

# Child Placing Agency Guidance on Bed Enclosures

There are three categories of bed enclosures addressed in this guidance: bed modifications, crib/bassinet enclosures, and medical specialty beds. In consultation with the Regional Medical Health Consultants, the following guidance is being provided to CPA agencies around consistent recommendations, assessment, and approval requirements of these enclosures. According to [WAC 110-148-1620 \(4\)](#), bed enclosures are considered a restraint and any use of an enclosure must follow the written approval process as outlined below.

*NOTE: This guidance is exclusive to children who are in the care and custody of DCYF. Approvals are child and placement specific; they are not transferrable between caregivers, placements, or other children with apparent similar needs.*

## 1. Bed Modifications

- a. Do-it-yourself fixes are not permitted on beds used by children in out-of-home care, except as advised or recommended by the manufacturer.
- b. Bed conversions (e.g. from crib to toddler/full expansions) following manufacturer guidance are approved.
- c. Portable bed rails must meet the Consumer Product Safety Commission [federal standard](#) and only be used as directed by the manufacturer. Medical documentation recommending use of a portable bed rail is required if the child is medically compromised. Portable bed rails are intended for children age 2 to 5 who can get out of an adult bed without help; they should not be used for children under the age of 2, or for children whose movements are restricted.

## 2. Crib/Bassinet Enclosures (e.g. [BassiNest Newborn Insert](#) and [Mesh Crib Canopy Tent](#)) are not approved for use with children in out-of-home care for the following reasons:

- a. They are forms of restraint and can be purchased commercially, widely available to the public with no federal product safety regulation requirements.
- b. They can be locked/secured from the outside and do not permit independent exit, restricting direct access for a child to safely evacuate in an emergency.
- c. They are not compliant with a [Safe Sleep](#) environment.

## 3. Medical Specialty Beds – are considered restraints, requiring prior written approval from CW and LD per [WAC 110-148-1620 \(4\)](#). Examples include:

- Permanent Structures (e.g. [Haven Bed](#) and [Hannah Safety Bed](#))
- Travel/Portable Enclosures (e.g. [The Safety Sleeper](#) and [Safe Place Travel Bed](#))



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- a. These beds are FDA registered and Medicaid approved; they can be locked/secured from the outside and do not permit independent exit, prohibiting a child from safely evacuating in an emergency. LD staff have become aware of caregivers using these enclosed beds with/without medical recommendation for children experiencing difficult behavioral/sleep challenges; these enclosures are not appropriate to be used as a substitute for caregiver supervision.
- b. A form of passive restraint that should only be used when recommended by a child's medical specialist as a last resort (not a general care physician) to address a specific child's complex medical needs related to "neurologic, behavioral and neurodevelopmental conditions which may impact behavior, cognition, orientation or development and put the child at risk for falling or serious injury while in the bed."
- c. CPA agency must obtain Medical documentation from the child's specialist before using an enclosed bed outlining the least restrictive strategy to meet the child-specific needs. Documentation will include the following four components:
  - i. Medical or behavioral necessity documented and described in the child's medical record.
  - ii. Previous treatments/interventions that have been used and determined to be unsuccessful including:
    - 1. Clinical documentation that underlying behavioral issues have been proactively addressed using appropriate behavioral interventions without success.
    - 2. Other less restrictive forms of bed accommodations have been employed without adequate success (e.g. increased caregiver monitoring, alarm systems, padding bed rails, mattress on the floor).
  - iii. Recommendation indicating there is no other appropriate and reasonably feasible alternative method for providing safe bed/sleep care.
  - iv. Confirmation that the request for the enclosed bed is not for caregiver convenience or due to lack of caregiver monitoring.
- d. If complete medical documentation is received, CPA agency will:
  - i. Consult with the assigned Child Welfare worker and the caregiver to address the written use and approval of the specialty bed for the specific child in care.
  - ii. Develop a Safety and Supervision Plan for Site Specific Conditions DCYF 10-419.
  - iii. Review and update the Emergency Evacuation Plan DCYF 16-204 with the caregiver to address a plan of safe assisted evacuation for the child.
  - iv. Store all documentation in the CPA foster home file and send applicable documentation to Regional Licensor

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