



Licensing Division (LD)

## Supervision Plan for Site Specific Conditions (Kinship)

This form is a plan with the caregiver to keep children safe when there are safety concerns on the property.

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State, **WA** Zip Code \_\_\_\_\_

Licensed kinship provider? ☐ Yes ☐ No

### Relevant WAC(s)

Select All That Apply

- ☐ Conditions of the home (for example: trampolines, bodies of water, pools, hot tubs, fire pits) WAC 110-149-0150
- ☐ An unblocked exit to the outside from child's or youth's sleeping space that is large enough for emergency personnel wearing rescue gear to access. WAC 110-149-0260
- ☐ Other - please enter WAC(s)

### Condition

Describe specific concerns regarding the conditions of the site, including the location.

### Safeguards

Describe what specific action(s) and/or structure(s) (for example fences, covers, locks) remedy each concern and who is responsible for that action.

### Applicant Signature

Applicant A Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant A Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant B Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant B Signature \_\_\_\_\_ Date \_\_\_\_\_

### LD/CPA Staff Signature

LD/CPA Staff Name \_\_\_\_\_

LD/CPA Signature \_\_\_\_\_ Date \_\_\_\_\_