Washington Department of Children, Youth, & Families

Group Care Negotiated Rule Making Final Report

Produced by

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PUBLIC CONSULTING GROUP

CONTENTS

ACKNOWLEDGMENTS

Public Consulting Group LLC (PCG) would like to thank the many individuals who contributed to the Washington Department of Children, Youth, and Families (DCYF) Group Care Negotiated Rule Making (NRM) project. We deeply appreciate the time, dedication, and expertise of the stakeholders who actively participated in the NRM sessions, as well as the invaluable support and resources provided by the DCYF NRM project team. These contributors invested significant effort in reviewing and revising Washington Administrative Code (WAC) language, offering essential insights, resources, and recommendations to improve the group care experiences of children and youth in Washington state. We would like to thank the NRM representatives and DCYF NRM teams below, and also acknowledge the several others who assisted throughout this project.

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DISCLAIMER

The purpose of this report is to provide a general overview of the group care negotiated rule making project from a third-party facilitator perspective. This report is written independently from the Department of Children, Youth and Families and may be less detailed in areas in which PCG had minimal or no involvement.

I. PROJECT OVERVIEW

In January 2021, a class action complaint was brought against the State of Washington Department of Children, Youth, and Families (DCYF) alleging systemic deficiencies related to the provision of child services and supports, as well as unacceptable placements, especially for youth affected disproportionately, such as BIPOC, LGBTQIA+, and youth with behavioral health and developmental disabilities. As a result, in June 2022, the U.S. District Court Western District of Washington at Seattle filed an Agreement and Settlement Order, identifying eight (8) system improvement areas to transform child safety and well-being processes. One of these improvement areas, Revising Licensing Standards, mandated that DCYF amend contracts and policies, and engage in negotiated rule-making (NRM), to amend licensing requirements for foster care placements to be more developmentally appropriate and/or flexible to meet individual youths' needs. The amendments must define and require the following:

Normalcy	**Developmentally appropriate autonomy and privacy, including but not limited to developmentally typical access to mobile phones and support or resources necessary to engage in normal social activities with peers.**
Connections	**Obligations to facilitate connections to immediate, extended, and chosen family members, in accordance with the youth's case plan, including but not limited to potential long-term or permanent placements.**
Education	**Responsibility to support youth to remain in their school of origin in accordance with the youth's case plan.**
Transitions	**Expectations to provide education, training, and coaching to families of origin and other potential long-term or permanent placements about how best to support the child.**
Planning	**Expectations to engage in service or discharge planning.**
Dietary Satisfaction	**Standards for providing sufficient nutrition and satisfaction of dietary needs.**
Inclusive & Affirming Care	**Training requirements and expectations for providing culturally responsive, LGBTQIA+ affirming and trauma-informed care.**

The Washington legislature passed funding for the group care NRM work, and identified the following outcome measures:

- The ability to accommodate the most relevant and beneficial care programming and settings as possible, while maintaining a necessary minimum of health and safety standards;
- The minimization of Washington Administrative Code (WAC) barriers to serve in improved ways for marginalized communities;
- The reduction of undue burden to providers; and
- An evaluation process to affirm an equitable and consistent application of rules.

According to RCW 34.05.310, agencies are encouraged to develop and use new procedures for reaching agreement among interested parties before publication of notice and the adoption hearing on a proposed rule. Examples of new procedures include NRM by which representatives of an agency and of the interests that are affected by a subject of rulemaking, including, where appropriate, county and city representatives, seek to reach consensus on the terms of the proposed rule and on the process by which it is negotiated. Although RCW guidance is limited regarding the NRM process, there are several key principles by which to adhere, including:

- Participants usually represent stakeholder groups or interests, and not simply themselves;
- All necessary interests are represented or at least supportive of the discussions;
- Participants share responsibility for both process and outcome;
- An impartial facilitator or mediator, accountable to all participants, manages the process;
- The intent is to make decisions through consensus rather than by voting; and
- The agency is a party at the negotiating table, it does not just facilitate a consensus among the other participants.

To meet the objectives of the D.S. Settlement 4.9 Revising Licensing Standards, DCYF amended group care WAC through four (4) distinct phases: 1) NRM preparation, 2) NRM development and Listening and Learning, 3) NRM virtual negotiation, and 4) WAC training and rule implementation. Washington DCYF contracted with Public Consulting Group (PCG) to facilitate and manage the NRM negotiations. Specifically, this work included:

- Project facilitation management of the WAC negotiation process;
- Assisting with stakeholder engagement to include, but not limited to, providing education regarding the NRM process, developing the NRM design, and defining key NRM terms and concepts;
- Assisting with national research and analysis to identify best practice guidelines for group care to include, but not limited to, data associated with D.S. Settlement requirements, graduation rates, law enforcement requests, and youth abscondence;
- Communicating extensively with the DCYF NRM Team and lead representatives;

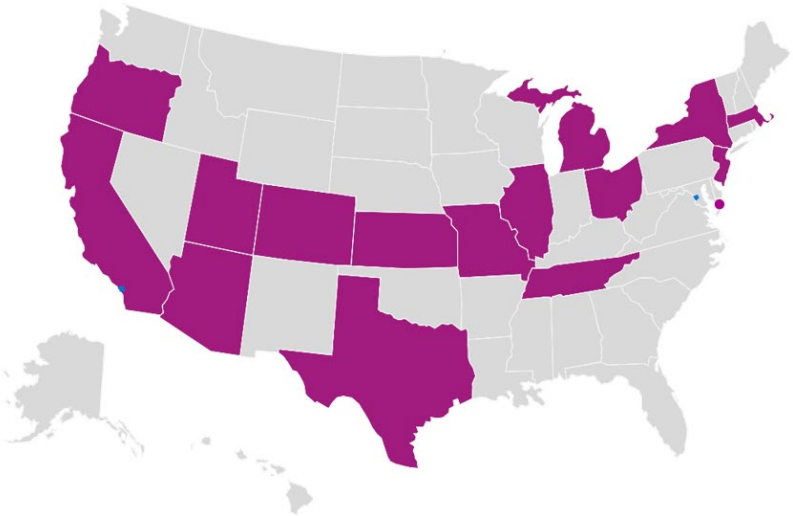
- Developing and reporting NRM data throughout the negotiations; and
- Developing a detailed final report describing PCG's involvement in the NRM process and consolidating all NRM session notes.

II. METHODOLOGY AND PROJECT APPROACH

REVIEW OF NATIONAL GROUP CARE BEST PRACTICES

In December 2023, PCG began supporting DCYF with the NRM project by conducting national research and analysis identifying best practices for group care facilities. This included reviewing national and statewide regulations, policies, and practices regarding the above mentioned D.S. Settlement requirements and group care graduation rates, law enforcement requests, and abscondence. Group care practices from 17 states and districts were reviewed (see Figure 1). These states and districts were selected based on one or more of the following characteristics: 1) similar statewide population size to Washington, 2) similar number of children and youth in foster care, 3) geographic proximity to Washington state, and 4) national recognition for child welfare system reform in agency policies and practices related to the D.S. Settlement eight (8) areas of improvement. This report, National Review of Group Care Practices, is available on the DCYF website.

Figure 1. National Best Practice Research Map



GROUP CARE NEGOTIATED RULE MAKING: PLANNING, KICKOFF, AND COLLABORATION

From December 2023 through September 2024, DCYF and PCG met bi-weekly to discuss the NRM process and meeting format and objectives. The first planning session, held on December 7, 2023, along with subsequent debrief meetings held after each NRM meeting, focused on strategies to engage stakeholder participation and continuous improvement of the NRM process. Key decisions were made regarding the below topics.

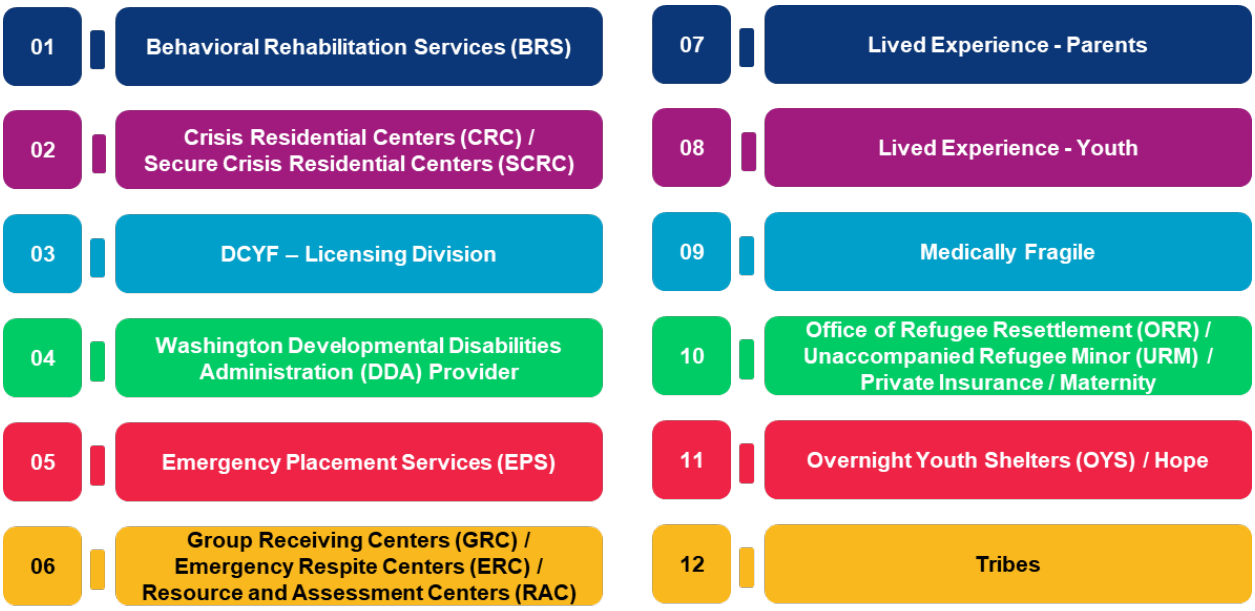
NRM Process Objectives

The primary objective of the NRM sessions was to amend Washington state's group care WAC to improve the group care experiences of youth in out of home placements as it aligns with DCYF's mission and the D.S. Settlement system improvements. Group care representatives were tasked with negotiating DCYF proposed group care amended WAC language, with the goal of reaching consensus. To initiate this process, DCYF sent proposed WAC language to NRM Representatives and stakeholder groups for review several days prior to the NRM meetings.

Group Care Stakeholder Engagement

Prior to PCG's involvement, the DCYF NRM Team and group care stakeholders collaborated to recruit representatives to participate in the NRM process and to gather feedback. Specifically, from September 19, 2023 through December 6, 2023 the Group Care NRM Team hosted fifteen (15) different Listening & Learning Sessions statewide to gather feedback from those most impacted by the rules. Ten (10) sessions were held in-person and five (5) were virtual. The DCYF Group Care Regional Licensors and 129 participants from over 50 agencies participated in these sessions. To ensure the amended rules were fair for all parties affected by the WAC, representatives from twelve (12) stakeholder groups were invited to join the NRM activities (Figure 2).

Figure 2. NRM Representative Groups



Role of Representatives

Prior to the first NRM representative meeting, each stakeholder group identified two voting members and at least one backup representative to attend negotiation meetings. Only the voting representatives were tasked with casting votes on consensus decisions. The list of representatives evolved throughout the project when replacement representatives were needed. DCYF provided PCG with updated representative lists throughout the project, which were shared with the NRM representative team. A full list of participating representatives can be

found in Appendix A: Final NRM Representatives List. In addition, beginning in February 2024, new representatives also attended a DCYF NRM Team led orientation to learn about the group care NRM processes and expectations.

Meeting Format

All NRM meetings were conducted virtually through videoconference to enhance transparency and increase meeting inclusivity and accessibility, allowing NRM representatives with distance or schedule constraints to participate. DCYF and PCG chose to use Microsoft Teams for its user-friendly polling functions, reaction buttons, and hand-raising features. Throughout the project, DCYF and PCG assessed progress to determine the need for in-person meetings to replace or supplement virtual meetings. No in-person meetings were added to the NRM process.

Number of Meetings

It was determined that PCG would facilitate at least thirteen (13) bi-monthly virtual meetings. Prior to PCG's involvement, DCYF and NRM representatives agreed that all NRM Representative Meetings would occur from 11:00AM-1:00PM PT on the second and fourth Tuesdays of each month from December 2023 through June 2024. Beginning in January 2024, breakout sessions were scheduled for WAC that could not reach consensus in the NRM Representative Meetings. These one-hour breakout sessions were held between January and August 2024.

Establishing Rapport with NRM Representatives

The first NRM Representative Meeting facilitated by PCG took place on December 12, 2023. The initial hour of the meeting was dedicated to team introductions and orienting NRM representatives to the NRM process. Representatives were encouraged, but not required, to have their camera on during all sessions and were referred to by their first names to evoke a casual friendly environment for the discussions. PCG shared a slide deck to outline the project's scope and create shared expectations and ownership over the NRM process, which is located in Appendix B: NRM Representative Kickoff Meeting. The slide deck covered the following topics:

- Team member introductions
- PCG's experience with negotiations, and Washington state child welfare
- NRM project scope and process overview
- Roles and responsibilities during the NRM process
- Establishing meeting norms and a teaming agreement
- Reaching consensus on the WAC

Discussion Format

During NRM meetings, PCG displayed the proposed WAC language on-screen and reviewed the language line by line with the representatives. PCG requested representatives use the hand raising function in Microsoft Teams, allowing the facilitator to call on representatives to ensure that all groups were provided opportunities to speak. When issues regarding the proposed

language arose, the representatives discussed concerns in detail as time allowed, and real-time changes were made to the WAC language. Discussions continued until consensus was reached or it was determined additional negotiations were needed. To create a more trusting environment, throughout the meeting, PCG facilitators and notetakers ensured representatives' comments were captured accurately by asking for clarification, repeating comments, and referring to written notes. In addition, at the start of each meeting, PCG informed participants verbally and via Microsoft Teams Chat that all meetings were being recorded and transcribed.

NRM Roles and Responsibilities

The DCYF NRM Team and PCG established the following roles and responsibilities:

PCG	• Organizing all NRM meetings (*i.e.,* NRM Representative Meetings, breakout sessions)
	• Managing meeting schedules and invites
	• Preparing notetaking materials
	• Documenting real-time notes and live updates to language
	• Recording and transcribing all NRM sessions in Microsoft Teams
	• Downloading Microsoft Teams attendance, chat, and transcript records
	• Facilitating and taking notes throughout each NRM meeting
	• Assisting representatives in reaching consensus on the proposed amended WAC language by asking the following guiding questions:
	  • What is the intent of this rule?
	  • How does this amended language meet your group's needs?
	  • What language in this WAC are you the most concerned about and why?
	  • What language should the WAC include to meet your group's needs?

DCYF NRM Team	• Amending WAC language based on feedback obtained in the NRM Representative Meetings and breakout sessions
	• Explaining the amended language's intent and background
	• Asking clarifying questions to better understand representative feedback
	• Scheduling *ad hoc* meetings with representative groups to resolve remaining questions and feedback blocking consensus
	• Sending proposed WAC language to community partners for their feedback prior to each negotiation meeting
	• Seeking legal and medical consultations from:
	  • Washington Office of the Attorney General
	  • Fostering Well-being
	  • Washington Department of Health
	  • DCYF Child Welfare
	  • DCYF's Education Programs Administrator
	  • DCYF's Missing from Care Program Administrator
	  • DCYF's Intake Program Administrator
	  • DCYF Language Access Services

Consensus Process

Once it was determined all representative groups approved of the amended WAC language, PCG asked if representatives were ready to proceed with a consensus vote. If all representatives agreed to vote, PCG posted the WAC title in the Microsoft Teams chat, and each voting member typed “Yes” or “No” to show agreement with the language. Consensus was “reached” if all voting representatives voted “Yes”. If any member voted “No” or raised concerns, discussion about the amended language continued.

After Consensus Vote

If consensus could not be reached during the initial allotted time, breakout sessions were scheduled to continue the negotiation process. Breakout sessions were scheduled as needed to either reach consensus or identify that consensus could not be reached. Once a consensus decision was made, the WAC moved out of the negotiation process and began the review process as outlined in DCYF’s Critical Path Document, located in Appendix C: WAC Critical Path.

REFINING THE NRM PROCESS

Throughout the course of the NRM work, the DCYF NRM Team and PCG held bi-monthly debrief meetings to assess the progress made in negotiating and reaching consensus on proposed WAC language. After completing the first two months of negotiations, the DCYF NRM Team and PCG determined that only four (4) WAC reached consensus and not all WAC assigned to each session were discussed. This was due to new representatives needing to be oriented to the negotiation process and the unanticipated time representatives spent discussing the amended WAC language. Additional observations noted as barriers to the NRM process and achievement of project objectives within the allotted timeframe included:

- Representatives lacked understanding of DCYF’s rule making authority to amend group care WAC for all provider types, including providers that are not contracted with DCYF and providers that serve youth who are not in DCYF custody.
- Representatives needed more information about how group care NRM is connected with the eight (8) D.S. Settlement system improvements, especially the requirement to revise licensing standards for group care placements to be more developmentally appropriate and flexible to meet individual youth’s needs.[1]
- Participants represented several group care program types, all with competing priorities and program needs. This significantly impacted reaching consensus on amended WAC language and intent.
- Representatives had limited experience drafting administrative code, often resulting in overly prescriptive language recommendations and the desire to wordsmith language.

[1] DS Lawsuit & Settlement Agreement.

Based on the above observations, the DCYF NRM Team and PCG collaborated to identify strategies to improve the progress made during the NRM process. It was decided that at the February 27, 2024 NRM Representative Meeting, PCG would introduce additional information establishing DCYF's rule making authority, a set of guiding principles to keep negotiations tethered to the project's core objectives, and a new method to reach consensus. The content presented during the NRM meeting on February 27, 2024 can be found in Appendix D: NRM Reset Presentation.

DCYF Rule Making Authority Overview

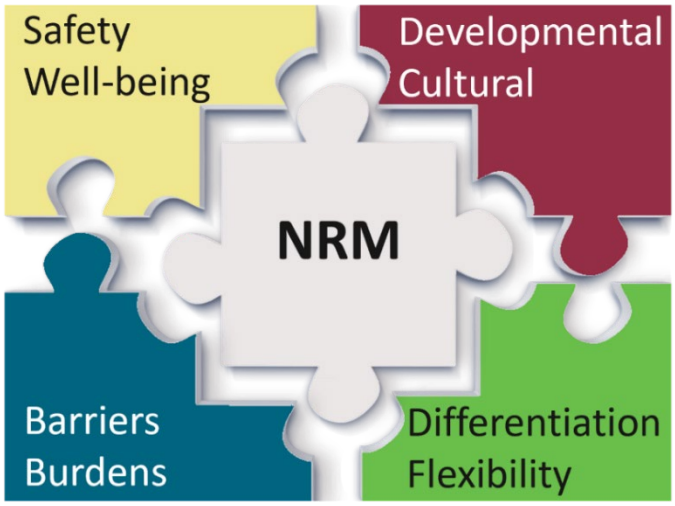
A representative from DCYF's Policy and Rule Office presented information on RCW 74.15.030(2)(a)-(m),[2] outlining the DCYF Secretary's authority to adopt and publish group care licensing requirements. The presentation also covered the D.S. Settlement's system improvement requirement for DCYF to revise licensing standards for group care.

Guiding Principles Framework Introduction

PCG introduced the DCYF NRM Team's four-principle framework clarifying the goals and priorities that guide the NRM process (Figure 3). These principles include:

- Prioritizing **youth safety and well-being** above all else.
- Creating **developmentally and culturally appropriate** rules that meet the needs of youth placed in out of home care.
- **Minimizing barriers and reducing undue burden** on the part of caregivers.
- Addressing **differentiation and flexibility** between care settings to support various programs across the state serving children and youth with diverse needs.

Figure 3. NRM Guiding Principles



[2] Additional information is available at Washington State Legislature Chapter 74.15.030 Powers and Duties of Secretary.

Consensus and Interest-Based Decision-Making Definitions

To help the representatives better understand the negotiation process, PCG introduced the following definitions for "consensus" and "interest-based decision-making"

- **Consensus:** A general agreement among a group, achieved through a "good faith effort" to meet the interests of all stakeholders, where everyone agrees they can accept the proposed final language.
- **Interest-based decision-making:** A negotiation approach focused on finding a "win-win", educating parties to understand the interests and needs of each representative group, understanding the motivations behind each group's interests, and appreciating each group's perspective.

"Fist to Five" Approach to Reaching Consensus:

Moving forward, the "Fist to Five" method was used to understand representatives' initial and ongoing reactions to the proposed WAC language (see Figure 4). Additionally, this method allowed representatives to express for the record that although they may not be in total agreement with the language, they could be comfortable enough to reach consensus on the amended language. At the start of each WAC discussion and at various touchpoints throughout the negotiation process, NRM representatives were asked to verbally say or enter into the Microsoft Teams Chat their group's WAC consensus score (0–5) on the proposed language. When all groups scored the proposed language at a 3–5, a consensus vote was obtained. If any voting member(s) scored the language at a 0–2, further negotiations occurred.

All attendees, regardless of their consensus score, were encouraged to share insights regarding how their group's interests were addressed or unmet by the proposed WAC language. PCG asked members to recommend revised WAC language that would better meet their group's needs. During each session, the PCG facilitator asked representatives clarifying questions to assist groups with expressing their interests and perspectives.

Following proposed WAC negotiations, if it was determined that representatives reached consensus, a consensus vote was obtained. PCG entered the WAC name in the Microsoft Teams Chat and asked representatives to enter their name and "Yes" or "No." If all representatives voted "Yes," consensus was reached. If consensus was not reached, the amended WAC was tabled for further revision by DCYF, incorporating recommendations to present amended language in future breakout sessions or consensus polls.

Figure 4. Fist to Five Consensus Score

PCG and DCYF continuously evaluated the NRM progress, collaborating to identify additional strategies to increase its effectiveness, which included:

Strategy 1 – Breakout Sessions

Beginning in January 2024, PCG organized one-hour breakout sessions for each WAC that needed additional negotiation time. Following the introduction to the "Fist to Five" method in February 2024, any group(s) that rated the WAC language at a 0, 1 or 2 on the Fist to Five scale was automatically assigned to a breakout session; however, all representative groups were invited to attend the breakout session. PCG sent a scheduling poll via Microsoft Office to the assigned representatives to determine meeting availability. A total of 56 breakout sessions were conducted between January and August 2024, allowing representatives additional opportunity to negotiate language.

Strategy 2 – Formal Orientation

DCYF began providing a formal orientation to onboard and prepare new NRM representatives before they joined the NRM meetings, allowing PCG to dedicate the full meeting time for negotiating the WAC. The orientation introduced new representatives to the NRM guiding principles, the Fist to Five consensus scoring method, breakout sessions, and consensus polls.

Strategy 3 – Meeting Objective Shift

Instead of drafting proposed revisions to the WAC language live during the NRM meetings, PCG facilitators shifted their efforts toward collecting input from group care representatives on the whether they agreed with the intent of the WAC, fostering a shared understanding of each group's interests and unmet needs, capturing consensus scores on the Fist to Five scale, and documenting any WAC language recommendations.

Strategy 4 – Consensus Polls

Beginning in April 2024, PCG began conducting consensus polls in addition to the NRM meetings and breakout sessions to collect consensus scores and feedback from group representatives on newly amended WAC language. The polls, often sent to representatives in batches of three to five polls, were emailed to each group's voting representatives. Each poll included the newest version of the amended WAC language and collected the following information (Appendix E: Consensus Poll Survey Example):

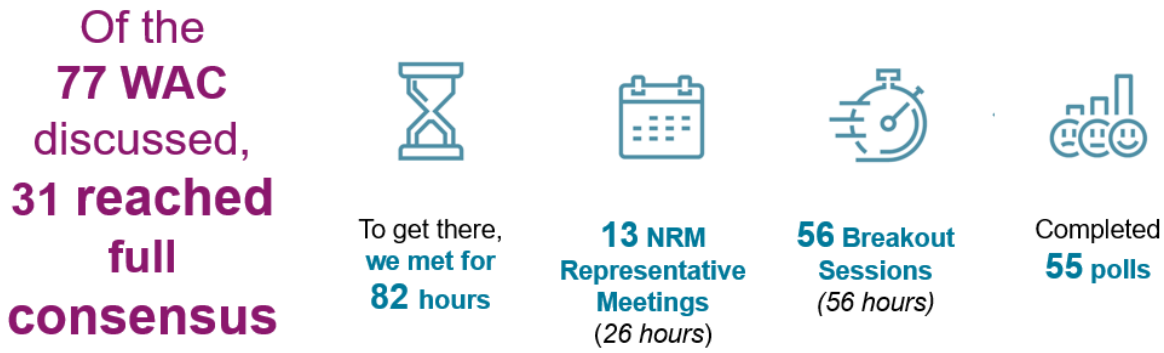
- Representative name
- Representative group
- Consensus Score (0–5)
- If the representative group scored the WAC at a 0–2, whether the amended language supports the intent of the WAC.
- If the representative group scored the WAC at a 0–2, an explanation of how the proposed language did not meet the representative group's needs.
- If the representative group scored the WAC at a 0–2, a description of what the WAC should include to meet the representative group's needs.

NRM representatives had at least one week to complete each poll; additional time was granted upon request. Poll results were shared with the DCYF NRM project team, at times prompting additional discussion with the representative group. If there was no consensus on the amended WAC language, the DCYF NRM Team used the feedback collected from the polls and breakout sessions to revise the WAC language. Multiple polls per WAC could be sent, reflecting the evolving language based on input from NRM representatives. A total of 55 polls were conducted between April and August 2024.

