premises caused by children or youth; or
 - (d) Suspected or known gang recruitment of, or activity by a child or youth.

WAC 110-148-1430 REPORTING OTHER CIRCUMSTANCES

- (1) Foster homes must report any changes in the original licensing application to the LD licensor and CPA, including but not limited to any of the following:
- (a) Before moving to a new location as outlined in RCW [74.15.100](#). Foster homes may request a continuation of the current license at the new location before or up to 30 days after moving to a new location;
 - (b) The following changes immediately but no more than 72 hours after occurrence:
 - (i) Mailing address or phone number;
 - (ii) Structure of the home or property from events that cause damage or from remodeling; or
 - (iii) Any significant changes regarding household members or the premises including:
 - (A) A change in the foster parents' marital status;
 - (B) Foster parents' separation;
 - (iv) An arrest of anyone living on the premises or who has access to children and youth;
 - (v) The death of immediate family members living in the home;
 - (vi) Anyone moving in or out of the premises;
 - (vii) Any serious physical or mental incapacity that may interfere with the care of children and youth; and
 - (viii) Any changes in a medical condition, including changes in medications, that impact foster parents' ability to care for children;
 - (c) The following changes within 24 to 48 hours after occurrence:
 - (i) A change in foster parents' employment or significant decrease in income; and

(ii) Adoption of children or youth.

(2) The department or CPA may require a new assessment of the home, which may result in the issuance of a license.

WAC 110-148-1435 TRAVEL WITH CHILDREN OR YOUTH

(1) Foster parents must:

(a) Obtain written approval from children's or youth's caseworker, allowing sufficient time for court approval to be granted, prior to children and youth traveling in the following situations, as outlined in RCW 74.13.710:

(i) Any travel within the United States or BC border counties that is longer than 72 hours;

(ii) Any out-of-country travel for any length of time; and

(b) In all other situations, when denying children and youth opportunities to travel with friends or activity groups without consulting the caseworker based on the prudent parent guidelines outlined in RCW 74.13.710, foster parents must explain the reason to the child or youth according to the child's or youth's developmental capabilities.

WAC 110-148-1440 HOME AND PROPERTY REQUIREMENTS

Foster homes must:

(1) Be located at the particular, fixed location listed on the license as outlined in RCW [74.15.100](#).

(2) Have:

(a) Adequate indoor and access to outdoor space to meet the needs of children and youth in care;

(b) Ventilation;

(c) Toilet and bathing facilities;

(d) Light;

(e) Heat that maintains the health and comfort of all members of the household;

(f) A kitchen with maintained and working equipment including at least the following:

(i) Sink;

(ii) Refrigerator;

(iii) Stove; and

(iv) Oven; and

(g) Either:

(i) Adequate laundry and drying equipment; or

(ii) Other arrangements for laundry on a regular basis;

(3) Keep:

(a) The home, property, and furnishings in a condition that is:

(i) Safe and sanitary; and

(ii) Adhering to the Environmental Protection Agency (EPA) standards, use the least toxic methods as appropriate to prevent and control pests, such as rodents, flies, cockroaches, fleas, and other insects;

(4) Keep dangerous chemicals inaccessible to children and youth based on their age, developmental capabilities, or requirements of their case plan. This includes but is not limited to:

(a) Cleaning supplies;

(b) Toxic or poisonous substances;

(c) Aerosols; and

(d) Other items with warning labels;

(5) Clearly label containers when they are filled with toxic substances from a bulk supply;

(6) Store toxic substances separately from food items;

(7) Provide tamper-proof or tamper-resistant electrical outlet covers or blank covers in areas that are accessible to children birth through five years old or who might be otherwise endangered by exposed outlets;

(8) Use specialized equipment for infants and toddlers safely and according to manufacturers' instructions, including not using recalled equipment or equipment that is prohibited by the department such as wheeled baby walkers;

(9) Have a phone that works at all times with reliable reception and a backup power source while children are present in the home and that:

- (a) Allows individuals calling the facility to leave a message at all times. Foster parents must give children and youth their phone messages no later than 24 hours from when the message was left or when the child or youth returns to the home; and
- (b) Children and youth are able to use privately per WAC 110-148-1540;
- (10) Post the home's address and emergency numbers, suicide and crisis hotline phone numbers, the Washington state poison control number (1-800-222-1222), and the physical address of the home in a prominent location unless the home has an exception under WAC 110-148-(exception WAC; can't remember the number);
- (11) Use doors that are easy to open from the inside and outside in all areas of the home that are occupied, including closets, bathrooms, and bedrooms;
- (12) Provide easy access to the outside in case of an emergency;
- (13) Develop a plan to address hazardous conditions on the premises with the LD licensor; and
- (14) Follow:
 - (a) Generally accepted health standards for the storage and preparation of food; and
 - (b) All local and state regulations such as zoning regulations, local building codes, and fire codes. The department may require proof that the foster home complies with local regulations.

WAC 110-148-1445 GARBAGE, SEWER, AND WATER

- (1) Foster homes must:
 - (a) Dispose of garbage sufficient to maintain sanitary conditions on the premises, including having a system to remove garbage from the premises;
 - (b) Have adequate sewage facilities that meet one of the following:
 - (i) Are connected to a public sewage system;
 - (ii) A functioning septic system; or
 - (iii) An alternative system that is approved by DOH or the tribal authority;
 - (c) Maintain temperature of running water at or below 120 degrees. If foster parents do not have control over the main water temperature, they must prevent children from being burned or scalded by hot water;
 - (d) Have access to either:
 - (i) Public water supply; or
 - (ii) Private water supply that has been tested according to state and local testing guidelines, including but not limited to testing for coliform and nitrates:
 - (A) By:
 - (I) The local health district; or
 - (II) A private water-testing laboratory approved by the Washington state department of ecology or tribal government; and
 - (B) At the following times:
 - (I) Licensing;
 - (II) Relicensing; and
 - (III) Any time the department or CPA deems necessary.
- (2) Foster homes may request an exception to the requirements in this section from the department if they can demonstrate:
 - (a) The request is in response to temporary and unexpected circumstances; and
 - (b) How they can provide for the safety and well-being of children and youth in care.

