

Draft revisions to chapter 110-145 WAC – Set #7

WAC 110-145-1600

~~What are the g~~General requirements for bedrooms and sleeping areas?

(1) ~~Licensees must provide~~ Each child and youth must have ~~or share a single or shared bedroom, approved by the licensor,~~ with privacy and space that is appropriate and adequate to meet their ~~child's individual~~ developmental ~~needs~~abilities, ~~except in interim facilities.~~

(2) ~~Interim facilities may use common sleeping areas for children and youth instead of bedrooms.~~

(3) ~~For~~ facilities licensed after December 31, 1986, bedrooms must have:

(a) Adequate ceiling height for the safety and comfort of the occupants (typically, seven and one-half feet); and

(b) A window that ~~can~~opens to the outside, allows natural light into the bedroom, and permits emergency access or exit.

(3) Each bedroom must have unrestricted direct access to outdoors, as well as one direct access to common use areas such as hallways, corridors, living rooms, day rooms, or other common use areas.

(4) ~~Licensees may use~~ Approval may be granted to a building or structure that does not have a bedroom with direct access to the outdoors with approval by LD if it has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction.

(5) ~~You~~Licensees must not use ~~hallways, kitchens, living rooms, dining rooms, or bathrooms or~~ unfinished basements as bedrooms.

(6) ~~You~~Licensees must not use common areas of the facility such as hallways, kitchens, living rooms, and dining rooms as bedrooms for anyone in the household without permission of the ~~LD~~licensor and either theDCYF caseworker for the DCYF or tribal child or youth or the parent of the community child or youth, if applicable.

(7) For overnight youth shelters with common sleeping areas, licensees must:

(a) Provide a barrier to each youth for privacy or separation from other youth during sleeping hours;

(b) Assess a youth's request to move to a different sleeping location and accommodate as safety allows; and.

(c) Separate youth younger than 18 years old from youth 18 through 20 years old by having either:

(i) Personnel supervise open space; or

Commented [EF1]: Discussion for NRM Reps at NRM Rep meeting - Why is this allowable to use these areas as bedrooms?

(ii) A physical barrier to prevent contact.

~~(7) An adult must be on the same floor or within easy hearing distance and access to where children under six years of age are sleeping.~~

Commented [EF2]: FYI for NRM Reps: This new (7) was WAC 110-145-2105 What are the additional requirements for bedrooms in overnight youth shelters? That WAC was negotiated in breakout sessions and the participants agreed upon the intent of this language on 4/15/24.

WAC 110-145-1605

~~What are the requirements for sharing~~Shared bedrooms.?

(1) ~~A provider~~Licensees must consider what bedroom placement is in the best interest of a ~~foster~~ child or youth by ~~consulting in consultation~~ with:

(a) The child or youth; and

(b) ~~The child's DCYF~~ caseworker for the DCYF or tribal child or youth, or the parent of the community child or youth.

(2) Licensees must assess a child's or youth's request to move to a different sleeping location and accommodate as safety allows.

(3) Shared bedrooms must provide enough floor space for the safety and comfort of children and youth.

(4) When a ~~teen~~ parenting youth and their infant sleep in the same room, the room must contain at least 80 square feet of usable floor space. ~~You~~ Licensees must allow only one parent and infant to occupy a bedroom.

(5) No more than four children or youth can sleep in the same bedroom, with the exception of common sleeping areas in of interim facilities. ~~This includes foster children and any other children.~~

(6) ~~Children over age one may share a bedroom with an adult who is not the child's parent only if necessary for close supervision due to the child's medical or developmental condition and the child's licensed health care provider recommends it in writing.~~

(7) An individual in the extended foster care program may share a bedroom with a younger child or youth of the same gender. ~~If the younger child or youth is unrelated to the individual in the extended foster care program, the child or youth must be at least 10 years old of age. A provider may place a child who identifies as transgender, gender fluid, or both in a bedroom with a child of the same or similar gender identity.~~

~~(7) Foster children may not share the same bedroom with a child of another gender identity unless all children are under age six. In circumstances of transgender, gender fluidity, or both, a provider may place a child in a bedroom with another child of the same or similar gender identity.~~

Commented [EF3]: FYI for NRM Reps - This requirement will be taken out of this WAC and put into the Supervision WAC, which was included in Set #6.