GROUP CARE REPRESENTATIVES MEETINGS, BREAKOUT SESSIONS, AND CONSENSUS POLLS

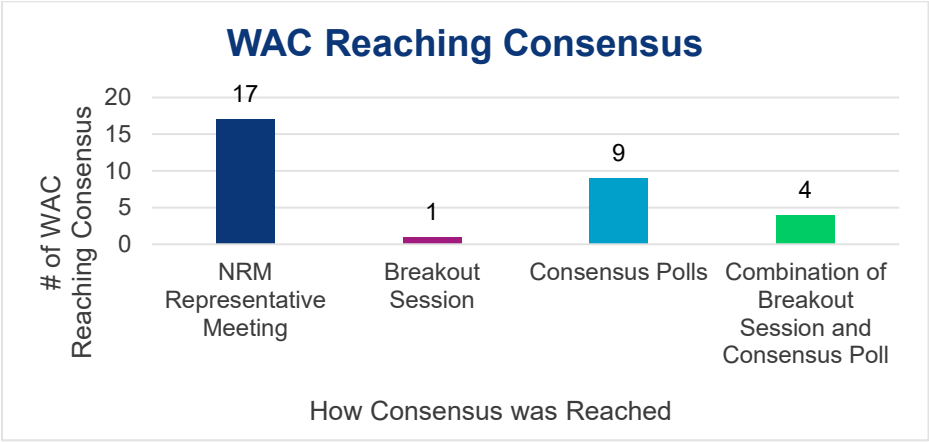
Between December 2023 and August 2024, PCG facilitated a total of 69 meetings to negotiate 77 group care WAC with NRM representatives (Figure 5). DCYF initially identified 92 WAC for review; however, several WAC were combined or removed, resulting in a total of 77 WAC reviewed during the NRM process. Several WAC amendments, including drafts of new WAC language, required extended negotiation time requiring multiple breakout sessions and/or polls.

Figure 5. NRM Representative Meetings, Breakout Sessions, and Consensus Polls



Consensus was reached in a variety of ways, including voting consensus during NRM Representative Meetings, Breakout Sessions, Consensus Polls, or a combination of Breakout Sessions and Consensus Polls (Figure 6).

Figure 6. Method Used to Reach Consensus

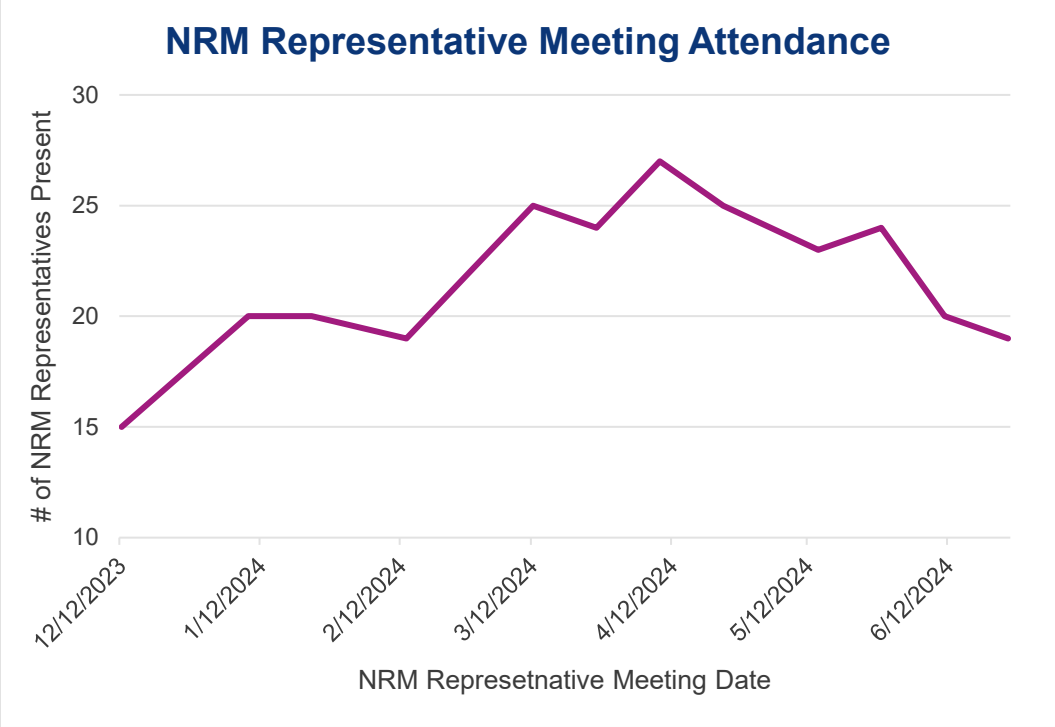


Group Care Representative Meetings and Observations

PCG facilitated a total of thirteen (13) virtual NRM representative meetings from December 12, 2023 through June 25, 2024 to discuss amended WAC language prepared by DCYF. Each meeting discussed a set of approximately ten (10) WAC. NRM representative meeting dates and associated WAC sets presented for review are located in Appendix F: NRM Representative Meetings. Each meeting was recorded and transcribed by Microsoft Teams. Meeting recordings, transcripts, chats, minutes, and attendance reports were saved to a PCG external SharePoint site for DCYF's retrieval. Meeting minutes were disseminated to representatives following each meeting.

All group care representatives, both voting and alternates, were invited to attend the NRM representative meetings. Initially, the meetings were large, with over 36 representatives invited, plus several members of the DCYF NRM project team. Attendance fluctuated over time, with attendance peaking in April 2024 (Figure 7).

Figure 7. NRM Representative Meeting Attendance



Breakout Sessions and Observations

A total of fifty-six (56) virtual breakout sessions were held between January and August 2024 to discuss WAC in need of additional discussion or language revisions based on previous representative feedback Prior to February 27, 2024, any representative who expressed interest in participating in the breakout session was invited. Following the February 27, 2024 shift in requirements, those who scored the language at a 0–2 were required to attend the breakout sessions. The full list of breakout sessions can be found in Appendix G. Breakout Session Meetings.

Several of the WAC had more than one breakout negotiation. The eight (8) WAC listed below had two or more breakout sessions, with the Staffing Ratio WAC having the most with four (4) sessions total. Additional information about the number of times each WAC was discussed is available in Tables 1–2.

Consensus Polls and Observations

PCG administered a total of fifty-five (55) Consensus Polls between April and August 2024. A table with an itemized list of polls can be found in Appendix H: Consensus Polls. Each poll presented the newest version of the WAC language, then asked each voting representative the following six questions:

1. What is your name?
2. In which of the following Representative Groups are you a member?
3. What is your consensus score on the Fist to Five scale?
4. If your group scored the above WAC at a 0,1, or 2, does the intent of the WAC work for your participant group?
5. If your group scored the WAC at a 0,1, or 2, please explain how your group's need(s) are not met with the proposed WAC language.
6. If your group scored the WAC at a 0,1, or 2, please describe what the WAC should include to meet your group's need(s).

Twelve (12) WAC had two or more polls administered by PCG. To see the number of Consensus Polls completed for each WAC, see Tables 1–2.

GROUP CARE NEGOTIATED RULE MAKING CELEBRATION AND CLOSURE

Following the conclusion of the NRM negotiations, the DCYF NRM Team and PCG hosted a virtual celebration event, honoring the commitment and achievements of the NRM representatives and reflecting on DCYF's first fully virtual NRM process. On September 9, 2024, PCG facilitated the "NRM Celebration and Closure Event." All NRM representatives were invited to the 75 minute meeting. Fifteen representative attended the meeting. PCG highlighted the group care NRM achievements, reflections, next steps and timeline.

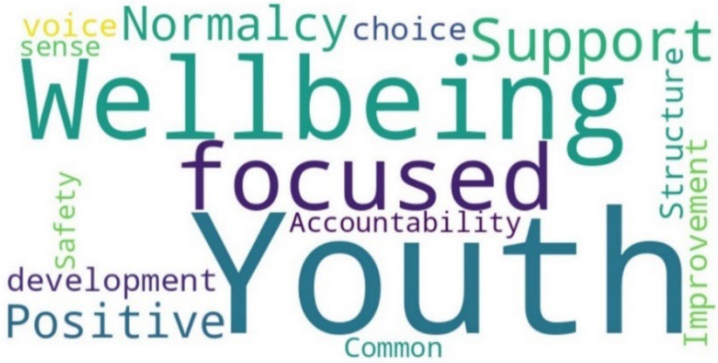
It was important for the DCYF NRM Team and PCG to hear representatives' feedback on what was accomplished throughout the NRM process and how the revised group care WAC will positively impact children, youth, and families in Washington state. A Microsoft Teams word cloud was utilized to gather representatives' opinions.

Question 1: What are the biggest accomplishments or highlights of the NRM process?

Key insights include:

- **Youth and Voice:** The prominence of “Youth” and “Voice” along with “Parent” and “Listening” suggests that incorporating youth and parent perspectives and hearing from the lived experience representatives was a key focus and highlight of the process.
- **Collaboration:** The word "Collaboration" is central, showing that working together as a team was viewed as a significant accomplishment in the NRM process.
- **Intentional and Inclusive:** These words suggest that representatives recognized that efforts were made to be purposeful and inclusive in the NRM process.
- **Understanding and Improvement:** These terms may point to growth in mutual understanding among participants and the focus on continuous improvement throughout the process.

Question 2: What do you want everyone to know about how the new rules are going to positively impact the children, youth, and families in Washington state?

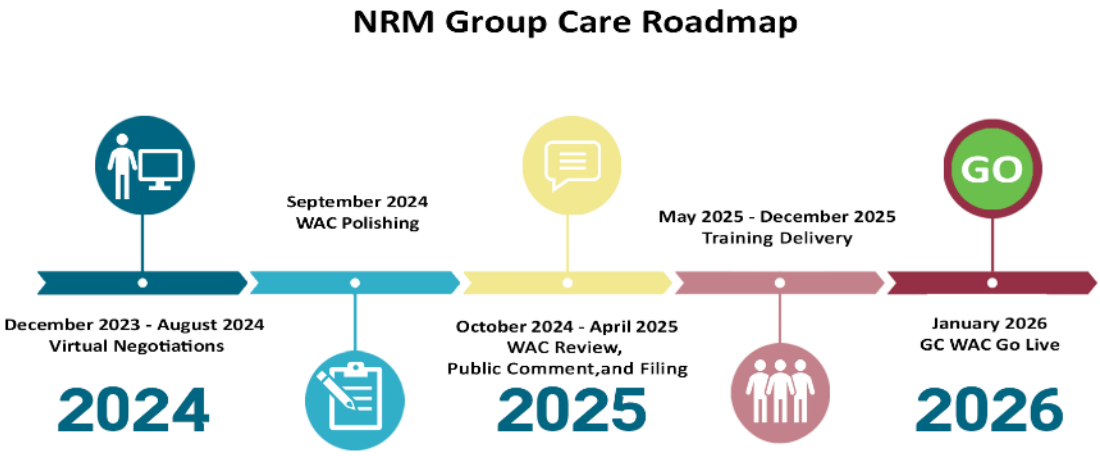


The Word Cloud results for Question 2 suggest that NRM representatives believe the amended WAC will positively impact children, youth, and families in the following ways:

- **Youth Focused:** Several responses, including "youth voice and choice," and "positive youth development" emphasize the new rules are centered around improving the experiences and outcomes of young people living in group care facilities in Washington State.
- **Support and Wellbeing:** The terms "support," "wellbeing" and "safety" indicate the rules are expected to improve the overall welfare and support systems for children, youth, and families.
- **Structure and Accountability:** The inclusion of "structure" and "accountability" suggests the new rules will bring more clarity and responsibility in caring for youth.
- **Normalcy:** This responses suggests that the rules aim to promote a greater sense of normalcy for young people in group care settings.
- **Improvement and Common Sense:** These terms reflect a belief that the rules will lead to practical, positive changes in the system, benefiting the lives of children and families in a sensible, impactful way.

The DCYF project team presented a group care NRM roadmap and timeline for adopting the newly amended WAC (Figure 8).

Figure 8. NRM Group Care Roadmap



DCYF also noted the different upcoming opportunities in which NRM representatives can participate to remain involved, such as providing testimonials and supporting training efforts on the new WAC requirements.

III. NRM PROCESS OBSERVATIONS, TAKEAWAYS, AND RECOMMENDATIONS

The Group Care NRM project was the first fully virtual rule making process of its kind for DCYF and Washington state. Observations, key take aways, and recommendations were documented to understand what worked well and where improvements could be made for future virtual NRM processes.

VIRTUAL NRM SETTING ADVANTAGES

Increased Inclusivity, Accessibility, and Convenience

- Allowed representatives flexibility to attend the meeting from almost any location (*e.g.,* office, home, car) via phone or Wi-Fi connection.
- Eliminated the need for representatives to travel to multiple locations throughout the State during the nine (9) month negotiation period, which would be time consuming and costly. Representatives provided feedback that committing to the NRM activities would have been difficult if travel was required.
- Reduced meeting duration to no more than two hours per day, allowing representatives to maintain a regular schedule, remain engaged in normal daily work activities, and improve representatives' availability to attend meetings.

Attendance and Participation

- Allowed for high attendance rates.
- Allowed multiple channels for which representatives could participate, such as either speaking or commenting in the Microsoft Teams Chat Function.
- Allowed participants to decide whether to use the camera function, based on comfort levels. More participants kept their cameras on during smaller group breakout sessions.
- Allowed for more time for representatives to consult with their groups and prepare for meetings.

VIRTUAL NRM SETTING DISADVANTAGES

Social Limitations

- Increased time building rapport and trust within those participating, especially when representatives did not use the camera function.
- Challenged facilitators to adequately manage monopolizing behaviors when representatives were eager to share feedback.
- Limited the ability for individual team members to observe others' body language in response to comments, adjust their communication style, and clarify messages.

- Limited nonverbal cues in the virtual setting may have contributed to less sensitivity to and thoughtfulness of comments and how they were delivered.
- The virtual format made it easier for team members to disengage or drop out of the process entirely.

KEY OBSERVATIONS/TAKE AWAYS FOR THE GROUP CARE NRM PROCESS:

Preparedness

- NRM representatives displayed a high level of preparedness in the sessions, represented their group's interests, shared research and resources on key topics, and prepared language recommendations.

Defining Concepts and Consensus Method

- Defined key concepts, guiding values/principles, and a method to reach consensus was instrumental in grounding the representatives and progressing in the work.
- Formally onboarding new representatives allowed NRM meetings to solely focus on amended language negotiations.

Involved Partners and Consultants

- Provided frequent clarification from the DCYF NRM Team and policy and legal teams to representatives regarding what aspects of the WAC were negotiable versus what was dictated by federal and state law, and what language would be better included in policy manuals and contracts.

Breakout Sessions and Polls

- Breakout sessions and consensus polls enhanced the NRM process, allowing for additional negotiations and feedback outside of the NRM representative meetings.
- Demonstrated flexibility by the representatives adapting to ongoing changes in the process was essential to continuing to gather information and revise the WAC. However, adding numerous breakout sessions and polls placed greater demands on representatives, which may have contributed to Representative burn out.
- Extensive discussion was needed for WAC pertaining to improving "normalcy" for children and youth in group care and WAC introducing new requirements for providers.

Provider Hinderances

- Providers expressed concerns regarding how some of the proposed WAC would increase provider costs without additional funding and labor burdens; which hindered the approval of several WAC amendments.

Collaboration

- Youth advocates played a crucial role in helping the youth group stay organized, prepared, and engaged in the process. They effectively communicated the group's interests, particularly during contentious discussions that evoked strong emotions for youth on issues like normalcy, access to technology, privacy rights, and person choice for young people in group care.
- Improved collaboration was evident between representatives as they became more familiar with the NRM process, each other, and the project goals.
- Debrief sessions held between PCG and the DCYF NRM Team were instrumental in continuously improving the effectiveness of the NRM process and progress.

RECOMMENDATIONS

- Determine the objectives of the negotiated rule making project, the format, approach, and methods for reaching consensus before the NRM process begins.
- Clearly communicate the NRM project's goals, values, and consensus-building methods early and regularly throughout the process to set expectations.
- Provide a formal orientation to stakeholder group representatives outside of NRM meetings, including detailed background information about the topic and scope of the project.
- Inform NRM representatives upfront about the expected time commitment.
- Offer representatives training in negotiation techniques and effective communication skills.
- Invite advocates to support representatives with lived experience, particularly those from the youth group.
- Ensure that legal, program, and contract staff are consistently involved to offer insight and guidance when questions or conflicts arise about laws, policies, and contract language.
- Allocate time for rapport building throughout the project, especially in virtual meetings.
- Create a team agreement with input from the group that establishes clear ground rules for respectful dialogue during negotiations, and regularly revisit it during the NRM process.
- Share information about any plans to review and adjust contract language or funding to support providers and minimize burdens when implementing new WAC requirements.
- Establish a regular schedule for collaboration and debrief meetings between facilitators and project staff involved in the NRM process. These meetings should provide a platform for sharing observations, feedback, and generating strategies to improve the NRM experience for participants, refine the process, and achieve project goals.

IV. WAC NEGOTIATIONS AND OUTCOMES

Each of the amended WAC negotiated during the PCG-facilitated NRM Representative Meetings, Breakout Sessions, and Consensus Polls are identified in Table 1, Table 2, and Table 3, grouped by consensus outcome.

Table 1. WAC Meeting Outcomes – Consensus Reached

WAC: Consensus Reached				
WAC Number	**WAC Name**	**Number of Negotiation Sessions**	**Number of Polls**	**Method for Reaching Consensus**
110-145-1350	DCYF Access	3	0	NRM Representative Meeting
110-145-1360	Children and youth in care	1	0	NRM Representative Meeting
110-145-1425	Duties and qualifications of an executive director or administrator	2	1	Breakout Session / Poll
110-145-1465	Duties and qualifications of non-direct care staff	1	0	NRM Representative Meeting
110-145-1470	Can one staff person have different responsibilities?	1	0	NRM Representative Meeting
110-145-1505	Bloodborne pathogens training	2	1	Breakout Session / Poll
110-145-1515	Information to be kept current and available during each shift	1	0	NRM Representative Meeting
110-145-1530	Sharing information about a child, youth, or their family	2	1	Breakout Session / Poll
110-145-1545	Reporting – additional requirements for licensed facilities serving runaway or homeless youth	1	0	NRM Representative Meeting
110-145-1550	Reporting – changes to the facility, program, or licensee	1	0	NRM Representative Meeting
110-145-1570	Indoor recreation areas	1	1	Poll
110-145-1580	What are the requirements for storing dangerous chemicals or other substances?	3	0	NRM Representative Meeting

WAC: Consensus Reached				
WAC Number	**WAC Name**	**Number of Negotiation Sessions**	**Number of Polls**	**Method for Reaching Consensus**
110-145-1600	General requirements for bedrooms and sleeping areas	1	2	NRM Representative Meeting
110-145-1605	Shared bedrooms	1	1	Poll
110-145-1620	Diapers, pull-ups, briefs, diaper changing areas, and toilet training equipment	5	1	Poll
110-145-1635	What are the requirements for the prevention of the spread of infections and communicable disease?	4	2	Poll
110-145-1645	What are the requirements regarding pets and animals in my facility?	2	1	Poll
110-145-1665	What are the fire safety requirements for all group residential facilities?	1	0	NRM Representative Meeting
110-145-1670	Emergency and evacuation plans	2	3	Poll
110-145-1710	What are the requirements about nondiscrimination?	1	0	NRM Representative Meeting
110-145-1810	Are there special requirements for infants and young children?	1	0	NRM Representative Meeting
110-145-1815	Behavior Management	1	0	NRM Representative Meeting
110-145-1885	Children and youth immunization requirements	2	1	Breakout Session / Poll
110-145-2065	What services must I provide for medically fragile children and youth?	1	0	NRM Representative Meeting
110-145-2120	What services shall be provided to pregnant and parenting youth?	1	0	NRM Representative Meeting
110-145-2125	How are services for pregnant and parenting youth delivered?	1	0	NRM Representative Meeting
110-145-2130	What types of health education must a facility	1	0	NRM Representative Meeting

WAC: Consensus Reached				
WAC Number	WAC Name	Number of Negotiation Sessions	Number of Polls	Method for Reaching Consensus
	offer to pregnant and parenting mothers?			
110-145-xxxx	Food storage and preparation	1	2	Poll
110-145-xxxx	Milk, breastmilk, and formula	1	1	Poll
110-145-xxxx	Duties and qualifications of non-direct care volunteer	2	1	Poll
110-145-xxxx	Staffing ratios	5	1	Breakout Session

Table 2. WAC – Consensus Not Reached

WAC: Consensus Not Reached				
WAC Number	WAC Name	Number of Negotiation Sessions	Number of Polls	Outcome
110-145-1420	General requirements for agency personnel	3	1	Consensus Not Reached
110-145-1430	Duties and qualifications of a program manager	2	1	Consensus Not Reached
110-145-1440	Duties and qualifications of a case manager	1	0	Moved into Care Coordinator WAC
110-145-1445	Duties and qualifications of direct care staff and direct care volunteers	2	1	Consensus Not Reached
110-145-1460	What are the duties and qualifications for case management consultants?	1	0	Consensus Not Reached
110-145-1490	Preservice training requirements	2	1	Consensus Not Reached
110-145-1495	Inservice training requirements	2	1	Consensus Not Reached
110-145-1500	First-aid and cardiopulmonary resuscitation (CPR) training	2	1	Consensus Not Reached
110-145-1510	Personnel records	1	2	Consensus Not Reached

WAC: Consensus Not Reached				
WAC Number	**WAC Name**	**Number of Negotiation Sessions**	**Number of Polls**	**Outcome**
110-145-1535	Reporting – incidents involving children and youth	2	1	Consensus Not Reached
110-145-1540	Reporting – child or youth missing from care	1	2	Consensus Not Reached
110-145-1555	Building and property requirements	4	0	Consensus Not Reached
110-145-1610	Sleeping equipment and bedding	2	1	Consensus Not Reached
110-145-1625	Electronic monitoring	3	0	Consensus Not Reached
110-145-1660	Firearms and weapons	1	3	Consensus Not Reached
110-145-1700	What must the licensee include in a child's or youth's orientation?	3	0	Consensus Not Reached
110-145-1705	Cultural needs of children and youth	3	0	Consensus Not Reached
110-145-1715	Are there additional considerations in service to Native American children and youth?	1	0	Consensus Not Reached – Representatives did not vote on the language due to ongoing discussions between Tribes and the DCYF NRM Team.
110-145-1730	Educational and vocational instruction requirements	5	2	Consensus Not Reached
110-145-1750	Supervising children and youth	2	1	Consensus Not Reached
110-145-1775	Children's and youth's belongings	3	2	Consensus Not Reached
110-145-1785	Child and youth privacy – personal paper and electronic mail and phone calls	2	1	Consensus Not Reached
110-145-1845	Medical care consent	2	1	Consensus Not Reached
110-145-xxxx	Allowance, chores, and work	5	1	Consensus Not Reached

WAC: Consensus Not Reached				
WAC Number	**WAC Name**	**Number of Negotiation Sessions**	**Number of Polls**	**Outcome**
110-145-xxxx	Meals, snacks, and menus	1	1	Consensus Not Reached
110-145-xxxx	Medication management and administration	3	1	Consensus Not Reached
110-145-xxxx	Initial health screen and EPSDT exam	2	1	Consensus Not Reached
110-145-1520	Safety and well-being file	3	0	Consensus not reached
110-145-xxxx	Technology use	3	1	Consensus Not Reached
110-145-xxxx	Peer socialization activity plan	2	1	Consensus Not Reached
110-145-xxxx	Duties and responsibilities of care coordinator	0	1	Consensus Not Reached
110-145-xxxx	Lived Experience Definition	3	1	Consensus Not Reached

Table 3. WAC Struck and/or Included in Another WAC

WAC Struck and/or Included in Another WAC		
WAC Number	**WAC Name**	**Outcome**
110-145-1435	What if my on-site program manager must be off-site temporarily when youth are present	This WAC was incorporated into *WAC 110-145-1430 Duties and qualifications of a program manager.*
110-145-1450	What are the duties and additional qualifications for crisis residential center direct care staff?	This WAC was incorporated into *WAC 110-145-1445 Duties and qualifications of direct care staff and direct care volunteers.*
110-145-1455	If the licensee has health care staff, what qualifications are required?	The language suggestions from the breakout session were incorporated into *WAC 110-145-1420 General requirements for agency personnel*.
110-145-1590	How must I keep children safe around bodies of water?	Sections 3–8 were included in *WAC 110-145-1750 Supervising children and youth*.
110-145-1720	Social Summary	This WAC was incorporated into *WAC 110-145-XXXX Safety and wellbeing file*.

WAC Struck and/or Included in Another WAC		
WAC Number	**WAC Name**	**Outcome**
110-145-1725	When do I need a treatment plan for children in care and what must be included in the plan?	This WAC was struck.
110-145-1745	What are the general well-being requirements for a group care program?	This WAC was struck.
110-145-1765	Can children and youth be assigned work in a facility or work outside the facility?	This WAC was incorporated into *WAC 110-145-XXXX Allowance, chores, and work*.
110-145-1985	Who is eligible to attend my day treatment program?	This WAC was struck.
110-145-1990	What are the required ratios of staff to children in day treatment centers?	This WAC was struck.
110-145-1995	What consultants must I use for my day treatment program?	This WAC was struck.
110-145-2060	What are the requirements for supervision of children at my group receiving center?	This WAC was struck.
110-145-2105	What are the additional requirements for bedrooms in overnight youth shelters or emergency respite centers?	This WAC reached consensus and was incorporated into *WAC 110-145-1600 Bedrooms and sleeping areas*.

V. GROUP CARE WAC RESULTS AND KEY THEMES

The tables below represent all negotiation activities facilitated by PCG. Key discussion points are noted, demonstrating the representatives' interests. Each table also includes the meeting outcome (*i.e.,* consensus reached, additional discussions needed), consensus votes, and language revisions based on representative discussions. Amended WAC language that reached consensus can be found in Appendix I: WAC Language that Reached Consensus. The final version of the amended WAC reviewed with the NRM representatives that did not reach consensus is located in Appendix J. WAC Language That Did Not Reach Consensus.