WAC 110-148-1450 CARE FOR INFANTS AND TODDLERS AND YOUTH WITH DISABILITIES

Following the initial discussion, the following sections of this WAC were combined in other WAC:

- ▶ Section 110-148-1450(1) was combined with WAC 110-148-1505 *Infection and communicable disease prevention*.
- ▶ Sections 110-148-1450(2)&(4) were combined with WAC 110-148-XXXX *Health and Safety in the Home*.
- ▶ Section 110-148-1450(3) was combined with WAC 110-148-1440 *Home and property requirements*.

WAC 110-148-1455 SWIMMING POOLS AND BODIES OF WATER

Foster parents must keep children and youth in care safe around bodies of water that pose a risk to their safety according to their developmental capabilities; and

Foster parents must:

- (1) Prevent access to:
 - (a) Swimming pools with a locking barrier that has been approved by the department. If the barrier is a fence it must be:
 - (i) Nonscalable; and
 - (ii) At least four feet high; and
 - (b) Prevent access to other bodies of water as outlined in the site-specific supervision plan in subsection (6);
- (2) Lock hot tubs when not in use;
- (3) Meet one of the following requirements for all potential water hazards, including wading pools, either:
 - (a) Make them inaccessible to children and youth when not in use; or
 - (b) Empty them after each use. Swimming pools that cannot be emptied must have a working pump and filtering system;
- (4) Equip swimming pools with life saving devices, such as ring buoys;
- (5) Comply with all state and local regulations for all swimming pools and hot tubs and other bodies of water ; and
- (6) Create a site-specific supervision plan with the LD licenser for the bodies of water based on the development level and behaviors of the children and youth in the home.

WAC 110-148-1460 NATURAL DISASTER AND EMERGENCY PREPARTION

Foster homes must:

- (1) Develop and follow written emergency plans using the form from the department that includes:
 - (a) At a minimum, responses to the following types of emergencies:
 - (i)
 - (ii) Fires;
 - (iii) Natural disasters; and
 - (iv) Other emergencies;
 - (b) A written evacuation plan that:
 - (i) Reflects the developmental capabilities of the children and youth in care; and
 - (ii) Includes:
 - (A) Action to be taken:
 - (I) By the individuals discovering the emergency while waiting for the emergency responders; and
 - (II) Following the emergency;
 - (B) Evacuation of the building in a manner that is safe for children, youth, and other members of the household; and
 - (C) An evacuation floor plan, identifying the location of:
 - (I) Exit doors and windows;
 - (II) Fire extinguishers; and
 - (III) Smoke detectors and carbon monoxide detectors, unless the home has an integrated fire suppression system that includes both smoke detectors and carbon monoxide detectors;
 - (c) An emergency contact plan regarding the whereabouts and well-being of the children following the evacuation;
 - (d) For natural disasters, how the home will maintain necessary supplies including but not limited to:
 - (i) Food;
 - (ii) Water; and
 - (iii) Medications; and
- (2) Share this plan with the licenser, including any updates to the plan as circumstances in the home change, such as if the developmental capabilities of children and youth living in the home change;
- (3) Post a copy of the evacuation floor plan in a prominent place
- (4) Keep the other emergency plans available and accessible in the home;

- (5) Practice and document the emergency response plans upon placement and at least quarterly with the children and youth in care appropriate to their developmental capabilities.
- (6) Review the evacuation plans with children and youth in care; and
- (7) Notify the caseworker regarding the whereabouts and well-being of the children and youth following an emergency.

WAC 110-148-1465 FIRE AND SAFETY

- (1) The department may require an inspection of the home by WSP/FPB or the local fire authority if:
 - (a) There are any concerns identified about fire safety; or
 - (b) As required by local ordinances or WSP/FPB.
- (2) Foster homes must demonstrate how they will protect children and youth in care from fire by complying with the following fire safety requirements:
 - (a) Meet all state and local fire codes as outlined in WAC [212-12-005](#);
 - (b) Have:
 - (i) A plan that is approved by the department that allows children and youth to escape from every floor in the home as outlined in 110-148-1460. This must include having a functional and safe method of escaping from upper stories;
 - (ii) Easy access to all rooms in the home in case of emergency;
 - (iii) Windows that open to the outside and are large enough for a rescue person to enter and exit wearing rescue gear, unless the building or structure was previously approved by the local fire marshal or building official with jurisdiction;
 - (iv) Smoke detectors in working condition installed and maintained according to manufacturer's specifications that:
 - (A) Are in the following locations:
 - (I) Both inside and outside of every sleeping area;
 - (II) On each story of the home, including the basement; and
 - (III) In all play areas;
 - (B) Comply with ADA requirements when needed for the children and youth in care;
 - (v) At least one carbon monoxide detector in the following locations:
 - (A) On each level of occupancy in the home; and
 - (B) Outside each sleeping area within hearing distance;
 - (vi) At least one approved 2A10BC-rated five pound or larger all-purpose fire extinguisher that is readily available and maintained and serviced according to manufacturer's specifications at all times; and
 - (vii) Barriers that are in place at any heating system that gets hot enough to burn or reaching 110 degrees Fahrenheit if the home is licensed for children age birth through five years old; and
 - (viii) The address or house number is clearly labelled to allow emergency personnel to easily locate the home;
 - (c) Allow for emergency vehicles to have easy access to the home; and
 - (d) Not leave open-flame devices unattended or use them incorrectly.

WAC 110-148-1470 BEDROOMS

Foster homes must provide a bedroom for each child or youth in care that meets the following requirements:

- (1) The bedroom must:
 - (a) Be approved by the LD licensor;
 - (b) Provide privacy and space that is appropriate and adequate to meet children's and youth's developmental needs;
 - (c) Meet the requirements outlined in WAC [110-148-1475](#) if the bedroom is shared with other children or youth;
 - (d) Have unrestricted direct access to outdoors;
 - (e) Have at least one direct access to common use areas such as hallways, corridors, living rooms, day rooms, or other such common use areas that does not require children and youth to pass through another private bedroom space;
 - (f) Be a distinct room that is:

- (i) Used only as the child's or youth's bedroom while they are placed in the home and not used:
 - (A) As a guest bedroom when the child or youth is not home without their approval; or
 - (B) For another purpose other than as a bedroom when a child or youth is placed in the room, such as an office or sewing room, except for bedrooms used for short term stays;
 - (ii) Noa common room such as a hallway, kitchen, office, living room, dining room, unfinished basement, or other common area; and
 - (g) For children age birth through five years old, be on the same floor, within easy hearing distance, or monitored in compliance with WAC 110-148-1540 of an adult with access to their bedroom; and
- (2) Foster parents must:
 - (a) Provide:
 - (i) An appropriately-sized separate bed for each child and youth in care that meets their individual needs with:
 - (A) Clean bedding
 - (B) A mattress that is free from bugs and kept clean and in good condition;
 - (C) A bed frame, unless the bed frame is not indicated because of the child's or youth's preference or medical or cultural needs; and
 - (D) Pillows that are covered with waterproof material or washable;
 - (E) Waterproof mattress covers unless requested to be removed by the child or youth or moisture-resistant mattresses.
 - (ii) Appropriate clean clothing that fits; and
 - (iii) Safe storage for clothing and personal possessions;
 - (b) Not co-sleep or share any sleeping surface, such as a bed, sofa, or chair with children and youth in care;
 - (c) When determining child and youth placement in loft style beds or upper bunks, the foster parent must follow the manufacturer's label and consider the child's or youth's developmental capabilities; and
 - (d) For infants:
 - (i) Use safe cribs, infant beds, bassinets, or playpens that comply with chapter [70.111](#) RCW and that have a certificate of compliance, sticker, or documentation stating the crib meets 16 C.F.R. 1219 or 1220 and are approved by ASTM International or consumer products safety commission (CPSC);
 - (ii) Follow recommendations from the American Academy of Pediatrics, unless ordered differently by a licensed health care provider, for:
 - (A) Safe sleep practices when infants are napping or sleeping including SIDS/SUIDS risk reduction requiring infants sleep flat on their back and do not use wedges and positioners with sleeping infants; and
 - (B) Swaddling until the infant shows signs of trying to roll over such as:
 - (I) *add signs*
 - (e) Follow these requirements when using weighted blankets or weighted sleep sacks:
 - (i) Evaluate if there are safety concerns for a child's or youth's use of a weighted blanket;
 - (ii) Only use weighted blankets under the following conditions:
 - (A) With an order from a licensed health care provider or occupational therapist;
 - (B) When they do not exceed 10 percent of the child's or youth's body weight;
 - (C) When they do not contain metal beads; and
 - (D) When they do not hinder children's or youth's movement.
 - (iii) Not place weighted blankets over children's or youth's heads or above the middle of their chests;
 - (iv) Not use weighted blankets as restraints; and
 - (v) If children or youth enter care with a weighted blanket without an order from a licensed health care provider or occupational therapist, foster parents:

- (A) Must obtain an order from a licensed health care provider or occupational therapist within 14 days to continue using the weighted blanket;
- (B) May use the weighted blanket as outlined in subsection (2)(e)(i-iv) of this section until they have received the order from the licensed health care provider or occupational therapist; and
- (C) Must discontinue the use of the weighted blanket if they do not receive the order within 14 days.

WAC 110-148-1475 SHARED BEDROOMS

- (1) Foster parents using shared approved bedrooms:
 - (a) Must:
 - (i) Consider what bedroom placement is in the best interest of children and youth with input from:
 - (A) The caseworker; and
 - (B) The children and youth that will be sharing bedrooms according to their developmental capabilities;
 - (ii) Provide enough floor space for the safety and comfort of children and youth sharing bedrooms; and
 - (iii) Not place:
 - (A) More than two children and youth in the same bedroom, including children and youth in care and any other children or youth in the home;
 - (B) Children and youth with different gender identities in the same bedroom unless all children are age birth through five years old; and
 - (C) Foster youth that are currently identified as sexually aggressive or physically assaultive or aggressive in a shared bedroom with other children and youth;
 - (b) May:
 - (i) Allow parenting foster youth to sleep in the same room with their children as long as:
 - (A) The room measures at least 80 square feet of usable floor space; and
 - (B) Only one parent and their children may occupy a bedroom;
 - (ii) Place transgender or genderfluid children and youth in a bedroom with another child or youth of the same or similar gender identity;
 - (iii) Allow children birth through one year old to share a bedroom with care provider if it is in the best interest of the child; and
 - (iv) Allow youth in the EFC program to share a bedroom with a younger child of the same gender as long as the younger child is:
 - (A) Related to the individual in the EFC program; or
 - (B) At least 10 years of age.
- (2) The department may grant an exception to subsections (1)(a)(iii)(A) and (b)(i-iii) of this section with an administrative approval if:
 - (a) It is in the best interest of the child or youth in care; and
 - (b) It is supported by the:
 - (i) LD licensor and
 - (ii) The caseworker.

WAC 110-148-1480 PETS AND ANIMALS

- (1) Foster parents must:
 - (a) Keep children and youth safe around animals on the premises;
 - (b) Care for all animals housed on the property in a safe and sanitary manner;
 - (c) Follow the requirements from DOH regarding rabies vaccinations for pets as outlined in WAC [246-100-197](#)(3), unless a licensed veterinarian states in writing that such vaccinations may be contrary to the animal's health; and
 - (d) Keep animal medications in locked storage.
- (2) The licensor will:
 - (a) Assess the pets and animals housed on the property to determine if there are risks to the health and well-being of children and youth in care;

- (b) Inform the foster home of the following if there are risks found:
 - (i) What the specific risks are; and
 - (ii) What steps they must take to mitigate the risk, which may include:
 - (A) Following a site-specific supervision plan that:
 - (I) Demonstrates how they will maintain children's safety and well-being; and
 - (II) Is approved by the department;
 - (B) Limiting the type and number of household pets and animals;
- (c) Have the final approval on whether pets can remain in the home with children and youth in care.

WAC 110-148-1485 ALCOHOL, CANNABIS, NICOTINE, AND ILLEGAL DRUGS ON THE PREMISES

Foster homes:

- (1) May have the following on the premises as long as they are inaccessible to individuals age birth through twenty years old:
 - (a) Alcohol;
 - (b) Vaping equipment;
 - (c) Cannabis and cannabis paraphernalia; and
 - (d) Nicotine and nicotine paraphernalia;
- (2) Must:
 - (a) Not have illegal drugs on the premises of the home or in their possession offsite; and
 - (b) If they become aware that illegal drugs are on the premises:
 - (i) Immediately make them inaccessible to children and youth in care
 - (ii) Contact one of the agencies below and follow their recommendations for drug disposal:
 - (A) Law enforcement;
 - (B) The local health jurisdiction; and
 - (iii) Report to the department per WAC 110-148-1420.