Commented [EF4]: FYI for NRM Reps: This addition is a request by the Youth with Lived Experience group

Commented [EF5]: FYI for NRM Reps: At this point, this is being deleted because the Supervision WAC, which was in Set #6 and is currently in negotiations, does not allow staff to sleep while they're on duty. If the negotiation of the Supervision WAC ends with staff being allowed to sleep while being in charge of supervising children, then this will be put back in this WAC.

Commented [EF6]: FYI for NRM Reps: The Youth with Lived Experience group is requesting references to gender/gender identity be removed from this WAC.

Commented [EF7]: Discussion for NRM Reps at NRM Rep meeting - Does this meet our safety threshold? Why is this different than OYS who must separate?

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~~(7⁸) The department may grant A an exception may be granted to subsections (3) through (6⁷) in this section with an LD administrative approval if it is in the best interest of the child or youth and supported by the LD-licensor and the children's DCYF caseworker for the DCYF or tribal child or youth, or the parent of the community child or youth, if appropriate, and is in the best interest of the child.~~

WAC 110-145-1610

~~What are the requirements for beds in a facility?~~Sleeping equipment and bedding.

(1) ~~You~~Licenseses must provide an appropriately sized separate bed for each child and youth, with clean bedding and a mattress in good condition, except for the following:

~~(a) In overnight youth shelters, licensees must accept the use of sleeping equipment that is personally provided by the youth, if it is not a health or safety risk.~~

~~(b) In emergency respite centers, if a cot is used as a bed licensees must ensure that the cot is:~~

~~(i) Sufficient in length and width;~~

~~(ii) Constructed to provide adequate comfort for the child to sleep; and~~

~~(iii) Is made of material that can be cleaned with a detergent solution, disinfected, and allowed to dry.~~

~~(2¹) You Licenseses must not allow children or youth to use loft style beds or upper bunks if they ~~child is~~ are vulnerable based on their individual developmental abilities or if a youth is pregnant. due to age, development, or condition, such as preschool children, expectant mothers, and children with a disability.~~

~~(3²) Some children may soil the bed, and you may need to plan accordingly. You Licenseses must provide waterproof mattress covers or moisture-resistant mattresses if needed.~~

~~(4) Licensees must cover ~~Each~~ child's pillow ~~must be covered~~ with waterproof material or provide a ~~be~~ washable pillow.~~

~~(5³) Licensees may provide A a mat ~~may be used~~ for napping but not as a substitute for a bed.~~

~~(6⁴) If licensed to care for infants, You licenseses must:~~

~~(a) ~~p~~Provide an infant with a crib that ensures the safety of the infant, and complies with chapter 70.111 RCW, Infant Crib Safety Act. These regulations include:~~

~~(i^a) A maximum of 2 and 3/8" between vertical slats of the crib; and~~

Commented [EF8]: FYI for NRM Reps: (1) (a) here came from current WAC 110-145-2110 What are additional bedding requirements for my overnight youth shelter?

Commented [EF9]: FYI for NRM Reps: (1) (b) (i) (ii) here came from current WAC 110-145-2030 Are there additional bed requirements at my emergency respite center?

(ii) Cribs, infant beds, bassinets, and playpens must be made of wood, metal, or approved plastic, with secure latching devices and clean, firm, snug-fitting mattresses covered with waterproof material that can easily be disinfected.

(b) ~~You must~~ Place infants on their backs for sleeping, unless advised differently by the child's licensed health care provider;

(c) ~~You must~~ Not have loose blankets, pillows, crib bumpers, or stuffed toys with a sleeping infant; and

(d) ~~You must~~ Not use wedges and positioners with a sleeping infant unless advised differently by the infant's licensed health care provider.

(7) ~~You Licensees~~ may swaddle an infant using one lightweight blanket upon the advice and training of a licensed health care provider. Infants under two months old may be swaddled unless a licensed health care provider directs otherwise. When swaddling an infant, You licensees must:

(a) ~~Keep~~ the blanket loose around the infant's hips and legs ~~when swaddling in order to avoid hip dysplasia; and. You may swaddle infants under two months of age unless a licensed health care provider directs otherwise.~~

(b) ~~You must~~ Not dress a swaddled infant in a manner that allows them to overheat.