WAC Negotiation Key

- **NRM Representative Meetings**
- **Breakout Sessions**
- **Consensus Polls**

WAC: CONSENSUS REACHED

WAC 110-145-1350: DCYF Access

NRM Representative Meeting Date: December 12, 2023	
Language Updates	N/A
Key Discussion	▶ Determining if the intent of the WAC is to allow only DCYF Licensing Division staff or all DCYF staff to have access to the facility, staff, children and youth in care at any given time. ▶ Establishing that this WAC is regarding any youth, or children and youth who are dependents of DCYF. ▶ Using language such as the Department "must…" appears to be demeaning and demanding. ▶ Language comes across as suffocating to the children and youth; therefore, it was recommended to add "in the best interest of the child" to the language. ▶ Per DCYF, "need to know" language was being considered for other WAC and was not ready for this discussion.
Outcome	Additional negotiations needed
Consensus Vote	N/A

NRM Representative Meeting Date: January 9, 2024	
Language Updates	DCYF rewrote the WAC to include language that states, "…***Compliance with this rule will vary based on the legal structure of the child and youth, and disclosure of information is restricted to the minimum amount necessary to achieve the legal purpose for which it is being used***."
Key Discussion	▶ The DCYF Licensing Division is obligated to provide equitable regulation to all youth in DCYF's licensed facilities to ensure safety. All facilities are treated the same under RCW in reference to youth who are in out-of-home placement. ▶ Multiple representative groups recommended removing the updated language.
Outcome	Additional negotiations needed

NRM Representative Meeting Date: January 9, 2024	
Consensus Vote	N/A

NRM Representative Meeting Date: February 13, 2024	
Language Updates	DCYF removed revised language added from the January 9, 2024 NRM Representative Meeting. DCYF added the following language (in bold): "The department must also have access to the documents related to the licensee's program ***for the purpose of determining whether or not there is compliance with the provisions for chapter RCW 74.15 and RCW 74,13,031."***
Key Discussion	▶ The DCYF Licensing Division is obligated to provide equitable regulation to all youth in DCYF's licensed facilities to ensure safety. All facilities are treated the same under RCW in reference to youth who are in out-of-home placement. ▶ Multiple representative groups recommended removing the updated language.
Outcome	Consensus Reached
Consensus Vote	9 Yes, 0 No, 1 group did not vote, 1 group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative groups that did not vote:** ORR/URM/Private/Maternity ▶ **Representative groups that did not attend the meeting:** EPS

WAC 110-145-1360: Children and youth in care

NRM Representative Meeting Date: June 11, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives recommended Section 1: Language should read, "…has intellectual and/or developmental disabilities." ▶ Section 1: Language will be aligned to reflect the 18–21 age range. ▶ Representatives commented that the removal of Section 1(a)-(g) allows the language to be more inclusive of all program types and youth served; however, this WAC is typically used for providers opening new programs, limiting WAC searchability. ▶ How the impacts of Senate Bill 5908 will affect this WAC.

NRM Representative Meeting Date: June 11, 2024	
	▶ The term "in care" implies foster care, which is not applicable to all programs.
Outcome	Consensus Reached
Consensus Vote	8 Yes, 0 No, 2 groups did not vote, 2 groups did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing, DDA, GRC/ERC/RAC, Lived Experience – Parents, Medically Fragile, ORR/URM/Private/Maternity ▶ Representative groups that did not vote: EPS, OYS/Hope, ▶ **Representative groups that did not attend the meeting:** Lived Experience – Youth*, Tribes o *DCYF Youth Advocate noted that although no lived experience youth representatives were in attendance, no youth representatives were opposed to the amended language.

WAC 110-145-1425 Duties and qualifications of an Executive Director or Administrator

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	Representatives requested alternate language for the term "vulnerable populations". Representatives suggested using language that indicates populations similar to the populations being served, using a term with more clarity regarding who will be served by providers, flexible/broad language.
Outcome	Additional negotiations needed ▶ **Groups requesting breakout session:** BRS, DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth
Consensus Vote	**WAC Language with exception of term "vulnerable populations":** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope

Breakout Session Date: April 25, 2024	
Language Updates	▶ Section 2(a): Have a minimum of one year full-time experience ***that can be applied to or transferrable to the demographic of people being served;".*** ▶ Section 2(b): "***Possess the education, training, and experience to demonstrate the skills and abilities relevant to administrative oversight and program and***

Breakout Session Date: April 25, 2024	
	fiscal management of an agency as indicated in the agency's policies and procedures."
Key Discussion	▶ Representatives who attended the break out session did not have concerns prompting this WAC to be negotiated in a later breakout session.
Outcome	Consensus Reached
Consensus Vote	4 Yes, 0 No ▶ **Representative groups voting "Yes":** BRS, DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth

Poll Date: April 26, 2024	
Language Updates	N/A
Key Discussion	N/A
Outcome	Consensus Reached
Consensus Vote	Remaining representative groups not required to attend breakout session: 7 Yes, 0 No, 1 Representative group did not vote ▶ **Representative groups voting "Yes":** CRC/SCRC, DDA, EPS, GRC/ERC/RAC, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope, ▶ **Representative groups that did not vote:** Tribes

WAC 110-145-1465 Duties and qualifications of non-direct care staff

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	There were no concerns prompting this WAC to be negotiated in a later breakout session.
Outcome	Consensus Reached
Consensus Vote	11 Yes, 0 No ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope

WAC 110-145-1470 Can one staff person have different responsibilities?

NRM Representative Meeting Date: January 23, 2024	
Language Updates	N/A

NRM Representative Meeting Date: January 23, 2024	
Key Discussion	There were no concerns prompting this WAC to be negotiated in a later breakout session.
Outcome	Consensus Reached
Consensus Vote	7 Yes, 0 No, 1 Representative group did not vote, 3 Representative groups did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF - Licensing, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile ▶ **Representative groups that did not vote:** DDA ▶ **Representative groups that did not attend the meeting:** EPS, ORR/URM/Private/Maternity, OYS/Hope

WAC 110-145-1505 Bloodborne pathogens training

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives expressed concern about requiring this training prior to beginning work as the training is not always readily accessible. Training one or two individuals at a time is burdensome and costly. ▶ Representatives suggested adding that staff may begin pre-service training but will not be permitted to work with children until training is completed.
Outcome	Additional negotiations needed ▶ **Representative groups requesting breakout session:** DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: May 6, 2024	
Language Updates	N/A
Key Discussion	▶ There were no concerns prompting this WAC to be negotiated in a later breakout session after it was determined that bloodborne pathogen training can be completed online during the *WAC 110-145-1500 First aid and cardiopulmonary resuscitation (CPR) training* breakout session held on April 30, 2024.
Outcome	Consensus Reached
Consensus Vote	5 Yes, 0 No

Breakout Session Date: May 6, 2024	
	▶ **Representative groups voting "Yes":** DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope

Poll Date: May 6, 2024	
Language Updates	N/A
Key Discussion	N/A
Outcome	Consensus Reached
Consensus Vote	Remaining representative groups not required to attend breakout session: 4 Yes, 0 No, 2 Representative groups did not vote ▶ **Representative groups voting "Yes":** DDA, GRC/ERC/RAC, Medically Fragile, Tribes ▶ **Representative groups that did not vote:** BRS, CRC/SCRC

WAC 110-145-1515 Information to be kept current and available during each shift

NRM Representative Meeting Date: May 28, 2024	
Language Updates	N/A
Key Discussion	Representatives reached consensus on amended WAC language, agreeing to move Sections 2(d) and 2(e) to Section 1 of the WAC.
Outcome	Consensus Reached
Consensus Vote	10 Yes, 0 No, 1 group did not vote, 1 group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not vote:** EPS ▶ **Representative groups that did not attend the meeting:** Tribes

WAC 110-145-1530 Sharing information about a child, youth, or their family

NRM Representative Meeting Date: May 28, 2024	
Language Updates	N/A

NRM Representative Meeting Date: May 28, 2024	
Key Discussion	▶ Representatives discussed whether Section 2 should state, "Licensees and their personnel ***may*** share information…" or "Licensees and their personnel ***must*** share information…" ▶ Representative expressed concern that language is hard to regulate and is subjective when determining what information DCYF Licensing Division staff can access. ▶ Representative recommended that the language should encapsulate when sharing information is necessary and appropriate, specifically who should share information, when it should be shared, and why it should be shared. ▶ Representatives advocated for youth having rights regarding their information being shared. ▶ Representatives noted that family history does not need to be shared broadly.
Outcome	Additional negotiations needed ▶ **Representative groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth Medically Fragile
Consensus Vote	N/A

Breakout Session Date: June 17, 2024	
Language Updates	N/A
Key Discussion	▶ Representative commented that in Section 2(a) that a representative of the department and a therapist may also have a "need to know" to conduct their official duties. ▶ Representatives reached consensus with the following revisions: ○ Section 2: Changing "Licensees and their personnel ***may*** share information…" to "Licensees and their personnel ***must*** share information…" ○ Adding "***Access to the information must be necessary for one to conduct one's official duties***."
Outcome	Consensus Reached
Consensus Vote	4 Yes, 0 No, 4 Representative required to attend breakout session did not attend ▶ **Representative groups voting "Yes":** DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope ▶ **Required representative groups that did not attend the breakout session:** CRC/SCRC, EPS, GRC/ERC/RAC, Medically Fragile

Poll Date: June 28, 2024	
Language Updates	Section 2 was revised to state, "Licensees and their personnel must share information about the children or youth, their families, and their safety and well-being files only ***to the extent necessary to conduct one's official duties with***:".
Key Discussion	▶ Representative group did not block consensus; however, recommended adding language that clarifies whether a law enforcement investigation overrides this WAC.
Outcome	Consensus Reached
Consensus Vote	Remaining representative groups that did not attend breakout session: 6 Yes, 0 No, 2 Representative groups did not vote ▶ **Representative groups voting "Yes":** CRC/SCRC, DDA, GRC/ERC/RAC, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not vote:** EPS, Tribes

WAC 110-145-1545 Reporting – Additional requirements for licensed facilities werving runaway or homeless youth

NRM Representative Meeting Date: April 23, 2024	
Language Updates	N/A
Key Discussion	▶ There were no concerns prompting this WAC to be negotiated in a later breakout session.
Outcome	Consensus Reached
Consensus Vote	10 Yes, 0 No, 1 group did not vote ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not vote:** DDA

WAC 110-145-1550 Reporting – changes to the facility, program, or licensee

NRM Representative Meeting Date: April 23, 2024	
Language Updates	N/A
Key Discussion	▶ There were no concerns prompting this WAC to be negotiated in a later breakout session.
Outcome	Consensus Reached
Consensus Vote	10 Yes, 0 No, 1 group did not vote, 1 group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived

NRM Representative Meeting Date: April 23, 2024	
	Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not vote:** EPS (provided Consensus Score of 3)

WAC 110-145-1570 Indoor recreation areas

NRM Representative Meeting Date: May 14, 2024	
Language Updates	N/A
Key Discussion	▶ DCYF – Licensing Division and the DCYF NRM Team to discuss language separately and send proposed language to all NRM Representatives via consensus poll.
Outcome	Additional discussions needed
Consensus Vote	N/A

Poll Date: May 28, 2024	
Language Updates	▶ Section 1 was revised to state, "***Licensees must have a room or area inside the facility that is suitable for recreational and informal education activities appropriate to the individual developmental abilities of the children and youth in care***." ▶ Section 2 was revised to state, "***The size of the room or area must: (a) be appropriate for the licensed capacity of the facility; (b) be adequate for child and youth play; and (c) have sufficient space to house supplies and equipment for a developmentally appropriate program.***" ▶ Section 4 was removed.
Key Discussion	▶ Representative requested more information regarding whether a living room is a "recreation area", the providers' responsibility for providing "supplies and equipment", and clarity regarding "developmentally appropriate program".
Outcome	Consensus Reached
Consensus Vote	9 Yes, 0 No, 3 Representative groups did not submit poll ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not submit Consensus Poll:** EPS, GRC/ERC/RAC, Tribes

WAC 110-145-1580 What are the requirements for storing dangerous chemicals or other substances?

NRM Representative Meeting Date: January 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives recommended removing "preschool" in Section 1 as the items listed should be inaccessible to all children younger than preschool. ▶ Using cleaning supplies is an independent living skills and should be allowed for youth who are developmentally appropriate and do not have self-harm issues. ▶ Use of non-toxic versus least toxic chemicals or substances.
Outcome	Additional discussions needed ▶ **Representative groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth
Consensus Vote	N/A

Breakout Session Date: February 8, 2024	
Language Updates	N/A
Key Discussion	▶ WAC should focus on chemical and substance storage, not accessibility. ▶ Representatives agreed to strike Section 2.
Outcome	Additional negotiations needed
Consensus Vote	N/A

NRM Representative Meeting Date: February 27, 2024	
Language Updates	Strike Section 2
Key Discussion	▶ There were no concerns prompting this WAC to be negotiated in a later breakout session after striking Section 2 from the amended WAC language.
Outcome	Consensus Reached
Consensus Vote	7 Yes, 0 No, 3 groups did not vote, 1 group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF - Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth ▶ **Representative groups that did not vote:** EPS, Medically Fragile, OYS/Hope

NRM Representative Meeting Date: February 27, 2024	
	▶ **Representative groups that did not attend the meeting:** ORR/URM/Private/Maternity

WAC 110-145-1600 General requirements for bedrooms and sleeping areas

NRM Representative Meeting Date: May 14, 2024	
Language Updates	Language from *WAC 110-145-2105 Additional requirements for bedrooms in overnight youth shelters or emergency respite centers* reached consensus on April 15, 2024 and was incorporated into WAC 110-145-1600.
Key Discussion	▶ Representatives recommended including "kitchens" in Section 5, removing from Section 6 ▶ "Unfinished basement" is undefined; however, to be finished, the basement would need to be sheet-rocked and floored, and cannot have exposed rafters. ▶ Non-traditional bedrooms (*e.g.,* living room) can be approved to avoid displacement resulting from repairs or renovations. ▶ The language reached consensus; however, due to minor language changes, the amended WAC language was sent to Representatives via a poll to ensure consensus on updates.
Outcome	Consensus Reached
Consensus Vote	7 Yes, 0 No, 3 groups did not vote, 2 groups did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth ▶ **Representative groups that did not vote:** EPS, Medically Fragile, OYS/Hope ▶ **Representative groups that did not attend the meeting:** ORR/URM/Private/Maternity, Tribes

Poll Date: May 17, 2024	
Language Updates	"Kitchens" was moved from Section 6 to Section 5.
Key Discussion	▶ Representative groups scoring the WAC language between 0–2 indicated that the language met the intent of the WAC. ▶ Some group care facilities do not have windows that open in bedrooms; however, there are fire exit doors that lead to the outside. It was recommended that "doors" is added to the language requiring a safe exit to the outside of the building/home. ▶ Representatives questioned what "barriers" are in Section 7(a).
Outcome	Consensus Not Reached

Poll Date: May 17, 2024	
Consensus Vote	7 Consensus Score 3-5, 2 Consensus Score 0–2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score of 3-5:** DCYF – Licensing Division, DDA, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score of 0–2:** CRC/SCRC, GRC/ERC/RAC ▶ **Representative groups that did not submit poll:** BRS, EPS, Tribes

Poll Date: June 3, 2024	
Language Updates	Section 3(b) was revised to state, "A window ***or door*** that opens to the outside, allows natural light into the bedroom, and permits emergency access or exit."
Key Discussion	▶ There were no concerns prompting this WAC to be negotiated in a later discussion.
Outcome	Consensus Reached
Consensus Vote	8 Consensus Score 3–5, 0 Consensus Score 0–2, 4 Representative groups did not submit poll ▶ **Representative groups with Consensus Score of 3–5:** CRC/SCRC, DCYF – Licensing Division, GRC/ERC/RAC, DDA, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups that did not submit poll:** BRS, EPS, OYS/Hope, Tribes

WAC 110-145-1605 Shared Bedrooms

NRM Representative Meeting Date: May 14, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives agreed that minors should not be placed with a legal adult with the exception of siblings. ▶ Representatives reached consensus on the language with the removal of Section 6. One representative group requested to review the revised language prior to submitting a consensus vote.
Outcome	Consensus Reached with Language Revisions
Consensus Vote	8 Yes, 1 No, 2 Representative groups did not vote, 1 Representative group did not attend meeting ▶ **Representative groups voting "Yes":** CRC/SCRC, DCYF – Licensing Division, DDA, EPS, Lived Experience – Parent, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope

NRM Representative Meeting Date: May 14, 2024	
	▶ **Representative groups voting "No":** GRC/ERC/RAC ▶ **Representative groups that did not vote:** BRS (backup representative present), Medically Fragile, Tribes (backup representative present)

Poll Date: May 17, 2024	
Language Updates	Section 6 was removed
Key Discussion	▶ One representative group originally had a consensus score of 2, requesting that "or" is added to Section 1(a). After further discussions between the DCYF NRM team and the representative group, the representative changed their consensus score to a 3.
Outcome	Consensus Reached
Consensus Vote	9 Consensus Score 3–5, 0 Consensus Score 0–2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score of 3–5:** CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not submit poll:** BRS, EPS, Tribes

WAC 110-145-1620 Diapers, pull-ups, briefs, diaper changing areas, and toilet training equipment

NRM Representative Meeting Date: December 12, 2023	
Language Updates	N/A
Key Discussion	▶ Representatives raised concerns about the addition of a two-hour timeframe to check children and youths' diapers in the amended language, specifically questioning how this timeframe takes into account a child or youth's development, bedtime, and whether checking older youth is intrusive. ▶ Representatives recommended matching language in Section 2, separating changing areas from food preparation and serving areas, to the language that was used for non-breakable lightbulbs. ▶ Representatives recommended using the Washington Department of Health standards for washing hands before and after diapering.
Outcome	Additional discussions needed
Consensus Vote	N/A

NRM Representative Meeting Date: January 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended using the term "incontinence supplies" for older youth who use briefs. ▶ Older youth who wear briefs need privacy and may not need to be checked by staff. ▶ Representative recommended adding "clean" to Section 3 as areas cannot be disinfected if not clean. ▶ Section 5 should allow parents to provide cloth diapers, and that providers provide help if a family cannot provide cloth diapers. ▶ Representative suggested using gloves in addition to handwashing before and after diapering each child.
Outcome	Additional discussions needed ▶ **Representatives requesting breakout session**: CRC/SCRC, DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth
Consensus Vote	N/A

Breakout Session Date: January 22, 2024	
Language Updates	▶ Section 1 was revised to state, "***During waking hours, you must regularly monitor a child's or youth's diaper, pull-up or brief and replace it when wet or soiled***." ▶ Section 3 was revised to state, "You must ***clean and*** disinfect..." ▶ Section 5 was revised to remove "…***or reusable diapers supplied by the child's family***." ▶ Section 6 was revised to state, "…***follow the United States Centers for Disease Control and Prevention (CDC) handwashing guidelines***…"
Key Discussion	▶ Representative recommended adding language that follows CDC and OSHA guidelines regarding diapering and handling biohazards. ▶ Representatives agreed to include "clean" in Section 3. One representative group requested additional clarification on what "clean" entails. Representatives recommended using CDC diapering guidelines to make adjustments to the language. ▶ Representatives recommended including the removed language in Section 5 due to protecting parental rights and instances when disposable diapers cannot be used. ▶ Representative recommended adding language that includes obtaining a medical providers consultation when determining each child or youth's needs.

Breakout Session Date: January 22, 2024	
Outcome	Additional negotiations needed
Consensus Vote	N/A

NRM Representative Meeting Date: February 13, 2024	
Language Updates	▶ Section 4 was revised to state, "***During waking hours, licensees and their staff and volunteers must regularly monitor a child's or youth's diaper or pull-up based on the child's or youth's individual developmental abilities. The diaper or pull-up must be replaced when wet or soiled by following the Department of Health diaper changing guidelines***." ▶ Section 6 was revised to include, "…***if reusable or cloth diapers are used, the diapers must: (a) not be rinsed; (b) be placed in a securely sealed moisture impervious bag; (c) be stored in a separate disposal container; and (d) be delivered to a commercial laundry service or given to the child's or youth's parent at least daily."*** ▶ Section 8 was revised to include to state, "…***must disinfect pursuant to department of health cleaning and disinfecting guidelines."*** ▶ Section 9 was added to the amended WAC, stating "***If a child or youth uses a brief, licensees must develop a plan for monitoring and replacing it based on the child's individual developmental abilities***."
Key Discussion	▶ Language in Section 4 appears to refer only to diapers and not incontinence supplies for older youth. ▶ Requiring parents to pick up cloth diapers daily may cause an undue burden to parents ▶ Representatives recommended revising section 4 to read, ***"…(c) be stored in a separate sealed disposal container; and (d) be delivered to a commercial laundry services or given to the child's or youth's parent."*** ▶ Recommendation to use "incontinence supplies" for older youth. ▶ Representatives recommended separating diapering infants and young children and including a separate section for older youth.
Outcome	Additional discussions needed ▶ **Representatives requesting breakout session:** CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience - Youth
Consensus Vote	N/A

Breakout Session Date: February 16, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives recommended revising Section 1 to state, "***Licensees must separate areas where diapers or incontinence supplies are changed from food preparation and dining areas.***" ▶ Representative recommended that diaper and incontinence supply changing procedures are included in individual plans rather than posting the plans where all youth can see. ▶ Recommendation was made to remove "youth" in Section 4 and Section 6. ▶ Representatives agreed to revising Section 7 and Section 8 to use the term "specialized toileting equipment" and the removal of "training". ▶ Representative recommended revising Section 9 to state, "***If a youth uses incontinence supplies***…"
Outcome	Consensus Not Reached, language revisions will be sent via poll
Consensus Vote	N/A

Poll Date: April 18, 2024	
Language Updates	Section 1 was revised to state, "***Licensees must separate areas where diapers or incontinence supplies are changed from food preparation and dining areas.***"
Key Discussion	▶ Representative expressed concern with Section 5, specifically stating the amended language implied cloth diapers could no longer be used, which was too restrictive for children and youth with skin issues. In addition, facilities do house laundering. Representative recommended allowing medical fragile facilities to use and launder cloth diapers depending on the needs of the child or youth.
Outcome	Consensus Not Reached
Consensus Vote	9 Consensus Score 3–5, 1 Consensus Score 0–2, 1 Representative group did not submit poll ▶ **Representative groups with Consensus Score of 3–5:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score of 0-2:** Medically Fragile ▶ **Representative groups that did not submit poll:** EPS

Poll Date: May 28, 2024	
Language Updates	Section 5(d)(ii) was revised to state, "***For licensees who care for medically fragile children and who have in-house laundry services, the soiled reusable diaper may be laundered by their in-house laundry services when the CDC environmental infection control guidelines related to laundry are followed."***
Key Discussion	▶ One representative group originally had a consensus score of 2, requesting additional information regarding the term "adjacent". After further discussions between the DCYF NRM and the representative group, the consensus score was changed to 3.
Outcome	Consensus Reached
Consensus Vote	10 Consensus Score 3–5, 0 Consensus Score 0–2, 2 Representative groups did not submit poll ▶ **Representative groups with a Consensus Score of 3–5:** BRS, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope, Tribes ▶ **Representative groups that did not submit poll:** CRC/SCRC, EPS

WAC 110-145-1635 Prevention of the spread of infectious and communicable disease

NRM Representative Meeting Date: January 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended avoiding language that allows individuals to return to work too soon or delay their return. ▶ Representative recommended being mindful that not all facilities are health care facilities. ▶ Representative questioned why tuberculosis was singled out in Section 1.
Outcome	Additional discussions needed ▶ Representatives requesting breakout session: BRS, DCYF – Licensing Division, GRC/ERC/RAC, Medically Fragile
Consensus Vote	N/A

Breakout Session Date: February 8, 2024	
Language Updates	N/A

Breakout Session Date: February 8, 2024	
Key Discussion	▶ Representative recommended being less prescriptive regarding tuberculosis as a person exposed may not be infectious and can remain at work and to follow Washington Department of Health WAC 246-101. ▶ Representative made the recommendation to start the WAC with Section 3 when there has been a reportable communicable disease. ▶ Representative commented in Section 3 that health care providers may not know what the timeframe is for a person with a contagious disease is to return to work; therefore, suggested staff also collaborate with local public health departments and the Washington Department of Health. ▶ Representative recommended considering additional laws that may be overseen by other agencies (*e.g.,* FMLA, ADA, OSHA). ▶ Some facilities may be large enough to have a full-time infection preventionists, which does not require being a registered nurse, but could be a medical doctor, epidemiologist, or microbiologist. Therefore, it was recommended to remove the oversight by a registered nurse requirement in Section 4. ▶ Recommendation was made to create separate language in Section 4 for non-medically fragile providers. ▶ Representative recommended adding language about standard precautions (universal standards) to Section 5. ▶ Representative recommended consulting with the Washington Department of Health to determine what infant care procedures (Section 6(h)) and general health practices (Section 6(i)) entail.
Outcome	Additional discussions needed
Consensus Vote	N/A

NRM Representative Meeting Date: February 27, 2024	
Language Updates	Section 1 of the WAC was amended to state, ***"Staff with a notifiable condition listed in WAC 246-101-101 in an infectious stages must not be on duty until they have been cleared by a licensed health care provider or guidance provided by the local health jurisdiction or the CDC indicating the individual may safely return."***
Key Discussion	▶ This WAC was not reviewed during the NRM Representative Meeting. Representatives were instructed to email any feedback to dcyf.groupcarenrm@dcyf.wa.gov by March 5, 2024.