WAC 110-148-1500 FIREARMS AND OTHER WEAPONS

- (1) Foster parents must follow these requirements for firearms and weapons on the property:
 - (a) Notify the LD licensor:
 - (i) If firearms or other weapons are stored on the premises; or;
 - (ii) If firearms will be used on the property;
 - (b) Comply with these requirements for storing firearms and weapons:
 - (i) Store firearms, ammunition, and other weapons in locked containers inaccessible to children and youth;
 - (ii) Keep firearms separate from ammunition unless stored in a locked gun safe;
 - (iii) If firearms are stored in a container that may be easily breakable, secure them with a locked cable or chain placed through the trigger guards; and
 - (iv) Keep keys to the locked storage inaccessible to children and youth; and
 - (c) When transporting firearms, ammunition, and other weapons:
 - (i) Only allow adults to remove firearms, ammunition, and other weapons from locked storage;
 - (ii) Keep firearms, ammunition, and other weapons inaccessible to children and youth in care at all times, except as allowed in (1)(d); and
 - (iii) Keep firearms in a locked trunk or secured with a locked cable or chain placed through the trigger guards when transporting firearms in a vehicle with children and youth in care;
 - (d) Not allow children and youth to be present when firearm are being used, unless:
 - (i) Their caseworker approves; and
 - (ii) An authorized adult is supervising; and
 - (iii) Both the supervising adult and the child or youth have completed an approved gun or hunter safety course.
- (2) Foster parents may:
 - (a) Carry a loaded weapon on their person if they have a concealed weapons permit; and
 - (b) Request an exception from the department to subsection (1)(b) through (d) for EFC youth in care who may legally possess a firearm.

WAC 110-148-1505 INFECTION AND COMMUNICABLE DISEASE PREVENTION

(1) Foster parents must follow these requirements for preventing infection and communicable disease:

- (a) Notify the LD licensor if any adults living in the home require TB testing based on exposure or a licensed health care provider's recommendation;
 - (b) Notify the following if a serious infection or communicable disease threatens the safety and well-being of children and youth in care:
 - (i) Their caseworker; and
 - (ii) The licensor.
 - (c) Educate household members on personal hygiene to prevent the spread of germs in the home, including but not limited to following DOH guidelines for washing hands:
 - (i) Before:
 - (A) Preparing food;
 - (B) Eating; and
 - (C) Changing diapers; and
 - (ii) After:
 - (A) Smoking;
 - (B) Changing diapers;
 - (C) Using the toilet;
 - (D) Touching animals; and
 - (E) Playing outside;
 - (d) If caring for medically fragile children and youth, consult with in-home nursing services on additional infection control procedures; and
 - (e) When caring for children or youth who use diapers or incontinence supplies, either:
 - (i) Disinfect diaper-changing areas and specialized toilet equipment between each use; or
 - (ii) Use a nonabsorbent, disposable covering that discarded after each use.
- (2) The department may remove children and youth from the home when the threat of a serious infection or communicable disease creates a risk to their safety and well-being.
- (3) During public health emergencies, follow department reporting guidelines for other communicable diseases.

WAC 110-148-1510 TRANSPORTING CHILDREN AND YOUTH

Foster parents must follow these requirements when they or other household members transport children and youth in care:

- (1) Keep the vehicle in a safe operating condition;
- (2) The driver must have a valid driver's license;
- (3) The driver must follow laws for operating a motor vehicle;
- (4) The vehicle must be equipped with seat belts, car seats and booster seats, and other appropriate safety devices for all passengers required by law;
- (5) The number of passengers must not exceed the vehicle's seat belts; and
- (6) Each person in the vehicle must use an individual seat belt or approved child passenger restraint system whenever the vehicle is in motion as required by law regarding placement of children in vehicles.

WAC 110-148-1515 SERVING MEALS, SNACKS, AND MILK

Foster parents must do the following when providing meals, snacks, and milk for children and youth:

- (1) Serve a variety of foods that balance children's and youth's nutritional, cultural, and developmental needs, with foods they enjoy;
- (2) When serving home-canned foods follow proper food canning processes per the guidelines on canning and food preparation from the United States Department of Agriculture;
- (3) Obtain written authorization from a licensed health care provider before requiring or modifying a child's or youth's specialized diet; and
- (4) When serving milk:
 - (a) Only serve milk or milk products that have been pasteurized;
 - (b) Serve infants formula or breast milk unless a licensed health care provider provides written authorization for different liquid;

- (c) Serve children age 12 to 24 months old whole milk unless a licensed health care provider provides written authorization allowing the child not to be served whole milk;
- (d) If using breast milk provided by anyone other than the infant's biological mother, it must be obtained through a licensed breast milk bank;
- (e) Receive approval before serving breast milk to an infant from the infant's:
 - (i) Caseworker in consultation with the infant's parent;
 - (ii) Licensed health care provider;
- (f) When bottles are used to feed infants or children, the bottles must be:
 - (i) Sanitized;
 - (ii) Used according to product standards and commonly acceptable practices;
 - (iii) Refrigerated if the filled bottle is not used immediately; and
 - (iv) Emptied if not used within 24 hours; and
- (g) Prohibit the use of a microwave oven to warm formula or breast milk to prevent burns.