(8) ~~You Licensees~~ must not use weighted blankets for children under three years ~~of age old~~ or for children and youth of any age with mobility limitations.

(9) ~~You Licensees~~ may use a weighted blanket upon the advice and training from a licensed health care provider for children and youth ~~over the age of three years old~~ who do not have mobility limitations. ~~You Licensees~~ must meet the following requirements:

(a) The weight of the blanket must not exceed 10 percent of the child's or youth's body weight;

(b) Metal beads are choking hazards and must not be used in a weighted blanket;

(c) ~~You Licensees~~ must not cover the child's or youth's head with a weighted blanket or place it above the middle of the child's or youth's chest;

(d) The weighted blanket must not hinder a child's movement; and

(e) The weighted blanket must not be used as a restraint.

WAC 110-145-1845 ~~What are the requirements for obtaining consent for emergency and routine Mmedical care consent.?~~

(1) The department is the legal custodian for children and

youth it places in care. ~~We~~The department ~~has~~have the authority to consent to emergency and routine medical services on behalf of a child or youth under the age of 18. Youth in care over ~~the age of 18 years old~~ must give consent to their own medical care or have an identified person who has been granted the legal authority to give consent on their behalf. ~~The department~~ ~~We~~ delegates some of the authority to providers licensees. ~~You must contact the child's DCYF caseworker or intake for specific information for each child.~~

(2) ~~if you care~~Licensees caring for children or youth in the custody of another agency, tribal court, or other court, ~~you~~ must follow the direction of that agency or court regarding permission to ~~provide~~give consent for medical care.

(3) Licensees caring for children or youth in parental custody must get consent from the parent for the child or youth to receive medical care.

~~(3) In case of medical emergency, contact the child's DCYF caseworker and the child's tribal ICW case manager or intake as soon as possible.~~

(4) ~~It is your responsibility to ensure that a child~~ Licensees must take the necessary actions for a child or youth to receive ~~the necessary~~ medical attention if injured or harmed.

(5) In the event of a life-threatening medical emergency, ~~you~~licensees or their personnel must contact 911 prior to transporting the child or youth to a medical facility.

Commented [EF10]: FYI for NRM Reps: The DCYF NRM Team will follow up with DCYF Policy to see if internal policy needs to be beefed up regarding the expectation of how and when DCYF gives information to providers so providers have what they need.

Commented [EF11]: FYI for NRM Reps: This is being deleted because it is already included in the WAC for Reporting Incidents Involving Children and Youth, which was sent to NRM Reps in Set #6.

Commented [EF12]: FYI for NRM Reps: The change to the first sentence in (4) was made to account for youth who refuse medical care. The licensee's responsibility is to take the necessary action based on the circumstances.

Note to the reader:

The Definitions section, WAC 110-145-1305, already defines:

"Out-of-home placement" means a child's placement in a home or facility other than the child's parent, guardian, or legal custodian.

The WAC below combines and revises *WAC 110-145-1835 Am I required to assess a child's need for immediate medical attention?* and *WAC 110-145-1840 When must I get an early and periodic screening, diagnosis, and treatment (EPDST) exam for a child?*

The numbers in the **light blue brackets []** indicate the original WAC the information came from.

~~WAC 110-145-1835 XXXX Am I required to assess a child's need for immediate medical attention?~~ Initial health screen and EPDST exam.

(1) ~~This section does not apply to interim facilities.~~

(2) When a child or youth first enters out-of-home ~~care~~replacement for the first time, other than having been in interim facilities overnight youth shelters, licensees must take the child or youth to a licensed health care provider for an initial health screen or an early and periodic screening, diagnosis, and treatment (EPDST) exam is required as soon as possible, but no later than five 14 calendar days after entering

Commented [EF13]: FYI for NRM Reps: Here's a resource... A brochure for Foster Parents and Caregivers about Initial Health Screen and the EPDST exam <https://www.dcyf.wa.gov/sites/default/files/pubs/22-1445.pdf>

Commented [EF14]: Question for NRM Reps: Should DDA be included in (1)?

Commented [EF15]: FYI for NRM Reps: The DCYF NRM team consulted with Fostering Well Being who advised that the EPDST exam could take place of the initial health if is done within 14 calendar days of the child's/youth's first time being placed in out-of-home care.

Commented [EF16]: FYI for NRM Reps: The DCYF NRM team consulted with Fostering Well Being about a reasonable timeframe for these exams to occur after being placed at a facility.