NRM Representative Meeting Date: February 27, 2024	
Outcome	Additional discussions needed
Consensus Vote	N/A

NRM Representative Meeting Date: March 26, 2024	
Language Updates	Section 1 was revised to state, ***"Staff or volunteers with a contagious disease in WAC 246-110-010(3) must not be on duty until they are no longer in an infectious stage based on CDC guidelines, local health jurisdiction, or licensed health care provider, as appropriate for the condition."***
Key Discussion	▶ Representatives expressed concern in Section 1 that referring to WAC 246-110-010(3) is not the accurate setting and that the definition of "contagious disease" does not include respiratory infections (*e.g.,* COVID, flu, RSV). ▶ Representative recommended Section 5 require providers that are licensed to care for less than 13 persons to collaborate with a registered nurse or health care provider to assist with policy development.
Outcome	Additional discussions needed
Consensus Vote	N/A

Poll Date: April 18, 2024	
Language Updates	N/A
Key Discussion	▶ Recommendation was made to remove "medication management and the medical policies and procedures" from Section 5 and replace it with language that identifies plan development and implementation surrounding infection and disease control.
Outcome	Consensus Not Reached
Consensus Vote	7 Consensus Score 3-5, 1 Consensus Score 0–2, 4 Representative groups did not submit poll ▶ **Representative groups with a score of 3–5:** DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups with a Consensus Score of 0–2:** BRS ▶ **Representative groups that did not submit poll:** CRC/SCRC, EPS, OYS/Hope, Tribes

Poll Date: May 28, 2024	
Language Updates	Section 5 was revised to state, "If licensed to care for thirteen or more children and youth in a facility, licensees must arrange to have a registered nurse or a licensed health care provider help develop and periodically review ***the policies and procedures described in subsection (4)***."
Key Discussion	▶ Representatives did not have concerns or comments regarding the amended WAC language.
Outcome	Consensus Reached
Consensus Vote	9 Consensus Score 3–5, 0 Consensus Score 0–2, 2 Representative groups did not submit poll ▶ **Representative groups with a score of 3–5:** BRS, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not submit poll:** CRC/SCRC, EPS

WAC 110-145-1645 What are the requirements regarding pets and animals in my facility?

NRM Representative Meeting Date: March 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives expressed concern with Section 6(i), specifically identifying whose responsibility it is to take the animal to wellness checks, the potential financial burden to providers resulting from wellness checks and rent, and other residents' allergies or fear of animals.
Outcome	Additional discussions needed ▶ Representatives requesting breakout session: BRS, DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth
Consensus Vote	N/A

Breakout Session Date: March 25, 2024	
Language Updates	Section 6(i) was deleted
Key Discussion	Representative groups assigned to breakout session: BRS, DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parent, Lived Experience – Youth ▶ Section 6(i) was removed as WAC 110-145-1710(1) requires licensees to follow all state and federal laws regarding nondiscrimination while providing services to children and

Breakout Session Date: March 25, 2024	
	youth in care. WAC 110-145-1710 reached consensus on December 12, 2023. ▶ Representatives did not raise additional comments or concerns regarding the amended language.
Outcome	Consensus Reached
Consensus Vote	7 Yes, 0 No ▶ **Representative Groups Voting "Yes":** BRS, DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth

Poll Date: April 4, 2024	
Language Updates	N/A
Key Discussion	▶ One Representative agreed with the language, but inquired about how it is determined that animals are not dangerous and requested examples.
Outcome	Consensus Reached
Consensus Vote	8 Consensus Score of 3–5, 0 Consensus Score of 0–2 ▶ **Representative groups with score of 3–5:** CRC/SCRC, DDA, EPS, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope

WAC 110-145-1665 What are the fire safety requirements for all group residential facilities?

NRM Representative Meeting Date: January 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives did not have comments or concerns regarding amended WAC language.
Outcome	Consensus Reached
Consensus Vote	11 Yes, 0 No, 0 Representative groups did not vote, 3 Representative groups did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile ▶ **Representative groups that did not attend meeting:** EPS, ORR/URM/Private/Maternity, OYS/Hope

WAC 110-145-1670 Emergency and evacuation plans

NRM Representative Meeting Date: May 14, 2024	
Language Updates	N/A
Key Discussion	▶ Representative group informed the representatives that an emergency plan is a written plan that outlines steps and policies and procedures of what will occur during an emergency. An evacuation plan is often a posted map that shows how individuals will leave the facility in case of an emergency. These are separate plans; however, the evacuation plan is a component of the emergency plan. Recommended that both plans should be required. ▶ Representative group indicated that additions could be made to the original WAC language. ▶ **Representative groups requesting breakout session:** CRC/SCRC, DCYF – Licensing Division, EPS, GRC/ERC/RAC, Lived Experience – Parents, Medically Fragile
Outcome	Consensus Not Reached
Consensus Vote	N/A

Breakout Session Date: June 3, 2024	
Language Updates	N/A
Key Discussion	▶ Representative group clarified for requirements in Section 2 that an emergency plan would be in a binder, personnel needs to know what the emergency plans are, and there is not an expectation that the provider has several copies. ▶ Representative recommended Section 2 include language that an emergency preparedness plan is easily accessible. ○ Recommended language for Section 2: ***"Emergency plans must be easily accessible at all times."*** ▶ Representatives recommend that emergency plan regulations are broad so providers can determine what should be included due to the facility's unique differences, hazards (*e.g.,* train tracks, wildfires), and location. ▶ Representative recommends Section 3(b)(iv) is more general, noting some facilities have smoke detectors and carbon monoxide detectors integrated into one system. ○ Representative group is not opposed to including language stating that smoke detectors and carbon monoxide detectors are excluded when a facility has a fire suppression system. ○ Representative noted the evacuation floor plan referenced in this section is used to determine where

Breakout Session Date: June 3, 2024	
	smoke and carbon monoxide detectors are located for license renewal purposes and changes in capacity. ▶ Representative group advised that evacuation floor plans should be hung on doors that lead to the outside and doors that lead to exit doors.
Outcome	Additional discussions needed
Consensus Vote	N/A

Poll Date: July 5, 2024	
Language Updates	WAC was rewritten.
Key Discussion	▶ Representatives who were invited to vote in this poll did not have comments regarding the amended WAC language.
Outcome	Consensus Reached
Consensus Vote	8 Consensus Score 3–5, 0 Consensus Score 0–2, 1 Representative groups did not submit poll, 2 Representative groups not requested to vote ▶ **Representative groups with Consensus Score 3–5:** BRS, CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope, Tribes ▶ **Representative groups that did not submit poll:** EPS, Lived Experience – Parent ▶ **Representative groups not requested to vote:** DCYF – Licensing Division, Medically Fragile

Poll Date: July 19, 2024	
Language Updates	N/A
Key Discussion	▶ DCYF NRM Team requested all representative groups vote on revised language. ▶ Representative commented that Section 1(b)(ii)(E) is confusing and recommended the revised language: ***"(E) An evacuation floor plan, identifying: (II) Location of fire extinguishers; (III) Location of smoke detectors and carbon monoxide detectors…***" ▶ Representative noted that it is not appropriate to make the emergency plan accessible to the children served in their program.
Outcome	Consensus Not Reached
Consensus Vote	8 Consensus Score 3–5, 1 Consensus Score 0–2, 2 Representative groups did not submit poll, 2 Representative groups not requested to vote

Poll Date: July 19, 2024	
	▶ **Representative groups with Consensus Score 3–5:** CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0–2:** BRS ▶ **Representative groups that did not submit poll:** EPS, Tribes

Poll Date: August 5, 2024	
Language Updates	Section 1(b)(ii)(E) was revised to state, "***An evacuation floor plan, identifying the location of***...".
Key Discussion	▶ Representatives did not have comments or concerns regarding amended WAC language.
Outcome	Consensus Reached
Consensus Vote	9 Consensus Score 3–5, 0 Consensus Score 0–2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3–5:** BRS, DCYF – Licensing Division, CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parent, Lived Experience – Youth, Medically Fragile, OYS/Hope, Tribes ▶ **Representative groups that did not submit poll:** EPS, ORR/URM/Private/Maternity, Tribes

WAC 110-145-1710 What are the requirements about nondiscrimination?

NRM Representative Meeting Date: December 13, 2023	
Language Updates	N/A
Key Discussion	▶ Representatives did not have comments or concerns regarding amended WAC language.
Outcome	Consensus Reached
Consensus Vote	7 Yes, 0 No, 0 Representative groups did not vote, 4 Representative groups did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing, DDA, GRC/ERC/RAC, Lived Experience – Youth, Medically Fragile ▶ **Representative groups that did not attend meeting:** EPS, Lived Experience – Parents, ORR/URM/Private/Maternity, OYS/Hope

WAC 110-145-1725 When do I need a treatment plan for children in care and what must be included in the plan?

NRM Representative Meeting Date: May 28, 2024	
Language Updates	N/A
Key Discussion	▶ This WAC was deleted due to language being included in WAC 110-145-1520 Safety and well-being file.
Outcome	Consensus Reached
Consensus Vote	9 Yes, 0 No, 2 Representative groups did not vote, 1 Representative group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not vote:** DDA, EPS ▶ **Representative groups that did not attend meeting:** Tribes

WAC 110-145-1810 Caring for infants and young children

NRM Representative Meeting Date: May 28, 2024	
Language Updates	N/A
Key Discussion	▶ Representative commented that kids may not have a health care provider. A recommendation was made to change Section 2 to say, "Licensees and their personnel may vary from this requirement only if you have written direction from ***a*** licensed health care provider."
Outcome	Consensus Reached
Consensus Vote	10 Yes, 0 No, 1 Representative groups did not vote, 1 Representative group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not vote:** EPS ▶ **Representative groups that did not attend meeting:** Tribes

WAC 110-145-1815 Behavior management

NRM Representative Meeting Date: May 28, 2024	
Language Updates	N/A
Key Discussion	▶ Representative requested adding "fictive kin and Tribes community" in Section 1(e)(vi).
Outcome	Consensus Reached

NRM Representative Meeting Date: May 28, 2024	
Consensus Vote	10 Yes, 0 No, 1 Representative groups did not vote, 1 Representative group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not vote:** EPS ▶ **Representative groups that did not attend meeting:** Tribes

WAC 110-145-1885 Children and youth immunization requirements

NRM Representative Meeting Date: May 14, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives expressed concern about whether the intent of the WAC (children and youth are immunized upon entry into the group care facility or soon thereafter) is culturally responsive, specifically if the goal for the child or youth is reunification or if the child or youth was voluntarily placed in a setting. ▶ Representatives questioned if youth can decline vaccinations.
Outcome	Additional discussion needed ▶ **Groups requesting breakout session:** DCYF – Licensing Division, EPS, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile
Consensus Vote	N/A

Breakout Session Date: May 31, 2024	
Language Updates	N/A
Key Discussion	▶ Representative expressed concern about requiring immunizations if the intent of children entering into care is to be reunified with their parents and the parents do not immunize for cultural or religious reasons. ▶ Immunization exemptions: ○ The DCYF NRM Team consulted with the Washington Office of the Attorney General prior to the breakout session and it was recommended that the WAC follow school and child care immunization requirements. ○ Representative recommended including the following exemptions: philosophical, personal, religious, and religious membership.

Breakout Session Date: May 31, 2024	
	○ Representative group supported youth having the right to write a letter of their immunization wishes and opinions. ▶ Section 4 is similar to WAC 110-145-1635; however, language could remain in this WAC because diseases preventable by vaccine are not inclusive of all diseases (*e.g.,* communicable diseases).
Outcome	DCYF NRM Team to revise language and send as a poll
Consensus Vote	N/A

Poll Date: June 28, 2024	
Language Updates	Section 2 was revised to state, "***Licensees, except those operating interim facilities, secure or semi-secure crisis residential centers, or group receiving centers, must ensure children and youth in care are up to date on their immunizations unless there is documentation on record for any of the following types of immunization exemptions for the child or youth: (a) medical exemption, signed by child's or youth's parent and a licensed health care provider; (b) religious exemption, signed by child's or youth's parent and a licensed health care provider; (c) philosophical/personal exemption, signed by child's or youth's parent and a licensed health care provider. A philosophical/personal exemption does not include an exemption from measles, mumps or rubella (MMR) vaccine requirements; or (d) religious membership exemption, signed by child's or youth's parent.***"
Key Discussion	▶ Representative groups that completed the poll did not have additional comments or concerns. ▶ The DCYF NRM Team administered the poll for the following Representative groups: BRS, DCYF – Licensing, Lived Experience – Parents, Medically Fragile
Outcome	Consensus Reached
Consensus Vote	6 Consensus Score 3–5, 0 Consensus Score 0–2, 2 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3–5:** CRC/SCRC, DDA, GRC/ERC/RAC, ORR/URM/Private/Maternity, OYS/Hope, Tribes ▶ **Representative groups that did not submit poll:** EPS, Lived Experience – Youth

WAC 110-145-2065 What services must I provide for medically fragile children and youth?

NRM Representative Meeting Date: March 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended using the terms "administering" and "dispensing" consistently throughout the WAC. ▶ Representative commented for Section 2(c) that registered nurses are not always on site, and only having licensed nurses on site does not hinder care.
Outcome	Consensus Reached
Consensus Vote	10 Yes, 0 No, 1 Representative group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative groups that did not attend meeting:** ORR/URM/Private/Maternity

WAC 110-145-2120 What services shall be provided to pregnant and parenting youth?

NRM Representative Meeting Date: March 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representative did not have comments or concerns regarding the amended WAC language.
Outcome	Consensus Reached
Consensus Vote	10 Yes, 0 No, 1 Representative group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative groups that did not attend meeting:** ORR/URM/Private/Maternity

WAC 110-145-2125 How are services for pregnant and parenting youth delivered?

NRM Representative Meeting Date: March 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives did not have comments or concerns regarding the amended WAC language.

NRM Representative Meeting Date: March 12, 2024	
Outcome	Consensus Reached
Consensus Vote	10 Yes, 0 No, 1 Representative group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative groups that did not attend meeting:** ORR/URM/Private/Maternity

WAC 110-145-2130 What types of health education must a facility offer to pregnant and parenting mothers?

NRM Representative Meeting Date: March 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended adding "but not limited to" in Section 1.
Outcome	Consensus Reached
Consensus Vote	10 Yes, 0 No, 1 Representative group did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative groups that did not attend meeting:** ORR/URM/Private/Maternity

WAC 110-145-XXXX Food storage and preparation

Breakout Session Date: February 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives did not have comments or concerns regarding the amended WAC language.
Outcome	Send WAC language to all representatives in poll
Consensus Vote	N/A

Poll Date: April 18, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives requested adding language stating that youth who are handling food need a food handler's card.
Outcome	Consensus Not Reached
Consensus Vote	9 Consensus Score 3–5, 2 Consensus Score 0–2, 2 Representative groups did not submit poll

Poll Date: April 18, 2024	
	▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, Tribes

Poll Date: May 28, 2024	
Language Updates	Section 3 was added to the WAC, outlining requirements for youth who handle food on a regular basis.
Key Discussion	▶ Representatives did not have comments or concerns regarding the amended WAC language.
Outcome	Consensus Reached
Consensus Vote	11 Consensus Score 3–5, 0 Consensus Score 0–2, 2 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3–5:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope, Tribes ▶ **Representative groups that did not submit poll:** CRC/SCRC, EPS

WAC 110-145-XXXX Milk, breastmilk, and formula

Breakout Session Date: February 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives did not have comments or concerns regarding the amended WAC language.
Outcome	Send revised WAC language to all representatives via poll
Consensus Vote	N/A

Poll Date: April 18, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives did not have comments or concerns regarding the amended WAC language.
Outcome	Consensus Reached

Poll Date: April 18, 2024	
Consensus Vote	10 Consensus Score 3-5, 0 Consensus Score 0-2, 2 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DCYF – Licensing, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience- Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not submit poll:** EPS, Tribes

WAC 110-145-XXXX Duties and qualifications of non-direct care volunteer

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representative expressed concern with conducting background checks on and fingerprinting 15-year-olds. ▶ Representatives recommended flexibility in language for one-time volunteers.
Outcome	Additional discussions needed ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, GRC/ERC/RAC, ORR/URM/Private/Maternity
Consensus Vote	N/A

Breakout Session Date: May 2, 2024	
Language Updates	N/A
Key Discussion	▶ Representative expressed concern about facilities having youth with behaviors that are not appropriate for volunteers who are 16 years old. ▶ Representatives expressed a desire to allow younger volunteers and recommended to consider the age, needs, and expertise of the volunteer. ○ Representative group agreed to permitting a16 year old to volunteer if supervised and vetted ○ Representatives suggested offering licensing exceptions for certain provider types ▶ Representatives have permission slips when one-time volunteers come to facility to offer an experience.
Outcome	Additional discussions needed ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, GRC/ERC/RAC, ORR/URM/Private/Maternity

Breakout Session Date: May 2, 2024	
Consensus Vote	N/A

Poll Date: May 28, 2024	
Language Updates	Language in Section 4 was revised to include that "***a non-direct care volunteer must be: a) at least 18 years old, or b) at least 16 years old, only at emergency respite centers that are licensed to care for children younger than 13 years old.***"
Key Discussion	▶ Representatives did not have comments or concerns regarding the amended WAC language.
Outcome	Consensus Reached
Consensus Vote	8 Consensus Score 3-5, 0 Consensus Score 0-2, 4 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups that did not submit poll:** EPS, Lived Experience – Youth, OYS/Hope, Tribes

WAC 110-145-XXXX Staffing ratios

NRM Representative Meeting Date: April 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representative requested language in Section 2 is broader as there is not always a direct care staff on call, but rather typically a manager. ▶ Representative expressed concern with the 30 minute timeframe in Section 2; recommendation was made to extend the timeframe to one (1) hour. ▶ Representatives expressed concern with Section 4, specifically the ratio of one case manager for every 25 children and youth. Representatives recommended the ratio is reduced to 1 staff to eight (8) or twelve (12) children and youth. ▶ Representative expressed concern that requiring two awake staff in Section 5(a) may be a burden for some provider types. ○ Representative recommended increasing the ratio to one (1) staff to every six (6) children and youth and less staff attention is required during sleeping hours. ○ Representatives expressed concern that the higher staff ratio is being applied to all provider types, which is not sustainable.

NRM Representative Meeting Date: April 23, 2024	
Outcome	Additional discussions needed ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: May 17, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended increasing the timeframe in Section 1(a) to one (1) hour. ▶ Representative suggested including language that on call staff is available via telephone within 15 minutes and there must be an on-call staff assigned to report to the facility within one (1) hour. ○ Suggested language revision: ***"At all times, licensees must have a direct care staff or direct care volunteer on-call and available to respond to the facility by phone within 15 minutes and report onsite to the facility as soon as possible, but no later than one hour."*** ▶ DCYF NRM Team advised the Representatives that there will no longer be case managers; therefore, all language that refers to "case managers" should be replaced with "care coordinator". ▶ Representatives negotiated the ratio for children and youth per care coordinator. ○ One representative group advocated for the number of children or youth to be less than 25 to meet the youth's needs. ○ One representative agreed that language should allow for provider flexibility. ○ DCYF NRM Team suggested the following alternative language, ***"Licensees must ensure sufficient qualified staff to meet the care coordination needs of the children and youth in care."*** ▪ Three representative groups agreed with this suggestion. ▪ Representative group expressed concern regarding how to regulate whether the youth's needs are being met. Representative group expressed concern that an accountability check is not being met with this amended language.

Breakout Session Date: May 17, 2024	
	▪ Representative group advised that many staff residential homes are only licensed for five (5) so the ratio is stricter, and the contract would be followed. ▶ Representative recommends that Section 5(b) keeps the original WAC language.
Outcome	Additional discussions needed
Consensus Vote	N/A

Breakout Session Date: June 6, 2024	
Language Updates	N/A
Key Discussion	▶ DCYF NRM Team suggested revising Section 3 to state, "***During times when a director, program manager, or staff person responsible for coordination are simultaneously away***…" Representatives did not express concern with this language revision. ▶ Representative group advocated for reviewing the care coordination WAC prior to voting on this WAC. ▶ Representative noted that programs with life skills focus would never have a need for direct care staff or awake care staff overnight that is required in Section 5. Representative recommended using original language that allows for an exemption for programs with a life skills focus. ▶ Representative inquired about whether Section 5 will identify what "overnight sleeping areas" are, and recommended the lowest common denominator and directing licensees to contracts of licensors for further clarification. ▶ Representative noted that Section 5 will be burdensome to smaller facilities. ▶ Representative noted the intent of the WAC is to ensure if there was an incident, there would be two staff at the facility. ○ Representative noted that emergencies can occur during night or day and this falls in line with on call staff. ○ Representative noted there are times when only one youth is present (such as on holidays) and inquired whether two staff are needed. ○ Representative group noted that there always need to be somebody supervising with their full attention. ▶ Representative suggests revising Section 7 to differentiate between awake and sleeping hours and recommends a ratio of one (1) staff per six (6) children and youth.

Breakout Session Date: June 6, 2024	
	○ DCYF NRM Team noted that the WAC language and RCW 43.185C.295 do not align, further discussions regarding CRCs are needed.
Outcome	Additional discussions needed
Consensus Vote	N/A

Breakout Session Date: July 2, 2024	
Language Updates	▶ Section 2 was revised to state, "At all times, licensees must ***have an identified person meeting*** director care staff or direct care volunteer ***qualification***…" ▶ Section 4 was revised to state, "Licensees, except those who operate interim facilities, ***must ensure sufficient qualified staff to meet the care coordination needs of the children and youth in care***." ▶ Section 5 was revised to include the exclusion of independent living programs. ▶ Section 9 was added to state, "***Licensees who operate independent living programs must: (a) maintain a staffing ratio of at least one direct care staff or direct care volunteer on duty for every eight children and youth in care.***"
Key Discussion	▶ Representative inquired whether a "designee" with similar qualifications could be added to Section 3, noting that many facilities have designated on-call for managers. ○ Representative advised the amended WAC language is stricter than the original language, noting that the current WAC requires that when a program manager is offsite, somebody with the same qualifications is onsite. ○ Representatives recommended adding language that allows a designee with similar qualification, and that the designee has to be a children's program manager, not an adult program manager. ▶ Representatives who attended the meeting indicated consensus would be reached on Section 4 if revised to state, "Licensees, except those who operate interim facilities, must ensure sufficient qualified staff meet the care coordination needs of the children and care." Language must also include that staff to children and youth ratio does not exceed one (1) staff to eighteen (18) children and youth. ▶ Representatives were unclear who the independent living skills exemption applies to in Section 6.

Breakout Session Date: July 2, 2024	
	▶ Representative expressed concern with staffing ratio in Section 6, noting that it is more stringent than the current contracted ratio. ▶ Representatives expressed concern about the ratios in Section 7. ○ DCYF NRM Team advised that language is from RCW 43.185C.295.
Outcome	Additional discussions needed
Consensus Vote	N/A

Poll Date: July 19, 2024	
Language Updates	▶ Section 3 was revised to state, "During times when a director, program manager, ***or staff person responsible for care coordination***…" ▶ Section 4 was revised to state, "…***with at least one care coordinator for every 18 children or youth in care***." ▶ Section 5 language was revised to remove "independent living programs". ▶ Section 9 was removed.
Key Discussion	▶ Three representative groups indicated the amended language does not meet the intent of the WAC. ▶ Representative noted that awake staff at night will not be needed for a private facility with a life skills focus. Representative recommended revising the language in Section 8 to state, ***"Children must be supervised during sleeping hours by at least one awake staff when: (a) there are more than six children in care; and (b) the major focus of the program is behavioral rather than the development of independent living skills such as a teen parent program or responsible living skills program; or"*** ▶ Representative expressed concern with a ratio of 4:1 for 24 hours a day; recommends the overnight shift has a ratio of 6:1. ▶ Representative suggested adding verbiage to Section 3 to allow for a designated administrative staff that meets the qualifications of a program manager to be on call. ▶ Representative suggested revising language in Section 5(a) to allow for one overnight staff. ▶ Representative noted that the requirement to have two awake and alert direct care staff present when there are children or youth present is unreasonable, and providers do not have the funding to provide that level of care. Representative recommended revising the language to state,

Poll Date: July 19, 2024	
	"Licensees, except those who operate semi-secure crisis residential centers and secure residential centers, must: (a) have at least one awake and alert direct staff or direct care volunteer on duty at all times when children or youth are present; and".
Outcome	Consensus not reached
Consensus Vote	6 Consensus Score 3-5, 3 Consensus Score 0-2, 2 Representative groups did not submit poll, 1 Representative group with split Consensus Score ▶ **Representative groups with Consensus Score 3-5:** DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative groups with Consensus Score 0-**2: BRS, CRC/SCRC, DDA ▶ **Representative groups that did not submit poll:** EPS, Tribes ▶ **Representative group with split Consensus Score:** ORR/URM/Private/Maternity

Breakout Session Date: August 20, 2024	
Language Updates	▶ Section 3 was revised to state, "…at least one of them or another agency personnel who is in one of those three roles at a DCYF-licensed group care facility must be on-call…" ▶ Section 5(a) was revised to require one awake staff.
Key Discussion	▶ Representatives agreed on the revised language in Section 3 that states, "During times when no director, program manager, or staff person responsible for care coordination is at the facility, ***at least one of them or another agency personnel who is in one of those three roles at a DCYF-licensed group care facility must be on-call*** and able to respond by telephone within fifteen minutes." ▶ Representatives agreed to revisions made in Section 5, specifically regarding the requirement of one awake staff during waking and sleeping hours and excluding programs that are focused on less supervision and more independent living (i.e., pregnant and parenting youth program, responsible living program). ▶ Representative group recommended making Section 5(c) Section 5(a).
Outcome	Consensus Reached
Consensus Vote	9 Yes, 0 No, 1 Representative group did not vote, 2 Representative group did not attend meeting

Breakout Session Date: August 20, 2024	
	▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups that did not vote:** EPS ▶ **Representative groups that did not attend meeting:** OYS/Hope, Tribes

WAC: CONSENSUS NOT REACHED

WAC 110-145-1420 General requirements for agency personnel

NRM Representative Meeting Date: March 26, 2024	
Language Updates	N/A
Key Discussion	▶ Agency personnel can be on facility premises prior to having a background check; however, personnel cannot have contact with children and youth until the background check is completed. ▶ Representative noted Section 3 language includes more stringent influenza vaccination language than the in-home services WAC, and the language lacks mention of other vaccinations or exemptions (*e.g.,* religious). Representative questioned why Section 3 is applicable to only providers licensed to care for children under two years old. Representative recommended referring to CDC guidelines regarding tuberculosis and influenza vaccinations. ▶ Representative requested definition for "pre-service".
Outcome	Additional discussion needed. ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF - Licensing Division, GRC/ERC/RAC, Lived Experience - Parents, Lived Experience - Youth, Medically Fragile
Consensus Vote	N/A

Breakout Session Date: April 8, 2024	
Language Updates	Section 2 was revised to state, "Licensees and their personnel ***must be screened for tuberculosis (TB) prior to licensure and upon hire, respectively, based on the LD tuberculosis screening tool. If the TB screening tool indicates further action is required, the individual must follow requirements and documentation must be maintained in the personnel file.***"

Breakout Session Date: April 8, 2024	
Key Discussion	▶ Representative requested WAC language is vague enough that allows for providers to use the DCYF or Washington Department of Health tuberculosis screening tool. ▶ Representative expressed concern that Section 2 did not allow for religious exemption. ▶ DCYF NRM Team to consult with the Washington Office of the Attorney General to determine whether religious exemptions are allowed and who has the burden of liability if discrimination is filed.
Outcome	Additional discussion needed
Consensus Vote	N/A

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representative groups to email feedback to DCYF NRM Team. ▶ NRM Team to obtain clarifications through a legal consult prior to another breakout session. .
Outcome	Additional discussion needed.
Consensus Vote	N/A

Poll Date: June 18, 2024	
Language Updates	Section 2 was revised to state, "***Prior to licensure, upon hire, and at license renewal, licensees must screen themselves and their personnel for tuberculosis (TB) by using LD's TB screening form, except for licensees who care for medically fragile children and youth, who must follow their DOH license requirements***." Section 4 was revised to state, "***At all times when children and youth are present there must be at least one personnel member on duty who can communicate with the children and youth appropriate to their individual developmental abilities. The personnel member must meet, at a minimum, the qualifications of a direct care staff or direct care volunteer.***"
Key Discussion	▶ All Representative groups agreed that the intent of the WAC meets their group's needs.