WAC 110-148-1520 PROVIDING CARE AND ARRANGING SERVICES FOR CHILDREN AND YOUTH

- (1) Foster parents must meet children and youth's needs by providing care and arranging services as follows:
 - (a) Make all reasonable efforts to prevent abuse and neglect of children and youth, as outlined in RCW [26.44.020](#)(1) and chapter [110-30](#) WAC;
 - (b) Consult with and follow any instructions and guidance from the department regarding care and services for children and youth, including but not limited to any of the following that apply:
 - (i) Service plans;
 - (ii) Permanency plans;
 - (iii) Site-specific supervision plans; or
 - (iv) Children's or youth's individual supervision plans;
 - (c) Provide and arrange for care that is appropriate for children's and youth's age, SOGIE, developmental capabilities, and individual needs and preferences including but not limited to:
 - (i) Emotional support;
 - (ii) Nurturing and affection;
 - (iii) Structured daily routines and living experiences; and
 - (iv) Activities that promote each child's and youth's development, including cultural and educational activities in the home and the community;
 - (d) Provide for children's and youth's physical needs, including:
 - (i) Adequate hygiene;
 - (ii) Nutritious meals and snacks as outlined in WAC 110-148-1515;
 - (iii) Readily available drinking water;
 - (iv) A balanced schedule of rest, active play, and indoor and outdoor activity appropriate to the developmental capabilities and individual needs of the child or youth in care;
 - (e) Treat all children and youth in the home equitably, based on their developmental capabilities;
 - (f) Guide children and youth to develop daily living and life skills according to their developmental capabilities, which may include assigning them daily chores. Any chores assigned must:
 - (i) Provide them with developmentally appropriate teaching and opportunities to build mastery in basic life skills; and
 - (ii) Be directly related to the essential upkeep of their individual space and shared household spaces; and
 - (g) Coach child or youth on how to advocate for their needs across settings;
 - (h) Consult with the caseworker:
 - (i) To receive approval before making significant changes to children's and youth's appearance, including but not limited to and as outlined in WAC 110-148-XXXX:
 - (A) Piercings;
 - (B) Tattoos; and
 - (C) Major changes in hairstyle or color; or

- (ii) If they identify reasons why they are not able to follow instructions and guidance from the department to discuss reasonable alternatives to providing those services;
 - (i) Follow all state and federal laws regarding nondiscrimination while providing services to children and youth in care;
 - (j) Support and engage with children and youth in care with dignity and respect regardless of actual or perceived race, ethnicity, culture, sex, or SOGIE;
 - (k) Connect children and youth in care with resources that support and affirm their needs regarding race, religion, culture, and SOGIE, including emotional and developmental support for children's and youth's:
 - (i) Ethnic identity and SOGIE;
 - (ii) Educational needs;
 - (iii) Spiritual activities in the home and community; and
 - (iv) Tribal activities within their tribal community or extended tribal family;
 - (l) Support children's and youth's religion or spiritual practices by:
 - (ii) Provide opportunities to participate in their spiritual beliefs and religious or spiritual education; and
 - (iii) Not requiring them to participate in practices against their beliefs;
 - (m) Support children's and youth's SOGIE unless granted an exception under WAC 110-148-1630 by:
 - (i) Using their pronouns and chosen name; and
 - (ii) Respecting their right to privacy concerning their SOGIE;
 - (n) When caring for infants and young children:
 - (i) Hold infants age birth through five months for all bottle feedings;
 - (ii) Hold infants at other times for the purposes of comfort and attention; and
 - (iii) Allow children plenty of free time outside of a swing, crib or playpen; and
 - (o) When caring for youth in EFC, follow the requirements in WAC 110-148-1535 and chapter 110-90 WAC.
- (2) Foster parents may:
- (a) Attend appropriate shared planning meetings with the department to participate in the decision-making process and provide input on the child or youth;
 - (b) Submit information about the child's or youth's permanency plan and other issues through the caregiver's report to the court; and
 - (c) Request assistance from the licensor or caseworker with identifying resources to support and affirm children and youth's needs regarding race, religion, culture, and SOGIE.

WAC 110-148-1525 EDUCATIONAL AND VOCATIONAL INSTRUCTION

Foster parents must meet the following requirements for providing education and vocational instruction to the children and youth in care:

- (1) Follow the instructions and guidance regarding children's and youth's education by their caseworker, including but not limited to:
 - (a) A transportation plan;
 - (b) Who has day-to-day education decision-making authority;
 - (c) Who has special education decision-making authority;
 - (d) Plans to address the child's or youth's individual needs;
 - (e) Other responsibilities that are delegated to the foster parents;
 - (2) Not use any of the following unless approved by the caseworker or a court order as applicable:
 - (a) Home schooling;
 - (b) Private schooling or
 - (c) Alternative learning experience instruction;
 - (3) Support them in regular school attendance;
 - (4) Follow the school's reporting requirements when they are absent from school;
 - (5) Notify the caseworker if they are absent from school more than three consecutive school days;
 - (6) Notify the caseworker if there are any concerns for the child's or youth's safety at school;
 - (7) Support their education by providing them with necessary school supplies and a suitable place to study in the home;
- and

- (8) Collaborate with youth and young adults to explore how to meet their educational and vocational goals during and after finishing high school.

WAC 110-148-1530 CHILD AND YOUTH PARTICIPATION IN ACTIVITIES

Foster parents may:

- (1) Decide what foster family or community activities, both in and outside of the home, are appropriate for children and youth in care as long as they:
 - (a) Collaborate with children and youth according to their developmental capabilities to consider their individual needs and preferences;
 - (b) Address their community and cultural connection needs;
 - (c) Follow the standards in RCW 74.13.710; and
 - (d) Do not prevent court-ordered family time with children's and youth's parents or siblings;
- (2) Allow youth to obtain:
 - (a) Employment if the employment:
 - (i) Complies with laws regarding minors working; and
 - (ii) Does not interfere with school; and
 - (b) A driver's license if foster parents:
 - (i) Agree to act as the "parent or guardian" for the purposes of the Intermediate Driver's License Law;
 - (ii) Take responsibility for the youth's insurance until the youth leaves the home or ages out of care;
 - (iii) Notify the youth and their caseworker if they choose to cancel the youth's insurance at least five days before the cancellation becomes effective.

WAC 110-148-1535 EXTENDED FOSTER CARE

- (1) Foster parents may serve youth in the EFC program, as defined in chapter [110-90](#) WAC.
- (2) Foster parents serving youth in the EFC program who are placed in their home must follow the person-centered case plan from the caseworker, including:
 - (a) Provide opportunity and support for achieving independence according to their developmental capabilities including developing:
 - (i) Life skills;
 - (ii) Financial literacy; and
 - (iii) Coordinating medical and dental care;
 - (iv) Employment skills;
 - (b) Allow youth to take responsibility for their own actions, including:
 - (i) Purchases;
 - (ii) Driving;
 - (iii) Traveling; or (iv) Financial obligations above and beyond basic care needs.
 - (c) Provide opportunity and support for meeting their education goals per WAC 110-148-1525.
- (3) Foster parents must follow all requirements of this chapter for youth in the EFC program who are placed in their home unless an exception is stated in the youth's person-centered case plan.
- (4) Youth enrolled and participating in the EFC program are considered children only for the purposes of the dependency. Otherwise the youth has the legal status and legal rights of an adult.

