Draft revisions to chapter 110-145 WAC - Set #8

To the reader:

The following definitions are being added to the Definitions section, WAC 110-145-1305:

"Need-to-know basis" means an individual has access to information or material only when that access is necessary for the individual to conduct their official duties or to manage and provide necessary services.

"Safety and well-being file" means a compilation of a child's or youth's records and assessments related to their care and services while in the licensee's care.

WAC 110-145-1530 What information can be sSharinged information about a child, or youth, or theira child's family.?

- (1) Information about a child or youth or the child's their family is confidential—and must only be shared with people directly involved in the case plan for a child.
- (2) For children placed by the department, youLicensees and their personnel may discuss share information about the children or youth, their children or youth, their children only on a need-to-know basis with:
- (a) For DCYF children or youth:
- $\overline{(ai)}$ A rRepresentatives of the department, including staff from CWP and LD;
- (bii) A rRepresentatives of the department of health, the department of social and health services, the office of the state fire marshal, and the office of the family and children's ombuds;
- (c) A group residential program staff;
- (diii) The child's or youth's attorney;
- $(\underline{\text{eiv}})$ The child's or youth's assigned guardian ad litem; and
- $(\underline{\texttt{fv}})$ Others designated by the child's $\underline{\texttt{or youth's}}\,\texttt{DCYF}$ caseworker.
- (b) For tribal children or youth:
- (i) Representatives of the department; and
- (ii) Others designated by the child's or youth's tribal caseworker.
- (c) For community children or youth:
- (i) Representatives of the department; and
- (ii) Others designated by the child's or youth's parent.

Commented [EF1]: FYI for NRM Reps: Deleted this part of the sentence because it's not necessary. (2)(a)(b)(c) state who the licensee and their personnel may share information with on a need-to-know basis.

Commented [EF2]: FYI for NRM Reps: Deleted this part of the sentence because licensees and their personnel should not need to share information about child/youth/families with these entities, unless designated by the child's/youth's case worker. (3) Licensees who operate overnight youth shelters or other group care facility that provides residential services for runaway or homeless youth must comply with with RCW13.32.082 if compelling reasons exist to not notify a youth's parents pursuant to WAC 110-145-1545.

(3) You may check with your child's DCYF caseworker for guidance about sharing information with the child's teacher, counselor, doctor, respite care provider, any other professional, or others involved in the case plan.

Note to the reader:

The Safety and Well-Being File WAC below combines and revises *WAC 110-145-1520 What are the requirements for children's records?* and *WAC 1720 Do I need a social summary for children under my care (except for interim facilities)?* The numbers in the light blue brackets [] indicate the original WAC the information came from.

WAC 110-145-1520 <u>Safety and well-being file</u>What are the requirements for children's records?

- (1) Any identifying and personal information about a child or youth and their child's family must be kept confidential as required by chapter 26.33 RCW. These records must be kept in a secure place inaccessible to clientschildren, youth, unauthorized staff, and the public. Children's records must never be submitted to the department through the licensing provider portal.
- (2) During a child's placement, the child's Child and youth records must be kept secure at the site facility during their placement.
- (3) <u>Licensees Your facility</u> must attempt to obtain the following information and maintain it in a safety and well-being file for the child's record each child and youth in care, as appropriate to your the licensee's program:
 - (a) General information.
- (i) The child's or youth's name, birth date, and legal status; [1520(3)(a)]
- (ii) Name and telephone number of the caseworker for the DCYF or tribal child or youth, or the parent of the community child or youth child's DCYF caseworker or case manager and the child's tribal ICW case manager for each child in care, if appropriate; [1520(3)(b)]
- (iii) Names, addresses, and telephone numbers of parents or persons to be contacted in case of emergency; [1520(4)(a)] (iv) Copies of current legal authority to place, if any; [1520(3)(e)]
- (v) The child's or youth's interrelationships and circumstances that have brought them into out-of-home care. [1720(2)(c)]
- $\frac{\text{(vi)}}{\text{The child's primary and alternate permanency plan;}}[1720 \frac{\text{(2)}}{\text{(d)}}]$

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Commented [EF4]: FYI for NRM Reps: This was deleted because the information above already includes this information and/or and says the caseworker will designates others who the provider can share information with.