~~your the licensee's care program. You~~ A child or youth does ~~not~~ need ~~to take a child to get this an initial health screen if you received the child they entered the licensee's care~~ directly from a hospital, pediatric interim care, or if ~~they~~ the child is ~~are~~ receiving services through a child or youth advocacy center or sexual assault clinic. [1835(1)]

~~(23) You Licensees must also make reasonable attempts to obtain from the licensed health care provider the child's or youth's following health history, including the following:~~

- ~~(a) Allergies;~~
- ~~(b) All currently prescribed medications; and~~
- ~~(c) Any special physical or mental health issues. [1835(2)]~~

~~(3) If the child remains in placement beyond 72 hours, you must contact the child's DCYF caseworker, CPA, or parent or guardian to obtain the following information:~~

- ~~(a) The date of the child's last physical and dental exams;~~
- ~~(b) Their history of immunizations; and~~
- ~~(c) Clinical and medical diagnoses and treatment plans.~~

~~(4) When a child leaves the facility, the health history of the child must be provided to the child's DCYF caseworker or the next caregiver.~~

~~(4) Children and youth who are in out-of-home care must receive an EPSDT exam within 30 calendar days, unless they have had an EPSDT exam in the previous 30 calendar days, except for youth in overnight youth shelters and children or youth placed by DDA through a voluntary placement agreement. [1840]~~

~~(5) Licensees must follow the schedule outlined by a licensed health care provider for Children also receive subsequent periodic EPSDT exams; information on these exams may be obtained from the child's DCYF caseworker. [1840]~~

~~(5) You Licensees must should refer to the department of health's dental care brochures, Publications Nos. 920-923 through 920-928, as guides for information on maintaining proper dental care for children and youth. [1835(5)]~~

WAC 110-145-1885 ~~What are the i~~Children and youth immunization requirements. regulations?

~~(1) Immunization standards for all children and youth in your facility~~ the licensee's care are based on the advisory committee for immunizations practices of the centers for disease control (ACIP/CDC).

~~(2) Children and youth placed in your care by the department, except at interim facilities, crisis residential centers, and group receiving centers, are required to be immunized according to advisory committee on immunization practices as established in the recommended immunization schedule for persons Aged 0-18 Years, United States, 201224 and as amended each subsequent year, except for rotavirus and human papilloma virus.~~

~~(23) Except for overnight youth shelters, if~~ If a child or

Commented [EF17]: Discussion for NRM Reps during NRM Reps meeting:
The DCYF NRM team is not clear on what youth are placed in Group Receiving Centers. Should they be included here as the exception?

Commented [EF18]: FYI for NRM Reps: These were moved here from the current child's records, WAC 110-145-1520 (5) (a) (b) (c).

youth who has not received all recommended immunizations is placed in care, licensees must ensure the child or youth:

(a) Has and follows an immunizations catch-up schedule;

(b) Has a medical exemption signed by a licensed health care provider for any missing immunizations; or

(c) Is seen by a licensed health care provider as soon as medically possible for catch-up immunizations according to the ACIP/CDC catch-up schedule.

~~(34) You must contact each child's DCYF caseworker and your LD licenser if a serious infection or a communicable disease is a threat to the children in your care. If an outbreak of a vaccine-preventable disease occurs at the facility, licensees must notify:~~

~~(a) The DCYF caseworker for each DCYF and tribal child and youth;~~

~~(b) The parent of each community child or youth; and~~

~~(c) Theyour LD licenser. The department may remove a foster child from your facility when the threat of a serious infection or communicable disease creates a risk to the health of any child placed in your facility.~~

Commented [EF19]: The medical exemption for immunizations was added because the national standards for foster care (and thus title IV-E funding requirements) includes all children who are household members must be up to date on immunization, unless the immunization is contrary to the child's health as documented by a licensed health care provider.

Link to foster care national standards <https://www.acf.hhs.gov/cb/policy-guidance/im-19-01>

Commented [EF20]: FYI for NRM Reps: This language reflects the DOH Exemption form language.

Commented [EF21]: FYI for NRM Reps: This sentence is being deleted because it is not necessary. DCYF may remove foster children from care for at any time, and programs are aware of that.

WAC 110-145-1660 Are guns allowed on a licensed facility's property? Firearms and weapons.