WAC 110-148-1540 CHILDREN'S AND YOUTH'S PRIVACY

- (1) Foster parents must:
 - (a) Protect children's and youth's right to privacy according to their age and developmental capabilities, except as stated in subsection (1)(b);
 - (b) Monitor children and youth:
 - (i) Using careful and thoughtful parenting decisions to maintain their health, safety, and best interest while encouraging their emotional growth and development;
 - (ii) As required by:
 - (A) The department; or
 - (B) Court order; and
 - (iii) Consult with the caseworker if the foster parents' parenting decisions in (1)(b)(i) conflict with the requirements in (1)(b)(ii).

- (c) Not use video or audio monitoring of children and youth in care in the interior of the home except as described in subsection (2) or unless all the following are met:
 - (i) The court order approves implementation of the monitoring;
 - (ii) The use of an electronic monitoring device in the home is approved by the LD administrator following a request by the child's or youth's caseworker; and
 - (iii) They maintain a copy of the approvals.
- (2) Foster parents may use audio or video monitoring of the following without the requirements in subsection (1)(c):
 - (a) Infants or children birth through four years of age;
 - (b) As directed by a licensed health care provider to:
 - (i) Monitor children or youth who are medically fragile or with a life-threatening illness; or
 - (ii) Document actions of a child;
 - (c) For special events such as birthday parties or vacations; or
 - (d) The use of door or window alarms or motion detectors.

WAC 110-148-XXX TECHNOLOGY USE

Foster parents must meet the following requirements regarding children's and youth's use of technology:

- (1) Provide children and youth the ability to access technology that is:
 - (a) Appropriate to their age and developmental capabilities;
 - (b) In line with their individualized supervision plan and any other restriction requirements outlined by the department; and
 - (c) Based on their current capability to safely use technology;
- (2) Provide teaching, guiding, and monitoring on the safe use of technology and the internet as allowed in subsection (1) in accordance with guidelines from the American Academy of Pediatrics;
- (3) If the home has rules and expectations for technology use, share those with children and youth upon entering placement in the home according to their developmental capabilities both:
 - (a) Verbally; and
 - (b) Offered in writing.
- (4) If technology use is restricted for up to 72 hours due to the child's or youth's current capability to use it safely:
 - (a) Identify the unsafe use and how to regain access to technology use; and
 - (b) Communicate both with the child or youth; and
- (5) Collaborate with the child or youth and their caseworker to develop a written plan on technology access if it is restricted for more than 72 hours due to their current capability to use it safely, and provide a copy of the plan to the child or youth.

WAC 110-148-1545 INVENTORY OF CHILDREN'S AND YOUTH'S BELONGINGS

Foster parents must meet the following requirements for handling children's and youth's personal belongings:

- (1) Handle and store children's or youth's belongings with care and respect at all times;
- (2) Complete the following steps related to inventory of children's and youth's personal belongings:
 - (a) Meet with each child and youth according to their developmental capabilities when they enter care to document a complete inventory of their personal belongings;
 - (b) Identify with the child or youth which items have sentimental value to them;
 - (c) Update the inventory when there are changes to or when children and youth acquire new items with sentimental value;
 - (d) Attempt to get children's or youth's signature based on their developmental capabilities on the inventory list when the inventory is:
 - (i) Created; and
 - (ii) Updated; and
 - (e) Verify children and youth are able to take their belongings when they move to a new placement by:
 - (i) Update the complete inventory of personal belongings;
 - (ii) Verifying they have all their belongings with sentimental value on their inventory document; and
 - (iii) Providing them with:

- (A) A copy of their inventory; and
- (B) Luggage or a sturdy container for their belongings;
- (3) Securely store children's and youth's belongings for up to 30 days after they leave care if it is not possible for them to take their belongings at the time they leave; and
- (4) Cooperate with the caseworker to transfer children's and youth's belongings to them as soon as possible after leaving care.

WAC 110-148-1550 MEDICAL, DENTAL, AND VISION CARE

Foster parents must provide children and youth with appropriate medical, dental, and vision care, including:

- (1) Arranging for:
 - (a) Care for immediate physical or mental health, dental, or vision needs as necessary;
 - (b) Routine medical, dental, and vision care appointments following the schedule recommended by the licensed health care provider unless the care is refused by a youth who can provide informed consent under the law; and
 - (c) Transportation to and from scheduled appointments;
- (2) Completing regular EPSDT exams:
 - (a) Except for children and youth who:
 - (i) Are in care for less than 30 days;
 - (ii) Have had an EPSDT exam in the 30 days prior to entering out-of-home care; or
 - (iii) Were placed by DDA through a voluntary placement agreement. In this case, foster parents must follow the direction of DDA regarding the need for an EPSDT exam after placement;
 - (b) On the following timelines:
 - (i) Within the first 30 days of initial placement; and
 - (ii) As required by the EPSDT examination periodicity schedule;
- (3) When giving medication or treatment:
 - (a) Obtaining and following instructions from children's and youth's licensed health care providers;
 - (b) Administering medications as prescribed per the medication label; and
 - (c) Retaining the following for current medications:
 - (i) Pharmacy labels for prescription medications; and
 - (ii) Manufacturer labels on original packaging for over-the-counter medications;
 - (d) Completing the medication documentation as required in WAC 110-148-1575;
- (4) Take necessary actions to respond to illnesses, injuries, contact with toxic or poisonous substances and emergencies and children's and youth's health concerns;
- (5) Calling 911 immediately in life-threatening emergencies prior to transporting the child or youth to a medical facility, even if they refuse medical care;
- (6) Collaborating with the caseworker for assistance if a youth refuses routine or nonemergent medical care, which could include requesting a shared planning meeting;
- (7) Keeping first-aid supplies available in the home including:
 - (a) Protective nonlatex gloves;
 - (b) Bandages;
 - (c) Scissors and tweezers;
 - (d) Ace bandage;
 - (e) Gauze; and
 - (f) Non-breakable and mercury free thermometer.