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(vii) Previous placement history, (if any); [1720(2)(e)]
(viii) Date and time of orientation; [1520(3)(k)]
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- (ix) Photo of child or youth with their written consent;
- (x) For pregnant and parenting youth, information on the mother and father other parent of the youth's child, if available. [1520(4)(k)]
- (b) Inventory of the child's personal belongings inventory pursuant to WAC 110-145-XXXX. at the time of placement. [1520(4)(h)]
 - (c) Connections.
- (i) Names, addresses, and telephone numbers of persons authorized to take the child or youth out of the facility; [1520(3)(d)]
- (ii) Approved list of individuals the child or youth may have contact with; [1520(4)(i)]
- $\frac{\text{(iii)}}{\text{The child's or youth's }} \text{ visitation plan; } \underline{\text{and}}$ [1520(4)(j)]
 - (iv) Peer activity plan pursuant to WAC 110-145-XXXX;
- (v) A narrative description of the child's or youth's background and family that identifies the immediate and extended family resources; and [1720(2)(b)]
- (vi) For crisis and residential centers, records of a multidisciplinary team, if convened. [1960(1)(b)]
 - (d) Culture and religion.
- (i) Information on specific cultural needs of the child or youth, including but not limited to: beliefs and values, celebrations, ethnicity, foods, language, religion, SOGIE, and traditions. + [1520(4)(b)]
 - (e) Medical.
- (i) Written consent, if any, for providing medical care and emergency surgery, unless that care is authorized by a court order; [1520(3)(c)]
- (ii) Medical history including any medical problems, name of dector licensed health care provider, type of medical coverage and provider, date of any illnesses or accidents while at the facilityin care; [1520(4)(c)]
- (iii) Mental health history and any current mental health, chemical dependency, and behavioral issues, including medical and psychological or psychiatric reports when available; [1520(4)(d)]&[1720(2)(a)]
- $\underline{\text{(iv)}}$ Other pertinent information related to the child's $\underline{\text{or youth's}}$ health, including basic medical information, such as current prescription medications, immunizations, allergies, dental records, and eye exams; [1520(4)(e)]
- __(v) Information related to suspected child abuse or neglect referrals made to children's administrationthe department's intake, including the concern, date, and name of the person taking the report; and [1520(3)(i)]
- (vi) For medically fragile children who have been in care for more than 30 days,
- (A) Report of a physical examination and diagnosis by a physician and information about the child's daily care including treatment plans, medications, observations, medical

Commented [EF5]: FYI for NRM Reps - This aligns with language used in WAC 2120 which the NRM Reps have already reached consensus on.

Commented [FE(6]: FYI for NRM Reps - This is the Children's and Youth's Personal Belongings WAC that is still in the negotiation process and has not yet reached consensus.

Commented [FE(7]: FYI for NRM Reps: This WAC is being written at this time, and will be provided in a future Set for your review, discussion, and consensus vote. examinations, physicians' orders, proper treatment for allergic reactions, consent authorizations, releases, diagnostic reports, and revisions of assessments; [2070(1)]

