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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)**Certified Respite Provider Agreements** |
| **Confidentiality** |
| [ ]  I understand that any information I learn about a child or their family, as a certified respite provider, is confidential and must only be shared with people directly involved in providing care or case planning, on a need to know basis. If I have questions about who I can share information with, I will contact the child’s assigned worker for clarification.[ ]  I agree to hold in strict confidence all child-specific or identifying information regarding children and families served by the Department of Children, Youth, and Families, as required by RCW 74.04.060 and applicable federal laws. I understand that if I release this confidential information in violation of a child or family’s confidentiality, I will no longer be eligible to provide respite to foster children.  |
| **Discipline** |
| [ ]  I understand that discipline practices with foster children must be appropriate to the child’s age and level of development. I must establish limits and use positive methods of guidance that promote self-control, self-responsibility, self-direction, self-esteem, and cooperation.[ ]  I agree to never use physical punishment or verbally abusive, neglectful, humiliating, or frightening punishment which includes, but is not limited to: spanking, cursing, threats, humiliation or intimidation, locked time-out rooms or methods that interfere with a child’s basic needs, including withholding of food or water. |
| **Religion** |
| [ ]  I understand children have the right to practice their own faith or no faith at all. [ ]  I agree to never require any child to participate in practices against their beliefs. |
| **Smoking** |
| [ ]  I understand smoking is prohibited in the living space/home, and any vehicle used to transport a child in foster care. This does not apply to traditional or spiritual Native Alaskan/Native American or religious ceremonies involving the use of tobacco that have been approved by the child’s assigned worker. [ ]  I agree to comply with this requirement. |
| **Reporting Child Abuse and Neglect** |
| [ ]  I understand that, as a certified respite provider, I am a mandated reporter per RCW 26.44.030.[ ]  I agree to report any situation where I suspect child abuse or neglect to my local Child Protective Services office or 1-866-ENDHARM (363-4276). |
| **Applicant Information** |
| APPLICANT’S NAME | DATE OF BIRTH |
| APPLICANT’S SIGNATURE | DATE      |