WAC 110-148-1555 IMMUNIZATION REQUIREMENTS

Foster parents must follow caseworker instructions for completing children's and youth's immunizations, including:

- (1) Respecting any vaccine exemptions from their birth parents or from youth who have the legal authority to consent to their own medical care;
- (2) Completing current or catch-up immunizations on the recommended schedule from the licensed health care provider if no exemptions are in place; and
- (3) Keep a copy of any documents regarding the child's or youth's immunization status from the caseworker or a licensed health care provider in their well-being file, including any of the following that apply:

- (a) Certificate of immunization exemption; or
- (b) Immunization history.

WAC 110-148-1560 MEDICAL CARE CONSENT

- (1) The department is the legal custodian for children and youth it places in care and has the authority to consent to emergency and routine medical services on behalf of children and youth when they are under the age of 18.
- (2) Youth in care ages 18 to 21 years old must:
 - (a) Give consent for their own medical care; or
 - (b) Have an identified individual who has been granted legal authority to give consent on their behalf.
- (3) Foster parents may only consent to emergency or routine medical services for children and youth placed in care by the department when the department has delegated the authority to them.
- (4) When caring for children in the custody of another agency, tribal court, or other court, foster parents must follow the direction of that agency or court regarding authority to give consent for medical care.

WAC 110-148-1565 MEDICATION STORAGE

Foster homes must store medication that they have obtained as follows, keep:

- (1) Prescription and over-the-counter medications in locked storage that children and youth are unable to unlock, except:
 - (i) ointments and eye drops; and
 - (ii) as provided in WAC 110-148-1580;
- (2) Emergency medications easily accessible to caregivers.

WAC 110-148-1575 ADMINISTERING MEDICATION

Foster parents administering medication must:

- (1) Keep a written record in the child's or youth's well-being file that:
 - (a) Lists:
 - (i) All prescription medications; and
 - (ii) Over-the-counter medications used off label or for more than three consecutive days;
 - (b) Includes:
 - (a) The dates, dosage, and reason given;
 - (b) Any medication refusals; and
 - (c) Stays with the child or youth when they leave the home; and
 - (d) Is submitted to the caseworker quarterly;
- (2) Notify children's and youth's case workers in writing if:
 - (a) There are changes in prescribed medications, except that changes to psychotropic medications must be approved by the caseworker per WAC 110-148-1590; or
 - (b) A child comes into placement without a medication record;
- (3) Give prescription medications as directed by:
 - (a) The person legally authorized to prescribe the medication; or
 - (b) The medication label; and
- (4) Give over-the-counter medications:
 - (a) As directed by the medication label; and
 - (b) In consultation with children and youth appropriate to their developmental capabilities; and
- (5) If children or youth miss or refuse prescribed medication for two consecutive days, consult with their:
 - (a) Licensed health care provider; and
 - (b) Caseworker.

WAC 110-148-1580 CHILDREN TAKING THEIR OWN MEDICATION

Foster parents must:

- (1) Assess children and youth who wish to take their own medications for their developmental capability to follow medication instructions in collaboration with:
 - (a) The child or youth;

- (b) Their caseworker; and
- (c) Their licensed health care provider for prescription medications;
- (2) Develop and follow an individual plan approved by the caseworker based on the assessment in (1) that includes:
 - (a) Which medications they may take on their own;
 - (b) How their medication use will be monitored;
 - (c) Who will be responsible for logging medication use; and
 - (d) How the medications will be stored to allow children or youth access;
- (3) Demonstrate to children and youth how to safely store and take their medications as needed;
- (4) If they find a medication that the child or youth has legally obtained and brought into the home, they must:
 - (a) Follow the storage requirements in WAC 110-148-1565; and
 - (b) Follow the procedure outlined in subsections (1), (2), and (3); and
- (5) Not allow children and youth to take controlled substances on their own, unless instructed otherwise by the caseworker, including through the case plan for EFC youth per WAC 110-148-1535.

WAC 110-148-1600 RESPITE CARE USED FOR SUBSTITUTE CARE

Foster parents may arrange for respite care as a substitute care if they are absent or require support if they do the following:

- (1) Notify the child's or youth's caseworker or CPA licenser prior to beginning respite care; and
- (2) The care must be provided either:
 - (a) By another licensed foster care provider; or
 - (b) In their licensed foster home by a certified respite care provider who:
 - (i) Meets the background check, age, training, and TB screening requirements for members of the household outlined in WAC 110-148-1320 (2) and (4); and
 - (ii) They have previously met with to:
 - (A) Review expectations regarding supervision and behavior management of children and youth in care; and
 - (B) Provide any special care instructions, medication log, and how to contact them in case of emergency.

WAC 110-148-1605 SUPERVISION OF CHILDREN AND YOUTH IN CARE WHEN FOSTER PARENT IS AWAY FROM HOME

Foster parents may allow individuals to supervise children and youth in care in the foster parents' absence if:

- (1) The purpose is for normal childhood activities pursuant to RCW [74.13.710](#); or
- (2) The supervising individual has completed all of the following:
 - (a) A background check per chapter [110-04](#) WAC;
 - (b) First-aid, CPR, and bloodborne pathogen trainings that meet the requirements of WAC 110-148-1320;
 - (c) TB screening as outlined in WAC 110-148-1320;
 - (d) 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 they 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 they do not pose a risk to a child's safety, well-being, and long-term stability; and
 - (e) Foster parents must meet with the supervising individual and review the expectations regarding supervision and discipline of children and youth in care; and
 - (i) Provide the supervising individual with:
 - (A) Any special care instructions;
 - (B) Location of the emergency plan and first aid kit; and
 - (C) Their contact information in case of an emergency.
- (3) Foster parents may allow youth age 16 or 17 years old who are not in care to provide babysitting to three or fewer children or youth, including both children and youth in care and other children in the household, as long as they meet the other requirements of this section; and

- (4) Foster parents may allow youth in care age 14 years old or older to provide babysitting for children and youth not in care if the youth wish, unless the youth has supervision plan that does not allow babysitting.