(1) ~~You~~Licensees must not permit guns, ammunition, and other weapons on the licensed premises ~~of your facility~~, with the exception of law enforcement.

(2) Licensees~~You~~ may allow a child under~~your~~ their care to use a firearm only if:

(a) The ~~child's DCYF~~ caseworker for the DCYF or tribal child or youth, or the parent of the community child or youth approves;

(b) The child or youth has completed an approved gun safety or hunter safety course; and

(c) Adults who have completed a gun or hunter safety course are supervising use.

Commented [EF22]: Discussion for NRM Reps during NRM Reps meeting: Is (2) appropriate for group care settings?

WAC 110-145-1670 Do I need a written Emergency and evacuation plans.?

(21) ~~You~~Licensees must be prepared for emergencies, including but not limited to ~~(such as~~ hostile persons on the premises, fires, or earthquakes) by having a written evacuation plan prepared that identifies how ~~you~~ licensees or their personnel will:

(a) Educate and ~~familiarize~~ practice with the children and youth~~your residents~~ appropriate to their individual~~age and~~ developmental ~~level~~abilities; and

Commented [EF23]: Question for NRM Reps: What's the difference between an Emergency Plan and an Evacuation Plan?

(b) Notify the department if an incident occurs.

(42) Emergency plans ~~should~~must be easily viewable accessible for to staff personnel, children, and youth and residents at all times.

(13) ~~You must have~~The emergency plan must include a written evacuation plan on how you will evacuate children and youth will be evacuated in case of a fire, natural disaster, or other ~~emergencies such as natural disasters or~~ unforeseen events.

Evacuation plans must:

(a) ~~Be~~Be developed reflective of the individual developmental abilities level and behaviors of the children and youth living in ~~your the~~ facility; ~~and~~

(b) Include:

(~~i~~) Actions to be taken by the ~~person~~individual discovering a fire, including methods for sounding an alarm on the premises;

(~~ii~~) Actions to be taken following a natural disaster or emergency;

(~~iii~~) Evacuation of the building in a manner that ensures safety for ~~staff personnel, and~~ children, and youth;

(~~iv~~) Actions to be taken while waiting for the fire department; ~~and~~

(~~v~~) ~~The emergency plan must include a~~An evacuation floor plan, identifying exit doors and windows, fire extinguishers, smoke detectors, and carbon monoxide detectors. A copy of the evacuation floor plan and must be posted at each exit door. ~~You must ensure that the evacuation plan includes:~~

WAC 110-145-1570 ~~What are the requirements for I~~ndoor recreation areas.?

(1) ~~You Licensees~~ must provide indoor recreational areas appropriate to the individual developmental abilities of the children and youth in care age and developmental levels.

(2) ~~If you Licensees who are licensed to provide group care to more than 12 children you must have at least one separate~~ indoor recreation area with a size and location that is suitable for recreational and informal educational activities. Depending on the number and age range of children and youth served, ~~you~~ licensees must provide:

(a) Adequate area for child and youth play; and

(b) Sufficient space to house a developmentally appropriate program.

(3) If ~~you~~ licensees care for children or youth with intellectual and developmental disabilities whose licensed

Commented [EF24]: Discussion for NRM Reps during NRM Reps meeting:

During the Group Care Listening & Learning sessions last fall, DCYF received a question about where "more than 12 children" in subsection (2) came from or how that number was determined. The NMR team was unable to find information about how that number was determined.

- Would the NRM Reps like to see the number 12 changed to something else? If so, what would an appropriate number be?

~~health care provider prescribes them physical and occupational therapy, licensees you must:~~

~~(a) Provide them with a room at their facility for the physical and occupational therapy sessions that is, if a physician prescribes these services. The room must be adequate for meeting the individual developmental abilities of the child or youth and for storing the therapy equipment; used during therapy sessions. or~~

~~(b) Make If you do not have a room for physical and occupational therapy, you must arrangements for these child or youth to access physical and occupational therapy in the local community therapies outside of your facilities.~~

~~(4) If you Licensees operate a group who care for program that serves medically fragile children younger than age six years old, you must follow these additional room requirements:~~

~~(a) If you care for infants, and are When licensed to care for more than twelve 12 children and caring for infants, you must provide separate safe play areas for children less younger than one year old or children not walking. The department must approve the rooms or areas;~~