Poll Date: June 18, 2024	
	▶ Representative group noted concern for Section 4 language that requires one staff member to be able to communicate with/speak the same language as all children or youth. Representative groups recommend adding language to Section 4 that allows for translation services or apps to be used and removing language that states “at least one staff needs to be able to communicate.” ▶ Representative expressed concern regarding the safety of children and youth if the language requirements limit vaccinations for influenza and pertussis for providers who care for children two years old or younger. Representative recommends lifting the age requirement and expanding vaccination requirements. ▶ Representative expressed concern regarding vaccination exemption language in Section 3(a), specifically noting that obtaining an exemption from the Department is a new and stricter requirement.
Outcome	Consensus Not Reached
Consensus Vote	6 Consensus Score 3-5, 3 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DDA, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division, GRC/ERC/RAC, Medically Fragile ▶ **Representative groups that did not submit poll:** EPS, Lived Experience – Parents, Tribes

WAC 110-145-1430 Duties and qualifications of a program manager

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives expressed concern that language in Section 1 requires the program manager to live onsite. ▶ Representative expressed concern that the language does not allow enough flexibility to cover all provider types or on-call staff situations. ▶ Representatives recommend removing the requirement that the program manager supervises the case manager in Section 1(b). ▶ Representative recommended adding staff ratios in Section 4.

NRM Representative Meeting Date: April 9, 2024	
	▶ Representative requested clarity on the case manager role versus the program manager role.
Outcome	Additional negotiations needed. ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, EPS, Lived Experience – Parents, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: May 13, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives questioned if it is required that all licensees have a full-time program manager, even if it is a smaller program. ▶ Representative group supports language in Section 1 as written to prevent providers with several sites hiring one program manager for multiple sites. ▶ Representatives expressed that program managers cannot be onsite at all times (i.e., completing administrative tasks). It was recommended that the program manager be on call or that lead staff must be onsite at all times. ▶ Representatives noted that some of the program manager duties in Section 2 can be completed in the administrative office or community, and not on the floor with youth. ▶ Representatives recommended that "associate's degree" remains in Section 5(b). ▶ Representative recommended that the requirement is that a program manager has an ***associate's degree or*** completed 90 quarter credits or 60 semester credits. ▶ Representative recommended changing Section 6 to saying, "If working in a facility that provides specialized care for medically fragile children and youth, a program manager ***must be a registered nurse…"***
Outcome	Consensus Not Reached
Consensus Vote	N/A

Poll Date: July 12, 2024	
Language Updates	Several revisions were made to the amended WAC language, including Section 1(a)-(b), Section 2, and Section 4(a)-(c).

Poll Date: July 12, 2024	
Key Discussion	▶ One representative group noted the language does not meet the intent of the WAC. ▶ Representative group noted that the program manager position is the most important position in a facility and the WAC language should be strengthened to reflect that. Suggested recommendations include: ▶ adding "on-site" in front of all language that says ***"program manager"*** in Section 1. ▶ Adding language to Section 3 that reflects accurate responsibilities of the program manager position. ▶ Adding a section 3(f) to state **"Maintain and manage required documentation and accurate record keeping."** ▶ Adding a section 3(g) to state ***"Effectively monitor, track, and maintain compliance in all areas for the health, safety, and welfare of residents."*** ▶ Adding a requirement in Section 4(c) that program managers must have supervisory experience if the program manager does not have a degree. ▶ Adding a timeframe (i.e., immediately or within 48 hours) in Section 8 in which a program manager must report significant changes in their physical condition that prevents them from carrying out their job duties and responsibilities. ▶ Representative recommended adding language in Section 3(b) that the program manager ensures oversight of positions if the program manager does not directly supervise care coordinators, direct care staff, and direct care volunteers.
Outcome	Consensus Not Reached
Consensus Vote	8 Consensus Score 3-5, 1 Consensus Score 0-2, 1 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5: BRS, DDA,** GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope, Tribes ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** ORR/URM/Private/Maternity

WAC 110-145-1440 Duties and qualifications of a case manager

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives requested additional information in Section 2(a) clarifying the type of degree needed for this position.

NRM Representative Meeting Date: April 9, 2024	
	▶ Representatives expressed concern with Section 2(b) requiring case managers to have 90 quarter credit hours as oversight would be difficult and the language does not describe relevant credits. ▶ Representatives recommended revising language to clarify that one of the requirements listed in Sections 2(a)-(c) is needed for the case management position. ▶ Representatives requested that lived experience replace some of the previous work experience requirements required in Section 2(c). ▶ Representative group agreed that direct care staff could advance without a degree; however, DCYF Licensing Division approval is needed. ▶ Representatives requested additional information in Section 2(a) clarifying the type of degree needed for this position. ▶ Representative commented that the original WAC language was more aligned with provider needs, specifically that facilities that are medically fragile or therapeutic in nature need case managers; however, interim and short-term facilities should be exempt from this WAC. In addition, the original WAC language allows for facilities to contract case management duties.
Outcome	Additional discussions needed. ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: May 2, 2024	
Language Updates	N/A
Key Discussion	▶ Representative noted that previously this WAC was not mandatory for all provider types. Representative proposed either revising the language so it is not a mandatory requirement for all facilities or removing the case manager position and changing the role of a program manager to include care coordination. ▶ Representative recommended focusing on care coordination duties rather than defining the position. ▶ Representative recommended removing the term “vulnerable populations” in Section 2(b)

Breakout Session Date: May 2, 2024	
	▶ Representatives were in favor of allowing lived experience as a qualifier for experience. ▶ Representatives recommended adding specific language about acceptable experience. ▶ Representative suggested using language from WAC 110-145-XXXX executive leadership: "Have a minimum of one year full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care." ▶ Representative group recommended the following language: "Direct personal experience in the subject matter being addressed" ▶ Advocate suggested substituting lived experience for some education as youth in foster care have a low college graduation rate.
Outcome	Additional discussions needed, language was incorporated into WAC 110-145-XXXX Duties and qualifications of a care coordinator.
Consensus Vote	N/A

WAC 110-145-1445 Duties and qualifications of direct care staff and direct care volunteers

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representative groups inquired why Section 3(b) requires direct care staff and direct care volunteers to be at least 21 years of age. ▶ Representative group requested the age be lowered to 18 years of age to match staff requirements for juvenile detention staff. ▶ Representative recommended lowering the age to 18 as medically fragile facilities need the flexibility to allow for additional health care staff, such as CNAs in high school programs.
Outcome	Additional discussions needed ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, EPS, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity
Consensus Vote	N/A

Breakout Session Date: May 3, 2024	
Language Updates	N/A
Key Discussion	▶ Representative expressed concern about Section 3(b), specifically lowering the age of direct care staff and volunteers to the age of 18 in facilities that have youth in extended foster care (i.e., 18 year olds working with and supervising 21 year olds). However, there was no concern for 18 year olds working with younger youth. ▶ Representative groups attending the breakout session did not have concern with keeping the age requirement at 21. ▶ Representative groups agree to allow direct care staff and volunteers who are 18 years old work at facilities outlined in Section 6 if all other requirements are met. ▶ Representatives recommended replacing the term "vulnerable population" in Section 4 with the wording agreed upon in WAC. ▶ Representatives did not have concerns with Sections 1, 2, 5, 6, or 7.
Outcome	Consensus Not Reached
Consensus Vote	N/A

Poll Date July 12, 2024	
Language Updates	Section 4(a)(iii) was added to state, "***Six months of lived experience;***". Section 4(b)(ii) was added to state, "***Six months of lived experience;***". Section 4(d)(i)-(ii) was revised to state, "***(i) Have at least six month of full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care; (ii) Six months of lived experience;".***
Key Discussion	▶ One representative group did not agree that the amended language met the intent of the WAC. ▶ Representative recommended adding "or" after Section 4(d)(i). ▶ Representative group expressed concern regarding allowing 6 months experience, or 100 percent of experience being lived experience. Representative group recommended capping lived experience at 3 months. ▶ Representatives noted that language in Section 6 is confusing and will be difficult for direct care staff and licensors to regulate and follow.

Poll Date July 12, 2024	
	▶ Representative recommended adding Nursing Assistance Registered (NAR) and Registered Nurse (RN) to Section 3(c). Representative commented that NAR is often the first step in becoming a Certified Nursing Assistant (CNA).
Outcome	Consensus Not Reached
Consensus Vote	6 Consensus Score 3-5, 3 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5**: BRS, GRC/ERC/RAC, Lived Experience – Parent, Lived Experience – Youth, OYS/Hope, Tribes Member ▶ **Representative groups with Consensus Score 0-2**: DCYF – Licensing Division, DDA, Medically Fragile ▶ **Representative groups that did not submit poll**: CRC/SCRC, EPS, ORR/URM/Private/Maternity

WAC 110-145-1455 If the licensee has health care staff, what qualifications are required?

NRM Representative Meeting Date: January 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representative groups expressed concern about removing Section 2 from the amended language. The reason provided included the potential for resource burden on medical professionals as their certifications exceed basic first aid. It was suggested that WAC language addresses checks to ensure that licensure is current and certification is up to date. Representatives suggested considering language in the Home Health License WAC. ▶ The DCYF NRM Team's consultation with Fostering Wellbeing resulted in the recommendation to remove Section 2 to allow for up-to-date record keeping. Example provided included if a nursing license is valid for 3 years, but a CPR license is only valid for 2 years, there could be a lapse in compliance.
Outcome	Additional discussions needed ▶ **Groups requesting breakout session:** Lived Experience – Parents, Medically Fragile
Consensus Vote	N/A

Breakout Session Date: February 1, 2024	
Language Updates	N/A
Key Discussion	▶ Representative noted that the Home Health License requires that personnel who have hands-on direct care have CPR training and must follow WAC 240-633-5525. ▶ Representative recommended requiring first aid and CPR. ▶ Representative proposed language: "***Facility operators must ensure that all professional staff member positions are filled by individuals who: (1) Hold the minimum credentials and demonstrate competencies as legally prescribed for their respective occupations or specializations; and (2) Maintain active certification, registration, or licensure in good standing with the applicable oversight bodies governing their progressional practice, as evidenced through annual or biannual validation of credentials as required.***"
Outcome	Consensus Not Reached
Consensus Vote	N/A

WAC 110-145-1460 What are the duties and qualifications for case management consultants?

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ This WAC will be incorporated into the Case Management WAC . ▶ Representatives recommended considering education requirements as they relate to the Case Management WAC and accreditation and contract issues.
Outcome	▶ This WAC will be struck and incorporated into the Case Management WAC.
Consensus Vote	N/A

Poll Date August 5, 2024	
Language Updates	Representatives are voting to determine if a care coordinator consultant WAC is needed. This WAC would require the care coordinator either have a Master's degree or consult with someone who has the degree.
Key Discussion	▶ A Representative Group said position not needed. ▶ A Representative Group said, "Care Coordination and Care Coordinator are in no way shape or form the same as a Case

Poll Date August 5, 2024	
	Consultant who possesses an advanced degree and is able to oversee the therapeutic and medically fragile requirements of a program such as is outlined in current WAC."
Outcome	Consensus not reached to remove the case management consultant WAC.
Consensus Vote	8 Consensus Score 3-5, 1 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, OYS, GRC/ERC/RAC, DDA, Lived Experience - Parents, Lived Experience - Youth, ORR/URM/Private/Maternity ▶ **Representative groups with Consensus Score 0-2:** DYS-Licensing Division ▶ **Representative groups that did not submit poll:** EPS, Medically Fragile, Tribes Member

WAC 110-145-1490 Preservice training requirements

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ The list of relevant preservice training topics was removed in Section 4 of the amended WAC language due to Section 3 requiring training that is relevant to the children and youth in care and the program services the agency provides and preservice training is becoming a contract requirement. Representative groups expressed concern about removing the list. ▶ Representative group advocated for youth having a voice in the trainings that people who work with them are required to have. ▶ Representative group noted the list was beneficial for guiding providers on what trainings were allowable. ▶ Representatives noted that adding training requirements to contracts due to the volume of contracted providers, subcontractors, and losing youth voice. ▶ Representative group recommended making the following three trainings mandatory for all providers: LGBTQ+, cultural competency, and trauma-informed care. ▶ Representative expressed concern that mandating these three trainings could cause a burden to providers. ▶ Representative group suggested adding training regarding restraints; however, this language would not apply to all provider types.

NRM Representative Meeting Date: April 9, 2024	
Outcome	Additional discussions needed. ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity
Consensus Vote	N/A

Breakout Session Date: April 25, 2024	
Language Updates	N/A
Key Discussion	▶ Representative groups did not have comments regarding Section 1 or Section 2 ▶ Representative expressed concern with Section 3, specifically that 16 hours of training may not be sufficient. ▶ Representative groups would like the list of trainings to be included in the WAC. ▶ Representative group recommended that the following trainings are a "must" and all other trainings can remain a "may but not limited to": Foundational Gender and Sexuality, Trauma-Informed, Cultural Humility (*e.g.,* racial awareness, equity, and inclusion). ▶ Representative group suggested adding the following trainings: gangs, commercial sexual exploitation of children (CSEC), and fentanyl. ▶ Representative groups recommended including and language from WAC 110-145-1495 Section 4 regarding the approval of trainings – ***"Your training on behavioral management must be approved by DLR and must include nonphysical, age-appropriate methods of redirecting and controlling behavior."***
Outcome	Consensus Not Reached
Consensus Vote	N/A

Poll Date May 28 2024	
Language Updates	Section 3 was revised to state, "***All personnel, except non-direct care staff and non-direct care volunteers, must complete a minimum of 16 hours of preservice training prior to providing direct care to children and youth. The training must: (a) Include LD-approved training in:(i) Culturally***

Poll Date May 28 2024	
	responsive care; (ii) LGBTQIA+ affirming care; and (iii) Trauma-informed care." Section 5 was added to the language to list the types of training preservice training may include.
Key Discussion	▶ Representative group requested adding a 90-day timeframe for completing the three mandatory trainings listed in Section 3(a).
Outcome	Consensus Not Reached
Consensus Vote	7 Consensus Score 3-5, 1 Consensus Score 0-2, 4 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups with Consensus Score 0-2:** DDA ▶ **Representative groups that did not submit poll:** EPS, GRC/ERC/RAC, OYS/Hope, Tribes

WAC 110-145-1495 Inservice training requirements

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representative noted the 24 hours of ongoing education and in-service training Section 2 is more stringent than the 12 hours that is generally required. Representative recommended 12 hours of ongoing education and in-service training. ○ Other representatives agreed with the proposed 24 hours of in-service training hours. ▶ Representatives recommended that staff do not supervise children until they are CPR certified.
Outcome	Additional discussions needed ▶ **Groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity
Consensus Vote	**N/A**

Breakout Session Date: March 13, 2024	
Language Updates	N/A

Breakout Session Date: March 13, 2024	
Key Discussion	▶ Representatives recommended including the list of training topics that was removed from the amended language. ▶ Representative recommended mandating the following three trainings: LGBTQ+, cultural awareness, and trauma-informed due to not all providers having contracts with DCYF. ○ **Representative groups with Consensus Score of 3-5 regarding mandating trainings**: CRC/SCRC, DCYF – Licensing Division, GRC/ERC/RAC (spilt group score), Lived Experience – Parents, Lived Experience – Youth ▪ Representative group commented that "every youth has a gender identity, every youth has culture, and every youth has trauma." ▪ Representative group expressed missing important evolution of the training topics if not mandated annually. ○ **Representative groups with Consensus Score of 0-2 regarding mandated trainings**: DDA, GRC/ERC/RAC (split group score) ▪ Representative expressed concern about finding new materials each year. It was recommended that the mandatory trainings are included in pre-service training and the provider chooses training topics for the population served. ▶ Two representative groups recommended reducing the number of annual training hours to 12 hours; all other representative groups recommended 24 hours of annual in-service training. ▶ Representative recommended removing the number of hours of in-service training volunteers in Section 4. There was no dissent from any representatives. ▶ Representative recommended revising Section 6 to state, ***"Licensees' training on behavioral management must be approved by LD prior to implementation and must include nonphysical, individual developmental needs methods of redirecting and controlling behavior."***
Outcome	Consensus Not Reached
Consensus Vote	N/A

Poll Date: May 28, 2024	
Language Updates	Section 2 was revised to include the following language, "…***(a) Include LD-approved training in: (i) Culturally responsive***

Poll Date: May 28, 2024	
	care; (ii) LGBTQIA+ affirming care; and (iii) Trauma-informed care." Section 3 was added to include a list of what in-service training may be. Section 5 was revised by splitting requirements into Sections 5(a)-(b). Language in Section 5(b) was revised to state, "Include nonphysical ***methods of redirecting and controlling behavior that are appropriate to the individual developmental abilities of the children and youth in care.***"
Key Discussion	▶ One representative group noted that the amended language does not meet the intent of the WAC. ▶ Representative group recommended moving Section 5(a)-(b) to WAC 110-145-1815 Behavior management. ▶ Representative recommended allowing agencies to choose which training is relevant for their staff. This includes revising moving mandatory training requirements in Section 2(a)(i)-(iii) to Section 3. ▶ Representative recommends reducing in-service training hours from 24 hours annually to 12 hours annually.
Outcome	Consensus Not Reached
Consensus Vote	7 Consensus Score 3-5, 2 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division, DDA ▶ **Representative groups that did not submit poll:** EPS, GRC/ERC/RAC, Tribes

WAC 110-145-1500 First aid and cardiopulmonary resuscitation (CPR) training

NRM Representative Meeting Date: April 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives expressed concern that CPR training is required as part of pre-service training as it is burdensome to provide training for one or two staff members. It was recommended that staff should be allowed to work as long as another staff member who is CPR-certified is on the floor.

NRM Representative Meeting Date: April 9, 2024	
	▶ Other representative groups expressed the desire for all staff to be CPR certified prior to working with children and youth.
Outcome	Additional discussions needed. ▶ **Groups requesting breakout session:** DCYF – Licensing Division, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: April 30, 2024	
Language Updates	N/A
Key Discussion	▶ Representative noted that requiring completion of training prior to working in the facility would be prohibitive. Agency seeks to coordinate all required trainings at one time due to lack of trainer availability and cost. ▶ Representative commented that the intent of the WAC is that somebody onsite can provide CPR, if needed. It was recommended that CPR training is conducted quarterly. ▶ Representative group advocated for all staff to be trained. ▶ All groups agreed that CPR training should be delivered in-person. ▶ Representative recommended revising the language to state that the training must be completed prior to supervising children.
Outcome	Consensus Not Reached
Consensus Vote	N/A

Poll Date: June 3, 2024	
Language Updates	Section 2 was revised to include "…***(a) The first-aid training may be completed in person or online; and (b) The CPR training must be completed in person***."
Key Discussion	▶ Two representative groups indicated that the amended language does not meet the intent of the WAC. ▶ Representative expressed concern that requiring training prior to working will cause delays in the hiring process as some trainers required at least five (5) staff to be trained at one time. Representative recommended adding a 30–60-day timeframe to allow providers time to have staff CPR/First Aid

Poll Date: June 3, 2024	
	Certified, and adding language that staff must work with another CPR/First Aid Certified staff member. ▶ Representative group stated that it is restrictive and burdensome to pre-service train CPR for each staff member. Representative believes it is sufficient to state that no less than two (2) staff members on a shift will be CPR certified/training. Representative group recommends that a trained staff person needs to be on shift and the staff person has a certain amount of time to be trained.
Outcome	Consensus Not Reached
Consensus Vote	6 Consensus Score 3-5, 2 Consensus Score 0-2, 4 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups with Consensus Score 0-2:** DDA, GRC/ERC/RAC ▶ **Representative groups that did not submit poll:** BRS, EPS, OYS/Hope, Tribes

WAC 110-145-1510 Personnel records

NRM Representative Meeting Date: May 14, 2024	
Language Updates	N/A
Key Discussion	▶ Representative advised that that the Training WAC states a training log must be kept in the individual personnel file and how long the records must be maintained. ▶ Representative noted that the Licensing Division would not be requesting vaccination history, but rather proof of vaccination.
Outcome	Additional discussion needed
Consensus Vote	N/A

Poll Date: May 17, 2024	
Language Updates	Section 1(a) was revised to state, "***Resume that*** demonstrates the individual meets the experience requirements of the position;". Section 1(b) was revised to state, "***Transcripts, diploma, or degree that*** demonstratives the individual meets the education requirements of the position;".

Poll Date: May 17, 2024	
Key Discussion	▶ Representative recommended adding an application in addition to a resume in Section 1(a). ▶ Representative recommended adding the date of hire and the date first worked in a facility in Section 1(m).
Outcome	Consensus Not Reached
Consensus Vote	8 Consensus Score 3-5, 1 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope, ORR/URM/Private/Maternity ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** BRS, EPS, Tribes

Poll Date: June 3, 2024	
Language Updates	Section 1(a) was revised to state, "***Application and*** resume that demonstrate…" Section 1(m) was revised to state, "***A background check log containing the following information: (i) The date their background check was requested and completed; (ii) The date they were hired; and (iii) The first day they worked in the facility.***"
Key Discussion	▶ One representative group indicated that the revised language does not meet the intent of the WAC. Representative recommended removing Section 1(b) for direct care staff and removing Section 1(o). ▶ Representative expressed concern that it would be difficult to require a diploma. ▶ Representative group indicated a resume and application is not necessary, and recommends revising language to state "or" in Section 1(a).
Outcome	Consensus Not Reached
Consensus Vote	6 Consensus Score 3-5, 2 Consensus Score 0-2, 4 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups with Consensus Score 0-2:** DDA, GRC/ERC/RAC

Poll Date: June 3, 2024	
	▶ **Representative groups that did not submit poll:** BRS, EPS, OYS/Hope, Tribes

WAC 110-145-1535 Reporting – incidents involving children and youth

NRM Representative Meeting Date: April 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended revising Section 1(a) from reporting within 48 hours to 24 hours. ▶ Representative group recommends adding the following to Section 1(a): overdoses, illicit drug use, suspected trafficking, and gang recruitment. ▶ Representative noted that children damaging property should not be reported to parents. ▶ Representative noted that consensual sex is a failure of supervision and should be reported. ○ Representative group noted that the intent should not be punishing youth. ○ Representative advocate expressed concern that the rule is supporting punishment. ▶ Representative recommended adding "***unless documented history***" to Section 2(i).
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity
Consensus Vote	N/A

Breakout Session Date: May 20, 2024	
Language Updates	N/A
Key Discussion	▶ Representative suggested reporting immediately to Intake, but allowing 48 hours to submit a report as it allows time for an internal investigation and de-escalation. ▶ Further discussions regarding consensual sex will occur between DCYF NRM Team and Youth representatives. ▶ Representative groups agreed that language will be revised to differentiate between the verbal report to intake (immediate, but in no instance later than six hours) and written report (within 48 hours).

Breakout Session Date: May 20, 2024	
	▶ Representative group requested the following incidents are added to Section 1(a): youth overdoses, illicit drug use, suspected trafficking, and gang recruitment. ○ Representative expressed concern with adding illegal drug use as it would include marijuana, nicotine, and vaping for minors. ○ DCYF NRM Team offered to obtain a Fostering Well-Being consultation regarding drug use, including onsite versus offsite drug use. ○ Representative advocate expressed concern regarding Section 1(a)(v), specifically noting that the language reads that any sexual contact between youth will be penalized, even if consensual. ▶ Representative requested that the DCYF NRM Team ensure Section 1(b)(viii) is included in another WAC. ▶ Representative questioned whether CSEC fits under Section 1(c) or if it is in another WAC.
Outcome	Additional discussion needed
Consensus Vote	N/A

Poll Date: August 14, 2024	
Language Updates	Section 1(b)(vi) was removed (“Drug or alcohol use in the facility by a child or youth; or”.)
Key Discussion	▶ All representative groups that scored the amended WAC language between 0-2 stated that the language meets the intent of the WAC. ▶ Representative group expressed concerns about reporting to parents when a staff or volunteer is injured if there are no injuries or there is property damage or reporting to DCYF licensors if a child talks about suicide and the parent responds appropriately. ○ Representative recommends adding the language ***“report to community child’s parent if appropriate”*** to Section 1(b)(iv), Section 1(c)(vi), Section 1(c)(vii), and Section 1(c)(x). ▶ Representative group noted Section 1(a)(iv) and Section 1(a)(vi) reporting requirements are different than the mandated reporting law. ▶ Representative group expressed concern regarding how Section 1(a)(ii) pertains to medically fragile providers, specifically noting residents are sent out all the time and all hours of the day. Mandating reporting within six hours adds significant resource intensity.