- (B) Upon discharge, a summary including diagnoses, treatments, and prognosis by the person responsible for providing care, and any instructions and referrals for continuity of care; and [2070(2)]
- (C) Evidence of meeting criteria for eligibility for services from the developmental disabilities administration, if appropriate. [2070(3)]
- (f) Education.
 (i) The child's or youth's school records, report cards, school pictures, and individual education plans (IEP), and 504 plans; and[1520(4)(f)]
 - (ii) Best interest assessment pursuant to WAC 110-145-
 - (q) Technology.
- (i) Computer and table access and usage plan pursuant to
- WAC 110-145-XXXX; and
- (ii) Cell phone access and usage plan pursuant to WAC 110-145-XXXX.
- (h) Supervision.(i) Special instructions including supervision requirements and suggestions for managing problem specific behaviors; [1520(4)(g)]
- (ii) Employment plan pursuant to WAC 110-145-XXXX; (iii) A log and written report that identifies all incidents requiring physical restraints for a child or youth; [1520(3)(1)]
- (iv) Any incident reports involving the child or youth; and $[\overline{1520}(3)(m)]$
- (v) For crisis residential centers, hourly logs of where the child is physically located. [1960(1)(a)]
 - (i) Service Planning.
- (i) Intake procedures completed including aAn assessment of the child's or youth's likelihood to stay in your the facility; [1520(3)(j)]
- (ii) An evaluation of the child's or youth's need for the particular services and type of care the licensee provides;
- (iii) Documentation of a child's or youth's treatment provided by yourthe licensee or their personnel staff with the signature of the personindividual making the entry to the progress notes; [1520(3)(h)
- (iv) Identified education, training, and coaching to families of origin and other potential long-term or permanent
- placements about how best to support the child or youth; and (v) A copy of any discharge summaries and family assessments in the child's or youth's case record. [1520(3)(n)]
 - (4) The safety and well-being file must be available and organized in a manner for the licensor to easily review.

Commented [FE(8]: FYI for the NRM Reps: This is the Educational and Vocational Instruction Requirements WAC that is still in the negotiation process and has not yet reached consensus.

Commented [FE(9]: FYI for NRM Reps: This WAC is being written at this time, and will be provided in a future ${\tt Set}$ for your review, discussion, and consensus vote.

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Commented [FE(11]: FYI for the NRM Reps: This is the Allowance, Chores, and Employment WAC that is still in the negotiation process and has not yet reached consensus.

- (5) When a child or youth leaves the licensee's care, licensees must provide a copy of the safety and well-being file to the caseworker of the DCYF or tribal child or youth, or the parent of the community child.
 - (f) Current case plans;
 - (g) Social summary;
- (5) If a child's placement extends beyond 72 hours, you must obtain the child's immunization records. If the child is not current with immunizations, they must be updated as soon as medically possible. Immunization records are not required to be current for children place in:
 - (a) Interim facilities;
 - (b) Group receiving centers; or
 - (c) Crisis residential centers.
- (6) If you are unable to obtain this information from the child or youth, the caseworker for the DCYF or tribal child or youth, or the parent of the community childdepartment, you licensees must document your their attempt to obtain the requested information in the safety and well-beingehild's file.

WAC 110-145-1720 Do I need a social summary for children under my care (except for interim facilities)? (1) You must develop a written social summary for each child accepted for care within seventy-two hours but no longer than thirty days of the child's placement. The social summary must serve as the basis of the child's admission to your care.

- (2) The summary must contain the following information for the child:
- (a) Available copies of psychological or psychiatric evaluations, if any, on the child under care;
- (b) A narrative description of the child's background and family that identifies the immediate and extended family
- (c) The child's interrelationships and circumstances that have brought the child into out of home care;
 - (d) The child's primary and alternate permanency plan;
 - (e) Previous placement history (if any); and
- (f) An evaluation of the child's need for the particular services and type of care you provide.

Commented [EF12]: FYI for NRM Reps: This information now lives in the Child and Youth Immunizations WAC which was in Set $^{\rm 47}$

Commented [EF13]: FYI for NRM Reps: (2)()-(f) have been included in the "Safety and well-being file" WAC above

WAC 110-145-1725 When do I need a treatment plan for children in care and what must be included in the plan? (1) An agency must develop and implement an individualized written

Commented [FE(14]: FYI for NRM Reps: This WAC is being deleted because it is not needed with the Safety & Well-Being File WAC included in the chapter now. treatment plan for each child or youth in care if the agency:

- (a) Provides care or services to children or youth who the care and authority of the department; and
- (b) Has an agreement with the department to atment or therapeutic services.
 - (2) Treatment plans required by this section must:
- (a) Be developed and implemented on or before the child or vouth's 30th day in care;
 - (b) Be approved by a case manager or consultant;
- (c) Identify the service needs of the child or youth and child or youth's parent or quardian;
- treatment goals and strategies (d) Describe the chieving those goals;
- (e) Include an ongoing account of the treatment received by the child or youth and others involved in the treatment plan, such as any group treatment or individual counseling; and
- (f) Be updated at least quarterly to show the progress toward meeting goals and identify barriers to the permanent
- (3) An individual instruction and support plan required under WAC 388-826-0044 for youth receiving out-of-home services administered by the department of social and health services, developmental disabilities administration will satisfy the requirement in subsection (1) of this section.
- WAC 110-145-1745 What are the general well-being requirements for a group care program? You must provide a safe and healthy, age-appropriate home-like living environment that meets the medical, psychological, physical and developmental needs of the children in your care.

WAC 110-145-1815 Are written policies and procedures required describing a facility's discipline Behavior management. methods? (1) YouLicensees must:

(a) Have and follow policies and procedures that have been approved by LD describing their behavior management methodsprovide a written statement with your application and reapplication for licensure describing the discipline methods you use. This plan must be approved by your LD licensor.;

(b) Immediately provide updated policies and procedures to

- the licensor for approval if behavior management methods change.

 (7c) You must uUse behavior management methods discipline is appropriate to the child's or youth's individual developmental abilities age and level of development.;
- (6d) You must uUse positive methods of guidance and discipline behavior management that promote self-control, selfresponsibility, self-direction, self-esteem, and cooperation-; and Positive methods may include:
 - (a) Redirecting children;
 - (b) Giving choices when appropriate;

Commented [FE(15]: FYT for NRM Reps: This WAC is being deleted because it is vague, and not necessary. Throughout chapter 110-145 WAC there are specific requirements related to child/youth well-being and the licensee's responsibility to provide a safe and healthy home-like environment that meets the medical, psychological, physical and individually developmentally abilities of the children and youth in care.

Commented [EF16]: FYI for NRM Reps: This will be moved to the section about applying for a license/relicensure and what must be submitted to the department

(c) Time-out as a method of quidance, to allow children time to change their behavior;

(d) Planning in order to prevent problems; and

(e) Using positive reinforcement epress their feelings and ideas.

(8e) You must nNot use any of the following as behavior management methods:

(i) eCorporal punishment; or

(ii) *Verbally abusive, neglectful, intimidating, or frightening behavior management.; humiliating,

(eiii) Methods that interfere with a child's basic needs, including wwwithholding of food-;

(iv) Chores or physical labor; (ev) Any behavior management Mmethods that interfere with a child's or youth's basic needs, including withholding of od.(3)You must not withhold or a child's or youth's need for necessary services including contact with their child's DCYF caseworker, case manager, and legal representatives-; or

(vi) You must not wWithholding approved contact with a child's or youth's family, without further approval from the child's DCYF caseworker for the DCYF or tribal child or youth,

or the parent of the community child or youth.

(2) <u>LicenseesYou</u> and authorized care providers personnel <u>must maintain</u> have the responsibility discipline the behavior management of children and youth in care; you mayand must not delegate that responsibility to a child or

(4) For additional information you may refer to DCYF's avior management quidelines.

(5) If your discipline methods change, you must immediately covide a new statement to your LD licensor describing your

(9) You must not discipline children in the following ways:

(a) Physical punishment;

(b) Cursing;

(c) Threats;

(d) Humiliation or intimidation; or

(e) Methods that interfere with a child's basic needs, including withholding of food.

WAC 110-145-1625 What are the requirements for the use of Eelectronic monitorings to monitor children?

- (1) DCYF prohibits the Licensees must not use of video and or audio monitoring of children and youth in the interior of a group residential care facility unless all of the following are met:
- (a) The LD administrator grants approval for the use of an electronic monitoring device in your the facility following a

Commented [EF17]: FYI for NRM Reps: Deleting this because it refers to an outdated document

Commented [EF18]: FYI for NRM Reps: This was moved to (1).

Commented [EF19]: FYI for NRM Reps: Deleting (9) (a-d) because those things the same things as what is stated in (5) above.

