

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 chi served by the Department of Children, Youth, and Families, as required by RCW 74.04.06 laws. I understand that if I release this confidential information in violation of a child or fam no longer be eligible to provide respite to foster children.	60 and applicable federal
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		
APPLICA	ANT'S NAME	DATE OF BIRTH
APPLICA	APPLICANT'S SIGNATURE DATE	