Poll Date: August 14, 2024	
	○ Representative recommends Section 1(a)(ii) includes language regarding "***criteria for medically fragile to report no later than 48 hours.***" ▶ Representative group expressed concern regarding the categorization of reporting, noting that Section 1(c)(ix) and Section 1(c)(i) should be called into DCYF Intake. ▶ Representative group listed the following areas of concerns: ○ Section 1(a)(iv) is unclear about whether "***suspect*** physical or sexual abuse…" includes disclosure or is based on hearsay, observed behavior, or indirect comments made by the youth. In addition, if abuse is suspected to be perpetrated by the parent of a community child, that person would be notified. ○ Section 1(b) listed items should be called into DCYF Intake rather than the DCYF Licensor for an official record. ○ Section 1(b)(i) language is subjective and more clarity is needed to determine who determines whether the incident is intended as a suicide attempt. ○ Section 1(b)(v) does not define "incorrectly consumed" and more clarity is needed regrading whether missed medications causing offsite medical attention is included in this requirement. ○ Section 1(b)(vi) does not indicate whether the DCYF Licensing Division's or facility's definition of "contraband" is intended to be used for this WAC. ○ Section 1(c)(i)-(ii) language allows for staff to ignore homicidal or suicidal thoughts, statements, or gestures. ○ Section 1(c)(vi), Section 1(c)(vii), and Section 1(c)(ix) does not require facilities to notify the DCYF Licensing Division of potential supervision issues. ○ Section 1(c)(x) "significant" language is subjective and does not require DCYF Licensing Division notification ○ Section 1(c)(xi) does not include CSEC.
Outcome	Consensus Not Reached
Consensus Vote	6 Consensus Score 3-5, 1 Consensus Score 0-2, 3 Representative groups did not submit poll, 1 Representative group had a split score ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, Lived Experience – Parents, Lived Experience – Youth, OYS/Hope, Tribes, Medically Fragile ▶ **Representative groups with Consensus Score 0-2:** GRC/ERC/RAC, DCYF – Licensing Division, Medically Fragile ▶ **Representative groups that did not submit poll:** DDA, EPS, ORR/URM/Private/Maternity

Poll Date: August 14, 2024	
	▶ **Representative groups that were split score:** Medically Fragile (reps scored a 4 and a 1)

WAC 110-145-1540 Reporting – child or youth missing from care

NRM Representative Meeting Date: April 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives noted in Section 2 that law enforcement will not be able to immediately provide a report number. ▶ Representatives expressed concern about law enforcement burnout. ▶ Representatives recommended reorganizing the WAC language to define exceptions to when law enforcement needs to be called immediately. ▶ Representative expressed concern regarding Section 2(i), specifically regarding how the photo was obtained and whether it was obtained with the youth's consent. ▶ Representative questioned why four hours was selected for Section 6(b).
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA EPS, Lived Experience - Parents
Consensus Vote	N/A

Breakout Session Date: May 6, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives agreed to change language in Section 2 from ***"missing person"*** to "***law enforcement"*** number. ▶ Representative recommended developing a definition for ***"immediately"*** in Section 2. ▶ Representative clarified that if the intent of the language in Section 2(i) is correct, language regarding how the photo is obtained is in a different regulation. ▶ Representative expressed concern about immediately calling the National Center for Missing and Exploited Children (NCMEC) in Section 3, and recommended requiring the call to be made within 24 hours. ▶ Representative commented there are times when youth are not at the facility, but not missing (i.e., take a walk around the block, go to a friend's house). ▶ Representatives expressed concerns about overreporting to law enforcement.

Breakout Session Date: May 6, 2024	
	▶ Representative recommended Section 6(b) requires immediate reporting. ▶ Representative recommended Section 7 is reinstated into the WAC language. ○ DCYF NRM Team was to obtain a legal consultation from the AAG.
Outcome	Additional discussion needed
Consensus Vote	N/A

Breakout Session Date: May 21, 2024	
Language Updates	The following definition is being revised in WAC 110-145-1305. ***"'Missing child or youth' means any child or youth, age birth to 21 years old, under the licensee's care whose whereabouts cannot be established, or their whereabouts are known and the context suggests they may be subject to a crime or at risk of harm to themselves or others. This does not include children in a dependency guardianship."***
Key Discussion	▶ Representatives noted that the definition for "Missing child or youth" gives parameters regarding unnecessary calls to law enforcement. ▶ Representative expressed concern that overreporting to law enforcement will cause law enforcement to quit responding. Representative supports including the six hour timeframe. ○ Representative advocate expressed concern with prioritizing other departments not doing their jobs over the potential health and safety of a young person. ▶ Representative noted there are certain situations that need an immediate call to law enforcement (*i.e.,* if a child is under the age of 12). It was recommended that qualifiers (*i.e.,* age, developmental challenges) are added to the language. ○ Proposed recommended language with additional definitions as most youth in group care are included in this list): ***"Licensees are required to notify local law enforcement within six hours if the child is missing. However, if one or more of the following factors is present, you must contact law enforcement immediately:*** ***(j) the child is believed to have been taken from placement. This means the child's whereabouts are unknown, and it is believed that the child has been***

Breakout Session Date: May 21, 2024	
	concealed, detained, or removed by another person; ***(k) The child is believed to have been lured from placement or has left placement under circumstances that indicate the child may be at risk of physical or sexual assault or exploitation;*** ***(l) The child is age thirteen or younger;*** ***(m) The child has one or more physical or mental health conditions that if not treated daily will place the child at severe risk;*** ***(n) The child is pregnant or parenting and their infant or child is believed to be with them;*** ***(o) The child has severe emotional problems (e.g., suicidal thoughts) that if not treated will place the child at severe risk;*** ***(p) The child has an intellectual and developmental disability that impairs the child's ability to care for themselves;*** ***(q) The child has a serious alcohol or substance abuse problem; or*** ***(r) The child is at risk due to circumstances unique to that child."*** ▶ Representative advocate recommended adding language about the provider being proactive (*e.g.,* texting the youth, calling friends or places the youth frequents). ▶ Representative noted the way the WAC reads is that only those children and youth under the age of 12 will have precautions. ▶ Representatives recommended adding a six-hour reporting timeframe to Section 2. ▶ Representative expressed concern with Section 5, specifically inquiring about what happens if the worker is not available to complete an assessment and plan for moving forward.
Outcome	Consensus Not Reached
Consensus Vote	N/A

Poll Date: July 8, 2024	
Language Updates	Several revisions were made to the amended WAC language adding Section 2 and Section 3 (taking language from the previous version Section 6), and revising language in Section 4.

Poll Date: July 8, 2024	
	Section 5(a) was revised to state, "***As soon as the law enforcement missing person report number is known***…"
Key Discussion	▶ Representatives agreed that the amended language meets the intent of the WAC. ▶ Representative noted it is unclear what "Plan of Action" entails in Section 2. Representative recommends revising Section 2 to state, ***"Licensees must develop an individually created plan of action amending the provider's Run Report Policy when they or their personnel become aware a child or youth under 18 years old has a repeated history of the following behaviors:"***.
Outcome	Consensus Not Reached
Consensus Vote	Representative groups invited to take poll: BRS, CRC/SCRC, DDA, EPS, GRC/ERC/RAC, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope, Tribes 6 Consensus Score 3-5, 1 Consensus Score 0-2, 2 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, GRC/ERC/RAC, Medically Fragile, ORR/URM/Private/Maternity, Tribes ▶ **Representative groups with Consensus Score 0-2:** BRS ▶ **Representative groups that did not submit poll:** EPS, OYS/Hope

Poll Date: July 19, 2024	
Language Updates	Several sections of the WAC were amended, including Section 2, Section 3, and Section 4.
Key Discussion	▶ One representative indicated that the amended language does not meet the intent of the WAC. ▶ Representative expressed concern for Section 5(b), specifically noting that calling and emailing the caseworker can be cumbersome when caseworker's voicemail box is often full and a message cannot be left. Representative recommends revising the language to state, "***Notify the caseworker for the DCYF or Tribes child or youth, or the parent of the community child, and provide any of the known information listed in subsection 4(b)-(c)***" or "***Notify, by telephone or email, the caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth, and provide any of the known information listed in subsection 4(b)-(c).***"

Poll Date: July 19, 2024	
	▶ Representative group expressed concern that the amended language is not best for child safety. Specifically, the representative group noted the following: ○ Concern with "as soon as" language in Section 2(a). ○ Uncertainty regarding whether the individual plan of action is in addition to the response plan required in Section 3 and Section 4. ○ Need for clarification on term "repeated history". ○ Four (4) hours is too long to notify law enforcement in Section 4(c). ○ Uncertainty regarding whether the provider can wait to make additional calls if a report number cannot be obtained as required in Section 5(a). ○ Amended WAC language does not include calling DCYF Intake. DCYF needs a record of when dependent youth are not in placement. ○ Amended WAC language does not include a clear timeline for when calls need to be made. Recommends adding ***"immediately"*** when to call Intake. ○ A call and email to the assigned social worker is insufficient as many runs happen after hours. There is potential for a youth to be gone for several days before DCYF is aware. ○ For situations when a youth runs and returns on a regular basis, the provider should have social worker approval to wait to call law enforcement. ○ This WAC should be written in a way that is what is best for the youth, not what is convenient for outside systems. ○ The amended language refers to "missing" youth, but the context suggests they may be the victim of a crime or at risk of harm to themselves or others. Language does not identify how staff would determine whether the youth is at risk of being subject of a crime while in the community if staff are not in communication with the youth and do not know where the youth is. ○ Amended language should explicitly state that immediate calls are required for certain ages, groups, and behaviors. ○ Concern that individual plans will be utilized by staff for all scenarios when circumstances have changed, leading to staff not making calls when appropriate. ○ A new Licensing Practice Memo was created to alleviate some of the issues with this WAC.
Outcome	Consensus Not Reached

Poll Date: July 19, 2024	
Consensus Vote	8 Consensus Score 3-5, 2 Consensus Score 0-2, 2 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** BRS, DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, Tribes

Poll Date: August 5, 2024	
Language Updates	Several sections of the WAC were amended, including Section 2, Section 3, Section 4, and Section 6.
Key Discussion	▶ One representative group indicated that the amended language does not meet the intent of the WAC. ▶ Representative group expressed concern that the amended language is not best for child safety. Specifically, the representative group noted the following: ○ A question about whether additional language should be included in Section 2(c). ○ Section 3 and Section 4 appear to be specific to an individual plan, not the general response plan. There is uncertainty regarding whether the individual plan of action is in addition to the response plan required these sections. ○ Need for clarification on term “repeated history” in Section 3. ○ Concern that if a law enforcement report number is not provided, the provider can wait to make the additional calls required in Section 5(a). ○ Concern Section 5(b) does not require a call to DCYF Intake. ○ Amended WAC language does not include calling DCYF Intake. DCYF needs a record of when dependent youth are not in placement. ○ Amended WAC language does not include a clear timeline for when calls need to be made. Recommends adding ***“immediately”*** when to call Intake. ○ A call and email to the assigned social worker is insufficient as many runs happen after hours. There is potential for a youth to be gone for several days before DCYF is aware.

Poll Date: August 5, 2024	
	○ For situations when a youth runs and returns on a regular basis, the provider should have social worker approval to wait to call law enforcement. ○ This WAC should be written in a way that is what is best for the youth, not what is convenient for outside systems. ○ The amended language refers to "missing" youth, but the context suggests they may be the victim of a crime or at risk of harm to themselves or others. Language does not identify how staff would determine whether the youth is at risk of being subject of a crime while in the community if staff are not in communication with the youth and do not know where the youth is. ○ Amended language should explicitly state that immediate calls are required for certain ages, groups, and behaviors. ○ A run report should immediately be called in if staff know a youth is in an unauthorized or unsafe location. ○ A new Licensing Practice Memo was created to alleviate some of the issues with this WAC. ▶ Representative group noted that downgrading reporting requirements is a legal risk and dangerous precedent to set. Inconvenience of reporting should not supersede protecting youth.
Outcome	Consensus Not Reached
Consensus Vote	8 Consensus Score 3-5, 1 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, ORR/URM/Private/Maternity

WAC 110-145-1555 Building and property requirements

NRM Representative Meeting Date: December 12, 2023	
Language Updates	N/A
Key Discussion	▶ Representative inquired about how Section 1 balances normalcy. ▶ Representatives requested additional information about the term "developmentally appropriate", specifically who decides what is developmentally appropriate.

NRM Representative Meeting Date: December 12, 2023	
	○ Representative group recommended determining what is developmentally appropriate based on the individual rather than age; however, acknowledging there does need to be an age limit for some things (e.g., driver's education). ▶ Representatives requested additional discussion regarding the term "individual developmental abilities" in Section 1(c). ▶ Representatives expressed concern about Section 7, specifically how it can be proven that a plan to address hazardous conditions was drafted, and how "hazardous conditions" is defined. ○ "Hazardous conditions" is not defined by WAC; therefore, the Webster Dictionary definition will be used. ○ Hazardous conditions in a group facility include factors, such as a fire or flooding, that result in youth having to live offsite, and consultation with the licenser. ▶ Representatives recommended adding language to Section 10 allowing youth to contact their lawyer or social worker. In addition, youth should be able to access the phone; the phone should not be in a locked room. ○ Representatives recommended adding language that would identify compliance with the youth's plan of care.
Outcome	Consensus Not Reached
Consensus Vote	N/A

Breakout Session Date: January 19, 2024	
Language Updates	Section 1 was revised to state, "You must maintain your ***premises, furnishings,*** and equipment…" Section 1(a) was revised to state, "***Premises, furnishings***, and equipment must comply with…" Section 2 was revised to state, "…***pursuant to your licensed capacity.***" Section 9 was revised to state, "…You must discuss with your licensor any ***identified or known*** potential hazards…" Section 10 was revised to state, "…***You must allow children and youth to use the telephone pursuant to WAC 110-145-XXXX***." Section 11 was revised to state, "You must post emergency numbers, and ***suicide and crisis hotline number***…"

Breakout Session Date: January 19, 2024	
Key Discussion	▶ Representative inquired whether language in Section 1 and Section 1(a) will require residential homes to renovate if the home is not ADA accessible. ○ DCYF NRM Team to determine whether there is a difference in ADA requirements between staffed residential homes versus a group home with 25-30 children and youth. ▶ Representatives recommended revising Section 2 to state "You must have adequate indoor and outdoor space, ventilation, toilet and bathing facilities, light, and heat to ensure the health and comfort of all members of the household ***pursuant to your license***." ○ Representatives did not raise concerns about the proposed amended language. ○ Representatives agreed to keep this language as it relates to the safety of vulnerable children. ▶ Representative discussed using "least toxic" versus "non-toxic" in Section 4. ○ All representative groups except one agreed with using "least toxic", but agree it would be helpful to have more information. ○ One representative group advocated for using "non-toxic", stating the onus should be on facilities to find for non-toxic methods. Representative suggested requiring a waiver for facilities that did their due diligence to find non-toxic methods. ▶ Representative recommended revising language in Section 10 to include that the cell phone should be fully charged, and there is an extra battery pack that can be used in the event of an emergency (*e.g.,* power outage). ▶ Representative noted for Section 11 that providers may need more than 24 hours to relay a message (*e.g.,* programming, visits, youth is on the run); however, other representatives expressed concern that 24 hours was too long. ○ Representative group noted that it is important for youth to receive a message as quickly as possible. Representative recommends including language requiring providers to get the message to the youth as soon as possible, and to document reason(s) why a message could not be delivered within 24 hours.
Outcome	Additional discussions needed
Consensus Vote	N/A

NRM Representative Meeting Date: February 13, 2024	
Language Updates	Section 2 was revised to state "***Program space*** must comply with…" Section 11 was revised to state, "…***If a hazardous condition occurs on the premises, licensees must take immediate action to protect the children and youth in care from harm. Licensees must notify LD of the hazard and their plan to correct it if the hazard is not completely remedied within 48 hours of being identified***." Section 12 was revised to state, "At all times the facility must have a working landline telephone or cellular telephone with reliable reception and a ***backup power source***…***youth are given their phone messages no later than 24 hours from when the message was left or when the children or youth return to the facility***…"
Key Discussion	▶ Representatives expressed concern with Section 2, specifically the definition for "program space". ○ Representatives noted that there are licensed facilities where part of the living space is not currently ADA compliant (e.g., a two story residential house that does not have an elevator). One suggestion was to include retroactive language that allows facilities that were licensed prior to a certain date exempt from this requirement. Representatives noted concerns about the requirement being cost prohibitive to providers. ○ Representative mentioned that the WAC should be the lowest common denominator for all provider types, and recommended differentiating between provider types. ▶ Representative disagrees with the removal of Section 10 ("…The department may remove children from your care if hazardous conditions are not immediately remedied."). ▶ Representative noted that the revised language in Section 11 contradicts WAC 110-145-1550, stating that hazardous conditions are a safety concern and must be reported to the DCYF Licensing Division. ▶ DCYF NRM Team to consult with the legal team to review the WAC for ADA compliance.
Outcome	Consensus Not Reached
Consensus Vote	N/A

NRM Representative Meeting Date: March 26, 2024	
Language Updates	Section 1(a) was removed.

NRM Representative Meeting Date: March 26, 2024	
	Section 10 was revised to state, "…***Licensees must discuss with the licensor any potential hazardous conditions, considering the individual developmental abilities of the children and youth in care.***"
Key Discussion	▶ Representatives requested language regarding the Environmental Protection Agency (EPA) is removed from Section 6 as it is not a mandatory requirement, but rather a recommendation from the policy team. ▶ Representative recommended revising language in Section 10 to have all hazards immediately reported to the licenser. ▶ Representatives requested a definition for the term "hazard".
Outcome	Consensus Not Reached
Consensus Vote	N/A

WAC 110-145-1610 Sleeping equipment and bedding.

NRM Representative Meeting Date: May 14, 2023	
Language Updates	N/A
Key Discussion	▶ Representative suggested adding "bedframe" to the list of items that should be provided. ▶ Representative recommended replacing "the child's licensed health care provider" with "***a*** child's licensed health care provider" in Sections 6(b) and (d), noting that first priority is the health care provider and second priority is a health care provider. ▶ Representatives inquired whether mental health/psychologists are included as a "licensed health care provider" in Section 9, which it was determined that mental health/psychologists were not included. ○ Per the DCYF NRM Team, "licensed health care provider" includes a medical doctor, doctor of osteopathy, Doctor of Naturopathy, physician's assistant, and an advanced registered nurse practitioner. ▶ Representatives inquired whether the requirement for licensees to 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 in Section 9(c) applies to all ages of youth. Representatives further inquired whether youth can bring their own weighted blanket and/or cover their head. ○ DCYF NRM Team to obtain medical consultation.
Outcome	Consensus Not Reached

NRM Representative Meeting Date: May 14, 2023	
	▶ **Representatives requesting breakout session:** EPS, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: June 4, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives recommended revising Section 1 to state ***"Licensees must ensure that children and youth have an appropriate sized bed for each child and youth, with clean bedding, a mattress, and a bedframe in good condition, except for the following:"***. ▶ Representative recommended language in Section 1 ensures that if a licensee procures durable medical equipment for the child or youth that the WAC requirement is met. ▶ Representative recommended revising Section 4 to state "Licensees must cover each child's ***and youth's pillow*** with waterproof material or provide a washable pillow." ▶ Representative recommended removing "and training" from Section 7 and Section 9 as other WAC do not include training of a health care provider. ▶ DCYF NRM Team recommended switching the first two sentences of Section 7. Recommend language states, ***"Infants under two months old may be swaddled unless a licensed health care provider directs otherwise. Licensees may swaddle an infant using one lightweight blanket upon the advice of a licensed health care provider."*** ▶ Representative requested a definition of "mobility limitations" in Section 8. ▶ DCYF NRM Team suggested adding an exception in Section 8 for medically fragile facilities upon an order by a physician. ○ Representative recommended "provider" instead of "physician". ▶ DCYF NRM Team notified the representatives for Section 9, there needs to be a recommendation or approval of use for a weighted blanket, but not a prescription. A representative note that requirement translates into a provider's order. ▶ DCYF NRM Team notified representatives that the definition for the term "medical provider" will be revised to include a psychiatrist. ▶ Representative inquired in Section 9 whether a child or youth who does not have a provider's order can have a weighted

Breakout Session Date: June 4, 2024	
	blanket, noting that taking away the blanket could cause trauma. ▶ DCYF NRM Team notified the representatives that the medical consult was opposed to adding an age for this WAC due to the multiple variables. The consult indicated that the use of a weighted blanket needs to be recommended by the youth's care team. ○ Suggested completing a literature review to determine language recommendations.
Outcome	Additional discussions needed
Consensus Vote	N/A

Poll Date: August 14, 2024	
Language Updates	Section 1 was revised to state, " Licensees must provide an appropriately sized separate bed for each child and youth, with a mattress ***and bedframe*** in good condition and clean bedding…" Section 6(b) was revised to state, "Place infants on their backs for sleeping, unless advised differently by ***the child's licensed health care provider, if known and identified. If not known or identified, then by a licensed health care provider.***"
Key Discussion	▶ Both representative groups that scored the language between 0-2 indicated that the amended language meets the intent of the WAC. ▶ Representative commented that it is not necessary in Section 7 to have advice from a health care provider to swaddle an infant over 2 months of age. ▶ Representative recommended that no provider should be exempt from providing beds; for children living in chaos and stress, a bed can be very important. ▶ Representative noted that doctors have prescribed weighted blankets as a non-medicated way to help non-mobile children and youth with sensory issues and spastic cerebral palsy. Representative recommended Section 8 should be revised to allow non-mobile children and youth to use weighted blankets with doctor and parental consent. ▶ Representative recommended that medically fragile providers should either be exempt from Section 8 and Section 9 or a definition for "mobility limitations" should be developed to allow medically fragile providers to continue to use weighted blankets under the direction of a medical provider.
Outcome	Consensus Not Reached

Poll Date: August 14, 2024	
Consensus Vote	9 Consensus Score 3-5, 2 Consensus Score 0-2, 2 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, Lived Experience – Parents, Lived Experience – Youth, OYS/Hope, Tribes ▶ **Representative groups with Consensus Score 0-2:** GRC/ERC/RAC, Medically Fragile ▶ **Representative groups that did not submit poll:** EPS, ORR/URM/Private/Maternity

WAC 110-145-1625 Electronic monitoring

NRM Representative Meeting Date: May 28, 2024	
Language Updates	N/A
Key Discussion	▶ Representative expressed the following concerns regarding Section 1(f): ▶ Representatives expressed concern with Section 1(f), specifically noting safety, supervision, and civil rights concerns. Representative stated Section 1(f) creates an institutionalized setting. Representative recommended Section 1(f) is removed. ▶ Representative group noted that video recording only in public places is doable for safety reasons, not in private areas. ▶ Representative inquired about keeping part of Section 1(f) if it is directed by the doctor for medical reasons (i.e., seizures). ▶ Representatives expressed concern about how the recordings will be used. ▶ Representative noted that youth are used to cameras in public areas.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, Lived Experience – Parents, Lived Experience - Youth
Consensus Vote	N/A

Breakout Session Date: June 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representative group recommends striking Section 2(f).

Breakout Session Date: June 12, 2024	
	▶ Representative noted there have been more requests about video recording from children, youth, and staff when allegations are made. ▶ Representative group would appreciate video surveillance in common areas/public settings, as long as it is not invading anybody's personal space and it is needed for the safety and supervision of the youth. ▶ Representative advocate noted a want for accountability. ▶ Representative inquired about what happens if child and youth do not want video surveillance. ▶ DCYF NRM Team to obtain a legal consultation regarding electronic monitoring / case law.
Outcome	Consensus not reached
Consensus Vote	N/A

Breakout Session Date: July 16, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives disagreed on the intent of the WAC. Some Representatives noted accountability and youth safety, others noting preserving youth confidentiality and privacy. ▶ Representative recommended adding a requirement to Section 1 that DCYF Licensing Division must approve facilities' policies, and recommends removing the requirement for a court order. ▶ Representative advocate recommended keeping the removal of audio recording. ▶ Representative advocate re-emphasized that cameras are acceptable in public spaces as it holds staff and youth accountable; however, does not approve of audio recording and cameras in private spaces.
Outcome	Consensus not reached, DCYF NRM Team to obtain a legal consultation
Consensus Vote	N/A

WAC 110-145-1660 Firearms and weapons

NRM Representative Meeting Date: May 14, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended removing Section 2.