WAC 110-148-1610 SUPERVISING CHILDREN AND YOUTH, INCLUDING AROUND BODIES OF WATER

Foster parents must provide or arrange for supervision per WAC 110-148-1605 that is appropriate for the age and developmental capabilities of children and youth in care, including:

- (1) For each child and youth in care:
 - (a) Providing personal attention to meet their safety and well-being needs;
 - (b) Using their knowledge of each child's and youth's developmental capabilities to:
 - (i) Mitigate unsafe or unhealthy events or actions; and
 - (ii) Intervene in unsafe or unhealthy events or actions as soon as possible;
 - (c) If additional supervision is needed:
 - (i) Follow any supervision plans approved by the department; and
 - (ii) Keep a copy of the supervision plan in each impacted child's or youth's well-being file as outlined in WAC 110-148-1405;
- (2) When supervising young children, the supervising individual must not:
 - (a) Leave children or youth unattended in a bathtub or shower if they are age birth through four years old or it is unsafe due to their developmental capabilities; or
 - (b) Use cribs, bassinets, cradles, playpens, car seats, high chairs, and swings as a substitute for supervision;
- (3) Complying with all laws and using appropriate safety gear when using motorized vehicles;
- (4) Keeping children and youth safe around bodies of water by:
 - (a) Providing supervision by an individual who stays within touching distance of children age birth through five years old and any other children or youth who have a higher risk when they are in a body of water or near enough to present a danger, except that if they are in a swimming lesson with a certified instructor, the instructor does not have to stay within touching distance;
 - (b) Requiring all children and youth to wear U.S. Coast Guard-approved personal flotation devices when boating using recreational vessels, except that they may follow the requirements of the operator when on a commercially operated recreational vessel;
 - (c) Require children and youth swimming in open water where a lifeguard is not on duty to:
 - (i) Be supervised if they are age 14 years old or younger; and
 - (ii) Wear U.S. Coast Guard-approved personal flotation devices if they are 11 years old or younger;
 - (d) Using careful and thoughtful decision making to determine if supervision or US. Coast Guard-approved personal flotation devices are needed:
 - (i) When swimming in a designated swimming area or in open water where a lifeguard is on duty; and
 - (ii) When youth age 15 years old or older are swimming in any location;
 - (e) Having available and encouraging the use of a US Coast Guard approved flotation device when children and youth are swimming but are not required under subsection (4)(c) or (d);
- (5) If children or youth are swimming in an area where there is no lifeguard on duty and supervision is required under subsection (4), there must be at least one individual over the age of 16 years old present who has current age-appropriate first aid and CPR training and either:
 - (a) Has completed an LD approved water safety training and is following the recommendations of the training; or
 - (b) Who knows how to swim, how to use rescue equipment, and has it with them.

WAC 110-148-1615 BEHAVIOR MANAGEMENT

Foster parents must meet the following requirements for behavior management as appropriate for children's and youth's age and developmental capabilities:

- (1) Use trauma-informed behavior guidance methods;
- (2) Effectively communicate with children and youth to:
 - (a) Build a positive connection through shared activities;
 - (b) Provide clear expectations for behavior; and

- (c) Establish healthy boundaries;;
- (3) Assist children and youth to:
 - (a) Develop coping mechanisms that promote emotional self-regulation, self-responsibility, self-direction, self-esteem, and cooperation; and
 - (b) Collaborate with their caseworker and their therapist, if they have one, if an individualized coping mechanism plan is needed, which may include incorporating strategies that are not trauma-informed;
- (4) Not use any of the following as disciplinary methods to correct children's or youth's behavior:
 - (a) Physical discipline constituting use of force per RCW 9A.16.100;
 - (b) Withholding of food and water;
 - (c) Physical labor, except for the process of repairing or replacing something that was damaged by the child or youth;
 - (d) Withholding approved contact with a child's or youth's family, fictive kin, or tribal community, except in collaboration with the caseworker;
 - (e) Withholding ability to attend support groups, or religious or cultural events, except in collaboration with the caseworker;
 - (f) Physical restraint as outlined in WAC 110-148-1620;
 - (g) Administering medication other than as prescribed or recommended by the manufacturer; or
 - (h) Any behavior management methods that:
 - (i) Are:
 - (A) Verbally abusive;
 - (B) Neglectful;
 - (C) Humiliating;
 - (D) Intimidating; or
 - (E) Frightening;
 - (F) Intended to cause any kind of discomfort;
 - (ii) Interfere with a child's or youth's:
 - (A) Basic needs; or
 - (B) Need for necessary services including contact with their:
 - (I) Caseworker;
 - (II) Attorney; and
 - (III) Guardian ad litem; and
- (5) Maintain responsibility for behavior management and must not delegate that responsibility to a child or youth.

WAC 110-148-1620 USE OF RESTRAINTS

- (1) Foster parents may use:
 - (a) Physical handling of children or youth appropriate to their developmental capabilities as a means of holding children or youth for comfort, picking up or carrying children or youth without restricting their limbs to transport or redirect, or holding their hand to escort them; or
 - (b) Mechanical restraints only when ordered by a licensed health care provider.
- (2) Foster parents must:
 - (a) Not use physical restraints to redirect or de-escalate a situation, unless the child's or youth's behaviors pose an immediate risk to the physical safety of themselves or another individual or serious property damage. If restraint is necessary, it must be:
 - (i) Appropriate to the situation according to their developmental capabilities;
 - (ii) Discontinued as soon as the danger is no longer present;
 - (b) Not use physical restraint as a form of punishment or discipline;
 - (c) Never use:
 - (i) Physical restraint on a child or youth in a prone position with the stomach and chest facing down;
 - (ii) Physical restraint that restricts breathing;
 - (iii) Physical restraints intended to cause injury;
 - (iv) Restriction of movement by placing pressure on joints, chest, heart, or vital organs;
 - (v) Sleeper holds;
 - (vi) Arm twisting;

- (vii) Hair holds;
- (viii) Choking or putting arms around the throat;
- (ix) Chemical restraints, such as pepper spray; or
- (x) Restriction of movement within a physical location, such as a locked room;
- (d) After using physical restraint:
 - (i) Document the use, including what least-restrictive methods were tried prior to use;
 - (ii) Send a copy of the documentation to the child's or youth's caseworker and licenser within 48 hours as outlined in WAC 110-148-1420; and
 - (iii) Keep a copy of the documentation on the premises; and
- (e) Not use physical restraint of a child or youth on a regular basis without:
 - (i) Prior approval in writing from the child's or youth's caseworker through their supervision plan;
 - (ii) Receiving training using a behavior management training approved by the department prior to use; and
 - (iii) If the supervision plan differs from the requirements of subsection (2)(a), follow the plan.