~~(b) Children less younger than one year old must be cared for in rooms or areas separate from older children;~~

~~(c) No more than eight children younger than one year old of age may be in the room at a time; and~~

~~(d) Handwashing facilities must be available nearby.~~

Commented [EF25]: Questions for NRM Reps:

The NRM team does not understand the intent of (4) (a-d):

- Should (4) apply to all facilities instead of only facilities that serve medically fragile children?
- Why does (4) refer to children under age 6 when (a), (b), and (c) are talking about children under 1 or children not walking?
- Should the word "youth" be included in (a) - "...or children and youth not walking." ?
- Why is "12 children" included in (a)?
- Should (a) be removed and just follow (b)?

WAC 110-145-1510 What personnel records must I submit to the department?

~~(1) You Licensees must submit to the department, through the licensing provider portal, the following personnel records for each of their personnel person who is employed by or volunteers at your facility:~~

~~(a) An employment or volunteer application, including work and education history, documentation that demonstrates the individual meets the experience requirements of the position;~~

~~(b) Education documentation that demonstrates the individual meets the education requirements of the position;~~

~~(c) Signed Job description of the position at your the facility;~~

~~(d) Signed confidentiality statement;~~

~~(e) Signed mandated reporter statement;~~

~~(f) A record of participation in the program's agency's orientation, preservice training, and in-service training;~~

~~(g) Behavior management training documentation;~~

~~(h) First-aid, CPR, and bloodborne pathogens training~~

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documentation;

(i) A copy of a food ~~handlers permit~~ worker card, if applicable;

(j) A copy of a valid driver's license for staff transporting ~~clients children or youther employees~~;

(k) A copy of a government issued photo ~~I~~ identification;

(l) A copy of current auto insurance, if using private vehicle to transport;

(m) A log with background check information, containing dates of request and completion of the checks on all ~~personnel staff, interns, volunteers,~~ and service contractors;

(n) ~~Tuberculosis screening tool and any additional documentation required based on the screening tool results; A record of a negative Mantoux, tuberculin skin tests results, X-ray, or a medical exemption to the skin test or X-ray; and~~

(o) A record of required ~~staff personnel~~ immunizations or a medical exemption signed by a licensed health care provider, if applicable.

(2) You must maintain a written record of case consultation by a master's level consultant as defined in WAC 110-145-1460 for case managers with a bachelor's degree.

Commented [EF26]: FYI for NRM Reps - At this point, this was deleted due to change in case manager qualification WAC in the Staff Quails/Responsibilities section, which is currently being negotiated. If the negotiation of that rule reinstates the requirement of case consultation by a master's level consultant, then this will be put back in here.

WAC 110-145-1515 ~~What are the requirements for information kept in facility shift logs~~ Information to be kept current and available during each shift. ~~for group care facilities?~~

(3) ~~In addition, you must keep~~ The following information documentation must be kept current and available to personnel during each shift ~~at all times:~~

(a) Incident logs, including a copy of any suspected child abuse and/or neglect referrals made to ~~the department children's administration~~ and all incident reports;

(b) Any identified supervision needs specific to a child or youth ~~specific supervision needs;~~

~~(c) Daily or shift logs;~~ (d) Except for overnight youth shelters, written documentation or staff briefings between shifts regarding the whereabouts of any child or youth currently off-site; and

~~(e) Verification of weekly monthly inspections of any mechanical ~~secure~~ security and/or safety devices, such as door and window alarms.~~

(2) ~~You~~ During each shift, licensees and their personnel must document the following information ~~during each in a shift log:~~

(a) ~~Any s~~ Serious child or youth health or safety issues;

(b) ~~Any dates and i~~ Illnesses or accidents ~~while in care;~~

(c) ~~Any m~~ Medications and treatments given ~~with the child's name; and~~

(d) Names of direct care staff or and direct care volunteers on duty with direct care responsibility during the shift; and ~~;~~

Commented [EF27]: FYI for NRM Reps: (d) will be removed in this WAC and moved to the Safety section in the chapter since this is not something that needs to be done during each shift.

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(e) Telephone numbers of the director, program manager, or case manager who is on call after hours supervisor, and the on call and relief staff personnel clearly identified and available to be on duty if needed for staff personnel during each shift.

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