NRM Representative Meeting Date: May 14, 2024	
	○ Representative groups voted consensus on keeping Section 1 and removing Section 2.
Outcome	Partial-Consensus Reached on Section 1 only
Consensus Vote	9 Yes, 0 No, 3 group did not vote, 0 groups did not attend meeting ▶ **Representative groups voting "Yes":** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups that did not vote:** DDA, OYS/Hope, Tribes

Poll Date: May 17, 2024	
Language Updates	N/A
Key Discussion	DCYF NRM Team requested a poll was sent to all representatives that include revisions discussed during the NRM Representative Meeting. ▶ One representative noted that while they scored the amended language at "3" and is not blocking consensus, it is recommended that language is revised to include, "In interim facilities/with approval from RL some weapons may be stored securely prior to entry to the licensed facility area."
Outcome	Consensus Reached, with recommendation to revise
Consensus Vote	9 Consensus Score 3-5, 0 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups that did not submit poll:** BRS, EPS, Tribes

Poll Date: June 18, 2024	
Language Updates	Section 2 was added, stating, ***"Store confiscated guns, ammunition, or other weapons in a locked locker."***

Poll Date: June 18, 2024	
	Section 3 was added, stating, ***"Store confiscated guns separate from the ammunition unless stored in a locked gun safe."***
Key Discussion	DCYF NRM Team requested a poll was sent to all representatives that included revised language based on feedback from the previous poll. ▶ Representative noted that the revised language does not provide enough guidance regarding non-firearm weapons and recommended that a non-exhaustive list of weapons/potential weapons (*i.e.,* bats, golf club, kitchen knives) be provided. ▶ Representative noted that "other weapons" in Section 2 is vague and could lead to interpretations allowing weapons into the facility or limiting what belongings youth may have and treat all possessions as potential threats. ▶ Representative recommends revising the WAC language to provide guidance on what to do if an item is confiscated and how to dispose of confiscated items.
Outcome	Consensus Not Reached
Consensus Vote	9 Consensus Score 3-5, 1 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups with Consensus Score 0-**2: OYS/Hope ▶ **Representative groups that did not submit poll:** EPS, Lived Experience – Parents, Tribes

Poll Date: August 14, 2024	
Language Updates	Section 2 was revised, stating, "***Licensees and their personnel must: (a) Secure ammunition and other weapons in a locked container until they either: (i)Turn the weapon or ammunition over to law enforcement; (ii)Return the weapon or ammunition to the child, youth or caseworker when leaving care; or (iii) Safely dispose of the weapon or ammunition.*** ***(b) Develop and follow a policy and procedure for this section to include but not limited to: (i) Safe storage of ammunition and other weapons; (ii) Safe disposal of ammunition and other weapons; (iii) Safety protocols if a firearm is identified on the premises; and (iv) Safety***

Poll Date: August 14, 2024	
	protocols if a child or youth uses a common item as a weapon."
Key Discussion	▶ Representative group indicated this new revised language does not meet the intent of the WAC because now it allows some sort of storing of weapons on the premises. The language now appears to be contradictory. ▶ Representative group expressed concern that the amended language is not clear if the intent is for overnight youth shelters or providers who only serve homeless youth to lock up knives and return to the youth when leaving the facility. This language would not be supported for any other group care population. ▶ Representative group expressed concern about including ammunition in the revised language. ▶ Representative group recommended considering facility legal liabilities with this language, especially in regard to returning ammunition to a child or youth.
Outcome	Consensus Not Reached
Consensus Vote	9 Consensus Score 3-5, 1 Consensus Score 0-2, 2 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile OYS/Hope, Tribes ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division ▶ **Representative groups that did not submit poll**: EPS, ORR/URM/Private/Maternity

WAC 110-145-1700 What must the licensee include in a child's or youth's orientation?

NRM Representative Meeting Date: January 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives expressed concern with Section 1, specifically that not all DCYF facilities work with non-dependent youth. Some shelters and CRCs might not always be able to contact caregivers in a way that orientation is possible. ▶ Representative recommended language in Section 1 should consider the location of the orientation.

NRM Representative Meeting Date: January 23, 2024	
	▶ Representative expressed concern with providing parents a tour and a map as required in Section 2. ▶ Representative noted to consider safety; the children and youth should have a tour, but it may not be appropriate for parents. ▶ Multiple representative groups agreed that youth should have an orientation. ▶ DCYF NRM Team suggested separating youth and parent orientations.
Outcome	Additional discussions needed ▶ **Representative groups requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience - Youth
Consensus Vote	N/A

Breakout Session Date: February 6, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives recommended removing the requirement for a parent orientation in Section 1 and including the language in contracts or letting the facility decide if a parent orientation is needed. ▶ Representative suggested that if a parent orientation is required that the language includes any adult could get the child into the program. ▶ Representative expressed concern that a director may be biased in determining whether a parent orientation is needed. ▶ Representative expressed concern with Section 2, specifically that although children should be acclimated to the facility, putting the required orientation in writing may be scary for young children. ▶ Representative expressed concern with Section 2, stating that providing an orientation is cumbersome when children stay at the facility for 2-72 hours. ▶ Representative expressed safety concerns regarding Section 2(c), specifically regarding the potential for a map to leave the facility. ▶ Representative group liked having a map and a tour of the facility. Recommended adding “developmentally appropriate youth and who may or may not want a copy of the map” to Section 2(c). Representative also requested that youth’s rights include that youth are allowed to ask for a map.

Breakout Session Date: February 6, 2024	
	▶ Representative recommended respecting learning styles; some people prefer a paper map. ▶ Representative recommended pairing down Section 2(e) and giving facilities the freedom to determine what is important for orientation. ▶ Representatives recommended that orientation should include an opportunity to familiarize the youth with where they will be staying, the rules, the layout of the facility, and a way for youth to ask questions in a way that they feel emotionally and physically safe. ▶ Another representative agreed, but also recommended making the language broad enough so that not all facilities have to fit into the same mold. ▶ Representative recommended revising Section 3 to "Written documentation of this orientation must be signed by the staff person providing the orientation, ***if appropriate*** the child or youth…" Representative noted that there may be children at the facility who are too young to sign the written documentation.
Outcome	Additional discussions needed
Consensus Vote	N/A

WAC 110-145-1705 Cultural needs of children and youth

NRM Representative Meeting Date: June 11, 2024	
Language Updates	N/A
Key Discussion	▶ What happens in the event of non-disclosure where youth may not feel safe to disclose their identity and how is space held for youth to re-define, change, and develop identity? Youth should not be "outed" without their consent. Youth should be able to decline participate in the plan. ▶ Some groups are not opposed to a plan, just concerned about creating it in such a short time (72 hours). The parent or caregiver should be a part of it, particularly for non-DCYF involved youth. ▶ Facility is responsible for creating an inclusive environment. ▶ Please change "tolerance" and "sensitivity" language in the current WAC. ▶ Should there be an evidence-based assessment? ▶ Shouldn't interim facilities be included? ▶ Can this be less prescriptive and say providers much "document" instead of saying it must be documented in a specific place?

NRM Representative Meeting Date: June 11, 2024	
Outcome	Additional discussions needed
Consensus Vote	N/A

NRM Representative Meeting Date: June 25, 2024	
Language Updates	N/A
Key Discussion	▶ Can't finalize this WAC until the Safety and Wellbeing WAC is finalized. ▶ Still needs to be re-worded, is difficult to follow ▶ Requiring providers to transport may cause staffing ratio concerns and related costs ▶ The way it's worded requires off-site travel ▶ Providers think DCYF case manager should be doing this work ▶ Providers see the youth every day, they are in the best position for gathering this information and documenting it.
Outcome	Additional discussions needed
Consensus Vote	N/A

Breakout Session Date: July 1, 2024	
Language Updates	N/A
Key Discussion	▶ This plan is duplicative and causes administrative burden, the information is already documented in the ISTP. ▶ Should require documentation if a child declines to participate in developing the plan. ▶ Still does not fit with interim facilities that are very short-term, often hours ▶ Youth like the idea of being involved with creating their own plan and ability to change it, for example if changed their mind about a certain religion or church ▶ Formalizing when this must be updated actually removes flexibility, changes should be made as needed. ▶ Can this be a policy instead of in WAC? ▶ How does prudent parenting apply here for non-DCYF involved children/youth? ▶ Facilities may not have enough staff to transport youth to all the cultural activities and events they want to attend-suggests adding "as programmatical available" ▶ The way it is worded feels too difficult to regulate.

Breakout Session Date: July 1, 2024	
	▶ Kids who are unsafe in the community may have no contact orders and can't go to religious or spiritual events.
Outcome	Consensus Not Reached, Additional discussion needed.
Consensus Vote	N/A

WAC 110-145-1715 Are there additional considerations in service to Native American children and youth?

NRM Representative Meeting Date: December 12, 2024	
Language Updates	N/A
Key Discussion	▶ DCYF NRM Team collaborating with Tribal partners to determine standards.
Outcome	Additional discussion needed
Consensus Vote	N/A

WAC 110-145-1730 Educational and vocational instruction requirements

NRM Representative Meeting Date: January 9, 2024	
Language Updates	N/A
Key Discussion	▶ Representative group noted that children and youth in emergency placement facilities need to be included in this WAC. ▶ Representative suggested adding language to Section 1(b) that clarifies the level of support providers should provide regarding school attendance. Representative recommended adding to the language that attendance requirements and support of school attendance is part of the educational plan. ▶ Representative expressed concern with language in Section 1(e) that puts the onus on the provider to secure transportation. Representatives recommended clarifying what role the agencies, caseworker, and parents have in securing transportation. ▶ Representative noted that before it is determined if the onus is on group care staff to teach or provide basic life skills as required in Section 1(f), a definition of "basic life skills" is needed. ▶ Representative recommended revising Section 1(g) to state, "Provide or arrange for independent living skills education for

NRM Representative Meeting Date: January 9, 2024	
	developing self-sufficiency for children over the age of 15 years ***as developmentally appropriate***; and…". ▶ Representative noted that not all youth would qualify independent living skills services. ▶ Representative stated that providing access to learn life skills is not the same as helping youth learn life skills.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** CRC/SCRC, Lived Experience – Parents, Lived Experience – Youth
Consensus Vote	N/A

Breakout Session Date: January 25, 2024	
Language Updates	The title of the WAC was revised to "What are the educational and vocational instruction requirements for children and youth placed in your care, ***except interim facilities?***".
Key Discussion	▶ Representative advocated for language in Section 1(c) to be allow the child or youth to be included in the educational plan process. ▶ Representative recommended revising Section 1(c) to state, ***"Receive approval from the child or youth's DCYF caseworker if applicable, or parent or guardian and involve the youth prior to making any changes to a child's or youth's educational plan" or "ensure participation and informed consent of the child or youth pursuant to their developmental abilities…"*** ▶ Representative recommended adding internet access to Section 1(d). ▶ Representative group noted that basic life skills include cooking, chores, driving, helping/learning to clean, scheduling their own appointments, financial literacy, and laundry. ▶ Representative recommended replacing "children" with "youth" in Section 1(g) as it refers to youth over the age of 15. ▶ Representative expressed concern regarding the phrase "guide and support" in Section 1(h). ▶ Representative group noted that "guide and support" is necessary as other resources regarding post-secondary education may not be consistently available to all youth, and having a variety of sources of guidance and support is essential. ▶ Representative suggested revising the language to state, "***Facilities must develop partnerships to support post-secondary exploration and success" or "Facilities must***

Breakout Session Date: January 25, 2024	
	develop youth leadership roles and skill-building opportunities onsite." ▶ Representative noted that youth need the ability to be a part of the planning process in order to make decisions as youth are put in situations where the system dictates the rules and creates rules that do not exist for youth outside of the system.
Outcome	Additional discussions needed
Consensus Vote	N/A

NRM Representative Meeting Date: February 13, 2024	
Language Updates	Section 1 was revised to state, "***If a child or youth is not attending school within five consecutive days after being placed in the licensee's care, the licensee must contact the school at which they are enrolled and the child's or youth's DCYF or tribal caseworker or the community child's parent to create an educational plan with the child or youth based on their individual developmental abilities. At a minimum, the educational plan must contain the following: (a) School of origin; (b) Educational goals; (c) Subjects of interest; (d) Educational strengths; (e) Educational challenges; and (f) Learning plan of action."*** Section 2 was revised to state, ***"The educational plan must be reviewed at least quarterly and must include the child or youth based on their individual developmental abilities, a school representative, the child's or youth's DCYF or tribal caseworker or the community child's parent.***" Section 3 was revised to state, "***When children and youth are placed in the licensee's care for more than 15 days, the licensees must meet the following requirements for providing education and vocational instruction: (a) ensure the children or youth are attending an accredited education or vocational program;*** (b) Support ***and guide*** the children or youth in ***preparing for a successful*** school ***day***;…(e) ***Arrange for the*** children's or youth's transportation to and from school, ***and document that information in their educational plan.***"
Key Discussion	▶ Representative group does not think this WAC applies to all programs, and the language exceeds the intent of minimum licensing standards. ▶ Representative recommended that facilities follow the education plan developed by the DCYF social worker, Tribes social worker, parent or guardian. ▶ Representative expressed concern that the WAC language places responsibilities on providers that cannot be controlled

NRM Representative Meeting Date: February 13, 2024	
	by the provider (i.e., developing an education plan, school response for enrollment). ▶ Representative advocate noted there are foster care liaisons in school systems and might be a connection for providers. ▶ Representative requested a legal review of the amended WAC language.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: February 22, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended revising the language in Section 1 in a positive way and including the school liaison. ▶ Representative noted that this WAC may not be applicable to everybody (i.e., those who are placed across the state or in interim facilities). ▶ Representative expressed concern with timelines as providers cannot control what schools do. ▶ Representative noted that securing transportation is hard, as school districts will deny enrollment based on distance. ▶ Representative noted that the role of the provider should be supporting enrollment, making sure children and youth have transportation, following up with participation once enrolled, and reporting back to the child team regarding progress or the lack thereof. ▶ Representative advocate would like the provider to keep the young people informed of the process. ▶ Representative suggested that the social worker should be responsible for the educational plan described in Section 1. ▶ Representative stated that providers cannot ensure the requirements in Section 3 will occur. Representative suggested adding language that outlines the steps if a young person is not attending school within 15 days. ▶ DCYF NRM Team suggested removing Section 4. ▶ Representative advocate would like to ensure that young people are made aware of independent living education.
Outcome	Additional discussion needed

Breakout Session Date: February 22, 2024	
Consensus Vote	N/A

NRM Representative Meeting Date: March 26, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives noted the three day timeframe for a child or youth to be enrolled in school in Section 1 is too short and unattainable for some providers. ▶ Representative expressed that it would be burdensome for providers to meet this requirement, and that the provider should not be responsible for contacting the school. ▶ Representative recommended adding language in Section 1 regarding for which provider types this requirement is not applicable (e.g., overnight youth shelters). ▶ Representative group recommends providers assist the youth by calling the social worker to develop an educational plan and enroll the youth in school. ▶ Representative requested clarification that the stricken language in Section 1 stating "…create an educational plan with the child or youth based on their individual developmental abilities" is preferred, especially in instances when enrolling youth in schools is not feasible. ▶ Representative noted that coordinating transportation between placement and school takes longer than five (5) days.
Outcome	Additional discussion needed, DCYF NRM Team to revise language with the assistance of the education liaison
Consensus Vote	N/A

Poll Date : June 18, 2024	
Language Updates	Entire WAC was rewritten.
Key Discussion	▶ One representative group indicated that the amended language does not reflect the intent of the WAC. ▶ Representative recommends revising Section 8 with the following language due to youth who are enrolled in distance learning because they cannot safely participate on school grounds: ***"(8) If educational instruction is given on the licensee's premises, licensees must: (a) Receive approval from the caseworker for the DCYF or Tribes children and youth or the parent of the community children or youth; (b) Have the program certified by the***

Poll Date : June 18, 2024	
	office of superintendent or public instruction (OSPI) and provide classrooms separate from the living area; and (c) Send LD a written description of how the licensee will provide an educational program for children and youth in care." ▶ Representative noted that the State contracted with independent living skills (ILS) providers and BRS does not have ILS in their contract. Representative recommended revising Section 9 to state, ***"Licensees must provide independent living skills education for developing self-sufficiency for youth over the age of 15 years."*** ▶ Representative expressed concern that Section 9 implies all providers are required to provide independent living skills education regardless of developmental skills and abilities, which is not realistic for medically complex youth. Representative recommended broadening the language and including inclusive language that supports developmental skills and abilities. ▶ Representative group expressed concern that the amended WAC language shifts primary focus to the providers rather than providers having a role in supporting, guiding and monitoring the educational and vocational needs for children and youth, and being secondary to legal guardians (i.e., DCYF social workers, Tribes workers, and parents for community children). ▶ Representative group recommended revising Section 10 to state, "Licensees must encourage, guide, and support older youth to pursue a post-secondary education, ***pre-apprenticeship, apprenticeship***, and work when appropriate.
Outcome	Consensus Not Reached
Consensus Vote	5 Consensus Score 3-5, 4 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, GRC/ERC/RAC, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0-2**: BRS, DCYF – Licensing Division, Lived Experience – Youth, Medically Fragile ▶ **Representative groups that did not submit poll:** EPS, Tribes

Poll Date: July 19, 2024	
Language Updates	Entire WAC was rewritten.
Key Discussion	▶ One representative group indicated that the amended language does not reflect the intent of the WAC. ▶ One representative group expressed concern that if caseworkers are unable to help ensure transportation, it may limit the ability to take school aged GRC children. ▶ Representative group expressed the following concerns: ○ It is unclear how Section 2(b)(i) would be tracked or enforced by the DCYF Licensing Division, also noting it would be more appropriate for social workers to assess during Health and Safety or during care coordination meetings. ○ Section 2(b)(iii)(B) is noted in Section 2(a). ○ Section 2(b)(iii)(C) contradicts the three day timeframe in Section 2(a), and it is unclear what "follow up" means. ○ Section 2(b)(v) is vague, it is unclear how a provider would demonstrate meeting this requirement, and needs to clarify the term "older youth". ○ Section 3(a) is unclear, vague, and hard to regulate. In addition, daily schedule, meal times, appropriate clothing and hygiene are included in other WAC. ○ Internet access in Section 3(d) should be provided if required and appropriate. Reasons youth may not have access to the internet is CSEC and youth who are in treatment for electronics addiction. ○ It is unclear if Section 3(d) refers to the child's plan or something more formal. ○ Requiring providers to provide classrooms separate from the living area in Section 4(c)(i) could present a challenge for providers that do not have spare room in their facility to utilize as classroom space. ○ The language is overly prescriptive. The details and expectations should be outlined in a service contract, which are specific to program type. ○ Monitoring compliance with this WAC would require interviews with youth, school staff, school records, etc. The type and level of information needed would be more appropriately sought by the social worker. ○ Education/vocation/independent living skills are plans that should be tailored to meet individual needs; it may not be appropriate for a youth to immediately begin education or vocational work. ○ Educational and vocational instruction requirements will pressure providers to meet all expectations, and could result in more Valid findings.

Poll Date: July 19, 2024	
	○ WAC language does not address youth who have already graduated or obtained their GED and want to enter the workforce. ○ WAC language does not address medically fragile children and youth or children and youth in treatment programs. ○ It is unclear whether the educational plan is a separate document from the quarterly report. ○ Receiving parent approval for onsite schooling could be difficult for unaccompanied youth in ORR programs, and possibly other programs. ○ It is unclear whether "attend meetings" in Section 2(a) includes virtual meetings. ▶ Representative noted that Section 3(d) indicates that internet access is necessary for a supported educational plan. Care is provided to children who are not allowed internet access due to their safety planning. Representative recommended revising Section 3(d) to state, ***"Support each child's or youth's educational plan by providing them with necessary school supplies, other identified necessities according to their individualized care plan, and a suitable place to study"***.
Outcome	Consensus Not Reached
Consensus Vote	8 Consensus Score 3-5, 2 Consensus Score 0-2, 2 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** BRS, DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, Tribes

WAC 110-145-1750 Supervising children and youth

NRM Representative Meeting Date: April 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives recommended changing "or" to "and" in Section 2(a)-(d). ▶ Representative recommended removing the "who" from Section 2 and replacing with the required types of information.

NRM Representative Meeting Date: April 23, 2024	
	▶ Representative expressed concern that the supervision plan requirements in Section 3 will cause a burden for providers and licensors. ▶ Representative requested a definition for "special supervision needs" in Section 3 and clarification on how the supervision plan works with the Individualized Behavior Management Plan (IBMP) for group care that is due within 24 hours of admittance. ▶ Representatives noted that Section 4 does not align with background check clearance policies and may not be necessary if intended for visitors. ▶ Representative expressed with Section 6, specifically noting that the language is subjective and more clarity is needed regarding supervision versus vigilant supervision.
Outcome	Additional discussion needed **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, ORR/URM/Private/Maternity
Consensus Vote	N/A

Breakout Session Date: May 17, 2024	
Language Updates	N/A
Key Discussion	▶ Representative requested clarification on what a supervision plan is. ▶ Representatives recommended removing Section 3(c). ▶ Representative advised that "special supervision" would require anything beyond what is determined to be normal supervision of the individual developmental needs of that child. ▶ Representative recommended adding language to Section 4 clarifying that contractors can be on the premises without a background check and they should not have any unsupervised contact with youth. ▶ Representative recommended being thoughtful of people who come into the facility who do not have background checks, such as parents, lawyers, therapists, and peer-to-peer supports. ▶ Definition for "supervise" or "supervision" was provided. Representatives expressed concern that supervising individuals must not be asleep during any time they are supervising children and youth as sleeping is allowed in some facilities.

Breakout Session Date: May 17, 2024	
	▶ Representatives expressed concern with the definition for "vigilantly supervise" or "vigilant supervision", specifically that "the person supervising the children and youth to be able to hear them at all times or have them in their line of sight" is a high expectation. It was recommended to review DDA or BRS contracts to determine language that was used regarding this type of supervision. ▶ Representative recommended adding language to Section 9 that a kiddie pool could remain in regular ratio and that having a lifeguard certification or rescue equipment is not needed. ▶ DCYF NRM Team will review the child care WAC to determine if there is guidance about water depth. ▶ DCYF NRM Team noted more clarity about power tools is needed in Section 11.
Outcome	Additional discussions needed
Consensus Vote	NA

Poll Date : July 29, 2024	
Language Updates	The following definitions are being added to the Definitions section, WAC 110-145-1305: **"Supervise" or "supervision"** means to be in charge of children and youth in care and to be responsible for their health, safety, and well-being. If the supervising individual cannot immediately see or hear the children and youth, they must conduct ongoing and periodic checks on them. The supervising individual must use their knowledge of each child's and youth's individual developmental abilities to anticipate what may occur to prevent unsafe or unhealthy events or actions, or to intervene in such circumstances as soon as possible. The supervising individual must not be asleep during any time they are supervising children and youth, unless working in a facility where the focus is on independent living skills. See "vigilant supervision" for a heightened standard of supervision. **"Vigilantly supervise" or "vigilant supervision"** means a heightened standard of supervision to prevent or instantly respond to unsafe or harmful events. This standard requires, based on each child's or youth's individual developmental abilities, for the person supervising the children and youth to be able to either hear them or see them. Section 1 was revised to state, "***Licensees must meet the supervision requirements listed in this section unless their contract for services require more stringent supervision***

Poll Date : July 29, 2024	
	requirements for the health and safety of the children, youth, and staff." Section 4 was revised to state, "If it is determined prior to or during placement that a child or youth ***has a need for a higher level of supervisions, licensees***…" Section 5(a) was added, stating, "***Non-personnel individuals who come onto the licensed premises only have contact with the child or youth for whom they are approved."*** Section 9 was revised to state, "Licensees must comply with the following requirements when children and youth are swimming in pools or outdoor bodies of water, ***excluding small, shallow pools…"*** Section 10 was revised to state, "…***when children and youth are riding on or using motorized vehicles and equipment: (a) Comply with all laws pertaining to the use of the motorized vehicle and equipment; and (b) Instruct children and youth on the use of appropriate protective and safety gear and require them to wear it when riding on or using motorized vehicles and equipment.***"
Key Discussion	▶ One representative group indicated that the amended language does not align with the intent of the WAC. ▶ Representatives expressed the following concerns with the "supervision" definition: ▶ "The supervising individual must use their knowledge of each child's and youth's individual developmental abilities to anticipate what may occur to prevent unsafe or unhealthy events or actions, or to intervene in such circumstances as soon as possible." Staff cannot anticipate what may occur. ▶ Proposed language revision: ***"The supervising individual must use their knowledge of each child's and youth's individual developmental abilities to help mitigate, to the best of their abilities, any unsafe or unhealthy events or actions from occurring, or to intervene in such circumstances as soon as possible."*** ▶ "…conducting ongoing and periodic checks" needs clarification. ▶ The requirement for having awake staff does not take into consideration the allotment for staffed residentials where providers live onsite and have house parents ▶ Representative noted the following concerns with the "vigilant supervise" definition: ▶ Staff cannot "prevent" unsafe or harmful events included in the "vigilantly supervise" definition. ▶ Proposed language revision: ***"…means a heightened standard of supervision in which staff are able to***

Poll Date : July 29, 2024	
	instantly respond to any unsafe or harmful events that have occurred." ▶ The standard for this definition should be the standard for all supervision, noting that every provider should always be prepared to prevent and respond to unsafe or harmful events. ▶ Representative noted that the term "high risk activity" in Section 6 is vague and suggestive and requests a list of what activities are considered high risk and clarity on who determines if there was insufficient supervision. ▶ Representative noted that Sections 9(a) and (b) are contradictory and more clarity is needed in this section regarding what "rescue equipment" is. Representative requests clarification is a staff member carrying a current lifeguard certification can act in the lifeguard role while children and youth are swimming. ▶ Representative suggests the language in Section 2 is written in a way to ensure that all personnel who are in a supervisory role follow the supervision WAC. ▶ Representative recommends revising Section 2 to state, "…individual developmental abilities ***and any identified behavioral needs***." ▶ Representative recommends allowing an exemption for interim facilities in Section 3. ▶ Representative recommends striking Section 3(b) as youth may not be able to make appropriate decisions about their supervision.
Outcome	Outcome: Consensus Not Reached
Consensus Vote	7 voted "Yes" with Consensus Score 3-5, 2 voted "No" with Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope, ▶ **Representative groups with Consensus Score 0-2:** BRS, DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, Lived Experience – Youth, Tribes

WAC 110-145-1775 Children and youth's belongings

NRM Representative Meeting Date: December 12, 2024	
Language Updates	N/A

NRM Representative Meeting Date: December 12, 2024	
Key Discussion	▶ Representative expressed concern that the amended WAC does not address storage of the youth's belongings ▶ Representative noted a sense that young people's belongings are not valued, and expressed concern that language does not include that all items need to be treated with respect. ▶ Representatives recommend an inventory list; however, expressed concerns regarding how it will be managed. ▶ Representatives inquired about how to handle lost or damaged items.
Outcome	Additional discussion needed
Consensus Vote	N/A

Breakout Session Date: January 25, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended adding language specific to belongings that children and youth bring to the facility, as well as items acquired while at the facility, including clothing, mementos, cell phone, any saved money and provide youth luggage or boxes to transport belongings. No trash bags. ▶ Representatives advocated for not allowing trash bag for children and youth to transport their belongings. ▶ Representative recommended revising language that requires facilities hold belongings for 30 days after youth moves or runs from facility; however, the language does not address what happens after 30 days. ▶ Representatives suggested adding a timeframe for transferring belongings. ▶ Representatives advocated for compensating youth for damaged items. ▶ Representative recommended cell phones be addressed in a separate WAC
Outcome	Consensus Not Reached
Consensus Vote	N/A

NRM Representative Meeting Date: February 27, 2024	
Language Updates	The entire WAC was rewritten based on the feedback provided in the Breakout Session held on January 25, 2024.