Commented [EF20]: FYI for NRM Reps: This (e) was moved into (6) above.

request by the child's or youth's DCYF or tribal caseworker and the licensee;

- (b) The court approves implementation of the monitoring as part of the child's or youth's case plan; and
 - (c) You Licensees maintain a copy of the approval.
- (2) The prohibition of audio or visual monitoring does not include Licensees may use video or audio monitoring of the following:
- (a) Infants or children through younger than four five years oldef age;
 - (b) Medically fragile or sick children or youth;
- (c) Video recording equipment <u>used</u> to document actions of a child <u>or youth</u> as directed in writing by the<u>ir licensed health</u> care provider child's physician;
- (d) Video recording equipment used for special events such as birthday parties or vacations; $\frac{1}{2}$
- (e) The use of $d\underline{\textbf{D}} \text{oor}$ or window alarms or motion detectors—: or
- _(f) Video monitoring equipment used in licensed facilities serving only homeless youth when all of the following criteria are met:
- (i) The youth in care are between 13 years through 17 years old;
- (ii) The video monitoring is limited to common areas, such as hallways, kitchen, laundry room, dining room, living room, and indoor and outdoor recreation areas. This does not include bedrooms, common sleeping areas, bathrooms, and shower rooms;
- (iii) Youth are informed of video monitoring upon admission.

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?

- (31) In addition, you must keep tThe following information documentation must be kept current and available to personnel during each shiftat all times:
- personnel during each shiftat 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;
- (e) Daily or shift logs; (dc) Except for overnight youth shelters, written documentation or staff briefings between shifts regarding the whereabouts of any child or youth currently

Commented [EF21]: FYI for NRM Reps: This WAC was included in Set #7 earlier this month, but time ran out in the meeting before discussion/vote took place. We are bringing it to your attention again here in Set #8. off-site; and

(ed) Verification of weekly monthly inspections of any mechanical securesecurity and/or safety devices, such as door and window alarms.

- (12) You During each shift, licensees and their personnel must document the following information during each in a shift log:
 - (a) Any sSerious child or youth health or safety issues;
 - (b) Any dates and illnesses or accidents while in care;
- (c) Any mMedications and treatments given with the child's name; and
- (d) Names of direct care staff or and direct care volunteers on dutywith direct care responsibility during the shift; and-
- (e) Telephone numbers of the director, program manager, or case manager who is on callafter-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.

WAC 110-145-1810 Are there special requirements for Caring for infants and young children?

(1) InWhen caring for infants and young children, youlicensees and their personnel must:

(a) hHold infants at times other than feeding for the

purposes of comfort and attention; and

(b) aAllow children plenty of free time outside of a swing, crib, or playpen.

and their personnel may vary from this (2) Licensees requirement only if you have written direction from the child's licensed health care provider.

WAC 110-145-1995 What consultants must I use for my day treatment program? (1) You must use consultants, including psychiatrists, psychologists, teachers, and group counselors, children under care as follows:

- (a) Receive regular consultation from a child psychiatrist; and
- (b) Provide or arrange for a psychologist for psychological and related services if the child's school does not
- (c) Provide or arrange for teaching by certified teachers qualified by training or experience in remedial education; and
- (d) Use group counselors who are qualified by training or experience in the care of emotionally disturbed children.

Commented [EF22]: FYI for NRM Reps: (d) will be removed in this WAC and moved to the Safety section in the chapter since this is $\underline{\text{not}}$ something that needs to be done during each shift.

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Commented [EF24]: FYI for NRM Reps: 'Infant" and "Young Child" are currently defined in WAC 110-145-1305 Definitions as follows:

- •"Infant" means a child less than 12 months of age.
- •"Young child" refers to a child age 12 months through eight years old.

Commented [FE(25]: FYI for NRM Reps: This WAC was included in Set #1 back in December, but time ran out in the meeting before discussion/vote took place. During that meeting, consensus was reached to delete the other two WAC related to Day Treatment facilities (\underline{WAC} 145-110-1985 and WAC 110-145-1990). We are bringing this WAC to your attention again here in Set #8.