NRM Representative Meeting Date: February 27, 2024	
Key Discussion	▶ Representative expressed concern that the amended WAC does not address storage of the youth's belongings ▶ Representative noted a sense that young people's belongings are not valued, and expressed concern that language does not include that all items need to be treated with respect. ▶ Representatives recommend an inventory list; however, expressed concerns regarding how it will be managed. ▶ Representatives inquired about how to handle lost or damaged items.
Outcome	Additional discussion needed
Consensus Vote	N/A

Breakout Session Date: April 3, 2024	
Language Updates	N/A
Key Discussion	▶ Representative group advocated for the youth to determine what items are deemed important and sentimental versus what items are not important. ▶ Representative recommended that inventory should be taken at time of placement and updated as needed. The inventory list should also record damage to items and the cause, and whether item was repaired or replaced. ▶ Representative recommended that the DCYF case worker, parent of community child, youth's attorney should be notified when youth is unable to obtain belongings after 30 days of storage.
Outcome	Consensus Not Reached
Consensus Vote	N/A

Poll Date May 28, 2024	
Language Updates	Section 2 was revised to state, "***Licensees must meet with each child and youth when they enter care to document a complete inventory of the child's or youth's personal belongings separated by the following categories: (a) Items identified as sentimental to the child or youth; (b) Items with a monetary value of $75 or more; (c) Items placed in storage; and (d) Items placed in the child's or youth's bedroom or in their possession."***

Poll Date May 28, 2024	
	Section 6(c) was revised to state, "***Notify the individuals listed in subsection 6(a) to collect the belongings if the belongings have not been collected within 30 days.***"
Key Discussion	▶ Representative expressed concern that it would be difficult to track "everything" in 2(D) and suggests only inventory items over $75 and sentimental items instead. ▶ Representative concerned that the inventory requirement is too detailed and complex and the burden is placed on solely on providers ▶ Language does not address if youth refuses the inventory process.
Outcome	Consensus Not Reached
Consensus Vote	8 groups voted "Yes", 2 groups voted "No", and 2 groups did not complete the poll. ▶ **Representatives voting "Yes" with a Consensus Score of 3-5:** CRC/SCRC, DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representatives voting "No" with a 0-2 Consensus Score:** BRS, DDA ▶ **Representative group that did not complete the poll:** EPS, Tribes

Poll Date: July 19, 2024	
Language Updates	Added Section 6, stating "***Provide a copy of the inventory lists to the child or youth when leaving the licensee's care.***" Section 7(a) was revised to state, "***Safely store the belongings for up to 30 calendar days while working with the caseworker for the DCYF or tribal child or youth, or the child's or youth's attorney, or the parent of the community child or youth to attempt to transfer the belongings.***"
Key Discussion	▶ Representatives expressed it is burdensome to categorize belongings when a child or youth is at the facility for a short period of time. It was recommended that language should exclude ERC, OYS facilities, and runaway youth not in care ▶ Representatives recommended only tracking sentimental items and items that are valued at $75.00 or more. ▶ Representative recommended that the DCYF social worker should be responsible for inventory.
Outcome	Consensus Not Reached

Poll Date: July 19, 2024	
Consensus Vote	6 groups voted "Yes", 4 groups voted "No", and 2 groups did not complete the poll. ▶ **Representatives voting "Yes" with a Consensus Score of 3-5:** CRC/SCRC, DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representatives voting "No" with a 0-2 Consensus Score:** BRS, DDA, GRC/ERC/RAC, OYS/Hope ▶ **Representative group that did not complete the poll:** EPS, Tribes

WAC 110-145-1785 Child and youth privacy – personal paper and electronic mail and phone calls

NRM Representative Meeting Date: June 11, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives commented that certain provider types have policies that do not allow youth access to technology (i.e., social media, private accounts). ▶ Representative advocated for requiring a court order and social worker permission to block access to technology. ▶ Representative noted confliction with trying to maintain care and safety for youth (*i.e.,* prevent exploitation) versus youth rights to privacy and normalcy. ▶ Representative inquired whether this WAC should be a policy. ▶ Representative suggested that providers should have flexibility based on provider type. ▶ Representatives recommended allowing community child parents should have input. ▶ Representative noted amended WAC language is contradictory.
Outcome	Consensus Not Reached
Consensus Vote	Additional discussions needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, EPS, ORR/URM/Private/Maternity

Breakout Session Date: July 8, 2024	
Language Updates	N/A

Breakout Session Date: July 8, 2024	
Key Discussion	▶ Representatives inquired how providers will restrict to whom youth are speaking if the youth has an electronic device (*e.g.,* cell phone). Representative noted that approved contact lists are irrelevant (*i.e.,* names can be changed in the device). ▶ Representative advocated for providers supporting youth with the appropriate use of technology. Even though it is difficult to monitor, the use of technology should be monitored as much as possible. Giving youth access to technology and youth making poor choices with technology is normal youth behavior. ▶ Representative suggested referring to school for guidance and/or language for this WAC, noting that schools limit internet usage and access to inappropriate sites. ▶ Representatives noted that some agencies have technology rules and an individual agreement with the youth that staff will look and monitor phones and chats and a plan to deal with misuse ▶ Group agrees that children/youth have a right to privacy.
Outcome	Consensus Not Reached
Consensus Vote	▶ **Representative groups voting " Yes" with a score of 3-5:** DCYF – Licensing Division ▶ **Representative groups voting "No" with a score of 0-2:** BRS, CRC/SCRC, GRC/ERC/RAC ▶ **Representatives requesting more discussion before giving their consensus score:** DDA, Lived Experience - Parents, Lived Experience - Youth

Poll Date: July 19, 2024	
Language Updates	N/A
Key Discussion	▶ Representative inquired whether a facility can have a "no technology" policy; recommending that children under the age of 12 should be excluded from technology. ▶ Representative expressed concern with the amended language, noting the language is restrictive to youth and does not provide access to technology. Youth need access to an appeal process and the right to access their attorney, therapist, case worker, crisis lines, school, family and friends. ○ Representative noted the language is contradictory – youth have a right to privacy, but are also monitored. ▶ Representatives inquired whether providers who care for youth not in DCYF custody need to consult guardians.
Outcome	Consensus Not Reached

Poll Date: July 19, 2024	
Consensus Vote	6 groups voted "Yes", 4 groups voted "No", and 2 groups did not complete the poll ▶ **Representatives voting "Yes" with a Consensus Score of 3-5:** CRC/SCRC, DCYF – Licensing Division, DDA, Lived Experience – Parents, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representatives voting "No" with a 0-2 Consensus Score:** BRS, GRC/ERC/RAC, Lived Experience – Youth, OYS/Hope ▶ **Representative group that did not complete the poll:** EPS, Tribes

Poll Date: August 5, 2024	
Language Updates	▶ Section 1(b) was revised to state, "***Allow children and youth to communicate with their attorney, caseworker, therapist, school, and crisis lines***." ▶ Section 3 was added to state, "***The licensee may restrict the child's or youth's communications in accordance with the licensee's technology use policy or the child's or youth's individual technology use plan***."
Key Discussion	▶ Providers still want the ability to have a policy to restrict access for certain youth based on age/safety
Outcome	Consensus Reached
Consensus Vote	9 groups voted "Yes", and 3 groups did not complete the poll ▶ **Representatives voting "Yes" with a Consensus Score of 3-5:** BRS, CRC/SCRC, DCYF – Licensing Division, GRC/RAC/ERC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representatives voting "No" with a 0-2 Consensus Score:** *GRC/ERC/RAC Reps split had conflicting votes, one voted a "3" for consensus and the other voted a "2". ▶ **Representative group that did not complete the poll:** EPS, ORR/URM/Private/Maternity, Tribes

WAC 110-145-1845 Medical care consent

NRM Representative Meeting Date: May 14, 2024	
Language Updates	N/A
Key Discussion	▶ Representative inquired whether medical services include behavioral health services. ▶ DCYF NRM Team clarified that a medical consultation indicated that this WAC does not include mental health treatment.

NRM Representative Meeting Date: May 14, 2024	
	▶ Representatives discussed whether a youth age 13+ has to give consent to go to the doctor. ▶ DCYF NRM Team will obtain a medical consultation to determine who can provide consent. ▶ Representative noted that parental consent required in Section 4 may not always be an option due to self-referrals and legislation stating that CRCs do need to notify parents if a safety concern exists.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session**: CRC/SCRC, DCYF – Licensing Division, EPS, Lived Experience – Parents, Lived Experience – Youth, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: May 29, 2024	
Language Updates	N/A
Key Discussion	▶ DCYF NRM Team clarified that the term “emergency and routine” in Section 1 was chosen because it does not line up with any of the listed specialty type care that can be consented to without parental notification or consent in the following website: When can a minor access health care without parental consent? ▶ Representative commented that revising the language to be more prescriptive may not be beneficial and recommends leaving the language broad. ▶ Representative noted that youth between the ages of 13 and 18 can refuse medical, dental, mental health services and can deny provider access to appointments, which would be documented. ▶ Representative requested revising language to include the rights of individuals concerning medical care. ▶ Representative noted that as long as providers can call for emergency services and mental health is a protected services, there are no issues with the revised language. ▶ Representative noted that Section 1 pertains to youth who are in DCYF’s care, and expressed concern with putting the ultimate obligation on the provider rather than the social worker. ▶ Representative advocate noted it is the provider’s responsibility to let youth know of their rights. ▶ Representative suggested adding an exception that the provider educate youth on their medical rights.

Breakout Session Date: May 29, 2024	
	▶ Representative suggested adding this WAC into a handbook so this information is provided to youth when entering care. ▶ DCYF NRM Team noted that the intent of this WAC is that as a dependent youth, the state is the legal guardian, and therefore, has medical consent. There is a form that the social worker gives to the provider stating what authority DCYF is delegating to the provider. ▶ DCYF NRM Team to request an AAG consultation regarding youth medical consent rights and authority when youth are placed in custody.
Outcome	Consensus not reached
Consensus Vote	N/A

Poll Date: August 14, 2024	
Language Updates	Section 5 was added, stating "***If a child or youth refuses medical care, the licensee must notify the caseworker for the DCYF or tribal child or youth or the parent of a community child or youth***."
Key Discussion	▶ Both representative groups that gave the language a score of 0-2 indicated that the amended language does not support the intent of the WAC. ▶ Representative requested clarification on Section 3, specifically whether a youth can give consent when self-referred to the program and the parent cannot be contacted. ▶ Representative group noted that Section 4 and Section 5 are contradictory and it is unclear which section takes precedence.
Outcome	Consensus Not Reached
Consensus Vote	7 Consensus Score 3-5, 2 Consensus Score 0-2, 2 Representative groups did not submit poll, 1 Representative group had a split consensus score ▶ **Representative groups with Consensus Score 3-5:** BRS, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope, Tribes ▶ **Representative groups with Consensus Score 0-2:** CRC/SCRC DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, ORR/URM/Private/Maternity

WAC 110-145-2105 Additional requirements for bedrooms or sleeping ares in overnight youth shelters

NRM Representative Meeting Date: March 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representative noted that Section 2 aligns with gender identity, and recommends adding language not to discriminate against transgender people and to provide a safe space for roommates. ▶ Representative noted there is a spectrum of gender identities; having a barrier separating different gender identities could be needed between every youth as people identify differently; however, having 16 barriers for 16 beds could create a safety concern. Recommends the language is revised to be inclusive rather than exclusive. ▶ Representative noted requiring a five foot barrier in Section 2 is a barrier for agencies that provide care for children through the age of 12. Representative recommended adding an age range, such as “13 and older”, and making a private sleeping area available, if requested. ▶ Representatives agreed to separate language into two WAC, one for overnight youth shelters and the other for emergency respite centers.
Outcome	Additional discussion needed ▶ Representatives requesting breakout session: DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: March 27, 2024	
Language Updates	N/A
Key Discussion	▶ DCYF NRM Team advised that “emergency respite centers” will be removed from the title ▶ Section 1 will be deleted from the amended WAC language. ▶ Representative group approves language in Section 2 as long as a youth has the opportunity to request to be moved if there is any discomfort with their assigned roommate. ▶ Representatives recommended the language in Section 2 is more inclusive of all gender identities. ▶ Representative noted supervision should be considered when determining how barriers are used.

Breakout Session Date: March 27, 2024	
	▶ Representative advocate expressed concern about the height of the barrier.
Outcome	Consensus Not Reached
Consensus Vote	N/A

Breakout Session Date: April 15, 2024	
Language Updates	Section 1 was revised to state, "***Licensees must assess the building and youth to meet the safety and well-being of the youth in care.***" Section 2 was revised to state, "***For overnight youth shelters with common sleeping area(s), licensee must provide a barrier to a youth who requests privacy or separation from other youth during sleeping hours.***" Section 3 was added, stating "***Licensees must assess a youth's request to move to a different sleeping location and accommodate as safety allows.***"
Key Discussion	▶ Representatives agree to Section 1 knowing DCYF's intent, which is about the safety and wellbeing of the youth, not about meeting codes, licensing, and inspecting, but making sure sleeping arrangements are safe. ▶ Representatives agree to Section 2 if the following revisions are made: "***For overnight youth shelters with common sleeping area(s), licensees must provide a barrier for all youth."***
Outcome	Consensus reached by Breakout Session attendees, with conditional language, however this WAC will be incorporated into ***WAC 110-145-1600 Bedrooms and sleeping areas*** and reviewed for another consensus vote.
Consensus Vote	3 Yes, 0 No, 0 Representative group did not vote, 0 Representative groups did not attend meeting ▶ **Representative groups voting "Yes":** DCYF – Licensing Division, Lived Experience – Parents, Lived Experience – Youth, OYS/Hope

WAC 110-145-XXXX Allowance, chores, and work

NRM Representative Meeting Date: January 9, 2024	
Language Updates	N/A

NRM Representative Meeting Date: January 9, 2024	
Key Discussion	▶ Representative noted it is important for young people to have household chores. ▶ Representative recommended the language include language pertaining to what is “developmentally appropriate”. ▶ Representative group noted the WAC should address that youth do not have to pay for basic needed items with the money earned from work.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session**: Lived Experience – Parents, Lived Experience – Youth, OOR/URM/Private/Maternity
Consensus Vote	N/A

Breakout Session Date: January 22, 2024	
Language Updates	N/A
Key Discussion	▶ Representative noted that this WAC is implying that facilities can turn the placement into a workplace. ▶ Representative group wants to ensure that providers are not taking advantage of youth labor. It is important to allow youth to work to develop skills, earn money, and have independence. ▶ Representative group advocated for the opportunity to master life skills and getting adequately compensated. ▶ Representatives agreed that a chore must be related to the essential upkeep of shared living spaces and be tailored to the youth developmental capacities. ▶ Representative group recommended adding language that when youth work outside of the facility, they are given equal access to transportation and documents needed to obtain employment. In addition, it is important to allow youth with behavior issues to work as it could be a positive outlet to address behaviors. ▶ Representative advocate noted that working allows youth to socialize and move to adulthood. ▶ Representative suggested that vocational rehabilitation should include mental health and behavioral health issues in addition to developmental abilities. ▶ Representative noted that the WAC language does not address importance of connecting youth to available resources.
Outcome	Additional discussions needed

Breakout Session Date: January 22, 2024	
Consensus Vote	N/A

NRM Representative Meeting Date: February 13, 2024	
Language Updates	WAC was revised to combine *WAC 110-145-1765 Can children be assigned work in a facility or work outside the facility?* and *WAC 110-145-1770 Can a child earn allowance while in care?*
Key Discussion	▶ Representative group recommended keeping WAC 110-145-1765 and WAC 110-145-1770 separated. ▶ Representative noted that some language in the WAC in contradictory, such as allowing a token economy, but also teaching money management. ▶ Representative expressed concern with allowing a token economy. ▶ Another representative group agreed with providing a token economy ▶ Representative expressed concern with Section 3(b), stating that codifying that the youth and provider must come to an agreement regarding compensation is inappropriate due to power and control dynamics between caregiver and youth. ▶ Representatives inquired about the reasons for including Section 4 into the WAC, noting that unless working is not permitted in a youth's service plan, the youth is permitted to work. ▶ Representatives expressed concern that Sections 5, 6, 7, and 8 do not fall with the DCYF Licensing Division's scope of authority. ▶ Representative advocate noted that youth would like the opportunity for chores and that token economies make sense. It was recommended to make clear that work cannot be used as a form of punishment.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, Lived Experience – Parents, Lived Experience - Youth
Consensus Vote	N/A

Poll Date: April 18, 2024	
Language Updates	Section 1 was revised to state, "***Licensees must give a developmentally appropriate allowance to children and youth who are placed in the licensee's care for over 15 days.***"

Poll Date: April 18, 2024	
	Section 2 was revised to state, "***Children and youth may be assigned chores without compensation."*** Section 3 was revised to state, "***Other than chores, licensees may offer children and youth an opportunity to complete an occasional or one-time task at the facility for reasonable monetary compensation. (a) The occasional or one-time task must be: (i) Of benefit to the living community; and (ii) Offered to children and youth on a strictly voluntary basis.***" Section 7 was removed.
Key Discussion	▶ One representative indicated that that the amended language did not meet the intent of the WAC; however, the other voting member of the representative group indicated the language met the intent of the WAC. ▶ Representative group noted that their program requires clients to have SSI, which pays for housing. Any money recipients make through employment will impact SSI benefits and recipients' ability to pay for their contribution for cost of care. Representative inquired whether language in Section 4(a) exempts DDA programs from adhering to Section 4. ▶ DCYF NRM Team provided clarification that language in Section 4(a) exempts DDA programs from adhering to Section 4. Representative group changed their Consensus Score to a 3. ▶ Representative recommended revising language to clarify which program types are exempt from this, or any other, WAC. ▶ Representative noted that Section 5(a)(i)-(v) is burdensome and unachievable for providers. ▶ Representative expressed concern with Section 5(b)(ii)-(iii), noting the license would not be able to definitively assess skills and abilities related to employment. ▶ Representative expressed with Section 5(c)(ii), noting that adding an additional quarterly assessment, especially if the assessment is not what the contract is to provide, is burdensome and detracts from the services youth are receiving under the contract. ▶ Representative stated that the transportation requirement in Section 6 is vague and subjective and the burden of providing transportation should not fall on the licensee. ▶ Another representative stated that facilities have the responsibility to support a youth who is able to work and ensure transportation. ▶ Representative group noted that short-term placements of 30 days or less should not be subjected to paying an allowance.

Poll Date: April 18, 2024	
	▶ Representative noted that a youth should not negotiate pay of extra work with providers as there is a power dynamic that could cause conflict and the youth being taken advantage of. ▶ Representative noted that Section 1 reads that providers are required to give allowances to all children and youth served, and requested clarification on what "developmentally appropriate allowance" means. ▶ Representative recommended removing Section 5 and Section 6, noting that Section 4 is all that should be included.
Outcome	Consensus Not Reached
Consensus Vote	6 Consensus Score 3-5, 3 Consensus Score 0-2, 1 Representative groups did not submit poll, 1 Representative group had a split consensus score ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** BRS, DCYF – Licensing Division, ▶ **Representative groups that did not submit poll:** EPS ▶ **Representative group that had split consensus:** Medically Fragile

Breakout Session Date: May 21, 2024	
Language Updates	The following definitions would be added to the Definitions section, WAC 110-145-1305: ***"Allowance"*** means a set amount of money or a money substitute that children or youth are given by the licensee on a recurring basis. The items available for money substitute exchange should reflect the interests of the children and youth in care and should not include items that the licensee is responsible for providing to the children and youth for their daily care. ***"Chores"*** means a minor routine activity necessary for maintaining a household and that benefits the living community. Section 1 was revised to remove "A token economy may be used to meet this requirement. The token economy must reflect the interests of the children and youth in care and must not include items that the licensee is responsible for providing to the children and youth for their daily care." Section 2 was revised to state, "***Children and youth may be assigned chores without compensation***…"

Breakout Session Date: May 21, 2024	
	Section 3 was revised to state, "***Other than chores, licensees may offer children and youth an opportunity to complete an occasional or one-time task at the facility for reasonable monetary compensations. (a) the occasional or one-time task must be: (i) Of benefit to the living community; and (ii) Offered to children and youth on a strictly voluntary basis…***" Section 4 was revised to state, "***If a legal aged youth wants to seek employment off the premises, licensees must encourage, guide, and support the youth's efforts when: (a) It is appropriate to the youth's enrolled entitlement program***…"
Key Discussion	▶ Representative recommended that short-term placements of 30 days or less should not be subject to providing allowance in Section 1. ▶ Representative noted that Section 1 reads that the provider is required to give allowances to all youth, and requested the definition of "developmentally appropriate allowance". ▶ Representatives agreed the intent of the WAC is to ensure youth have the opportunity to earn money and have normalcy. ▶ Representative advocate requested that providers give opportunities for youth to learn mastery of everyday skills; an allowance is a way to encourage these skills and compensate youth for their work. ▶ Representatives inquired about allowances in the medically fragile space, noting there should not be discrimination. ▶ Representative noted that most kids are voluntarily placed and have parent involvement. Representative inquired whether the parents or facility would provide the allowance. ▶ Representatives agreed there should be some sort of an allowance, but there is also an expectation to complete chores. Representative noted that providers are trying to teach living skills; there should be house expectations and then things that are done in addition that allow a youth to earn an allowance. ▶ Representative advocate noted that if providers are going to have expectations, young people need to be paid for the work. Representative noted Section 2 is a concern. ▶ Representatives recommended creating a standardized list of chores and associated price. ▶ Representative advocate agrees with token economy if it makes sense for the youth. Other representatives agreed that compensation does not need to be cash, but something that is equivalent to cash.

Breakout Session Date: May 21, 2024	
	▶ Representatives expressed concern with Section 5, specifically requiring the provider to develop an employment plan. It was noted that providers should have a responsibility to support a youth who is able to work and ensure transportation. ▶ Representative noted that providers would not be able to assess skills and abilities related to employment required by Section 5(b)(iii). ▶ Representative expressed concern with Section 6, noting that the language is vague and subjective. In addition, contracts do not support providing staff to meet the transportation requirements. ▶ Representative advocate noted that youth should have the ability to get a job and suggest that contracts are adjusted to include transportation.
Outcome	Additional discussions needed
Consensus Vote	N/A

Breakout Session Date: June 7, 2024	
Language Updates	Section 1 was revised to state, "***Licensees must: (a) Provide an opportunity for children and youth who are placed in the licensee's care for over 15 days to receive an allowance when chores or assigned tasks appropriate to the child's or youth's individual developmental abilities are completed. Chores must: (i) Provide children and youth with developmentally appropriate teaching and opportunities to build mastery in basic life skills; and (ii) Be directly related to the essential upkeep of the child's or youth's individual space and shared household spaces.***" Section 2 was revised to state, "…***predetermined*** monetary compensation."
Key Discussion	▶ Representative requesting age limits in Section 1; however, other representatives disagreed, but were not opposed to exempting interim care. ▶ Representative expressed concern with Section 4 requiring providers to develop an employment plan and assessing the reasons/barriers for youth seeking employment. ▶ Representatives recommended revising language so that an employment plan is not required as some youth are unable to legally work (i.e., due to immigration status). Representative proposed the following language, ***"Licensees must develop an employment plan for legal aged youth who request***

Breakout Session Date: June 7, 2024	
	employment off the premises, and is determined to be appropriate to the youth's enrolled entitlement program." ▶ Representative group noted a full assessment of reasons why a person cannot obtain employment is unnecessary. Representative group is seeking assistance to guide youth in finding employment off premises, if that is what the youth wants. ▶ Representative noted that for youth who would like to work off premises, it is appropriate to discuss the youth's goals. ▶ Representatives expressed concern with Section 6, which requires licenses to assist youth with obtaining transportation to and from work. ▶ Representative recommended adding clarifiers to the language, such as bas pass, developing a transportation plan, or other ways that assist with transportation. ▶ Representative noted that language is written in a way that commits providers to driving, as ratio requirements must be met. ▶ Representative recommended adding language that for DDA clientele, the provider will ensure DVR services and that the youth's parent/guardian must agree.
Outcome	Consensus not reached
Consensus Vote	N/A

WAC 110-145-XXXX Meals, snacks, and menus

Breakout Session Date: February 9, 2024	
Language Updates	N/A
Key Discussion	The breakout session members requested to look at all the food and meal related rules in chapter 110-145 WAC at the same time.
Outcome	Consensus Not Reached. Send WAC language to all representatives in poll
Consensus Vote	N/A

Poll Date June 3, 2024	
Language Updates	Section 1 was revised to state, "***Licensees may only serve home canned foods if: (a) Prior LD administrative approval is obtained; (b) Children and youth in care participated in growing and canning the food being served; and (c) Proper food canning processes are followed according to the***

Poll Date June 3, 2024	
	Washington State University Extension's guidelines on canning and food preparation."
Key Discussion	Representative group requested that language regarding home canned goods revert back to original WAC language
Outcome	Consensus Not Reached
Consensus Vote	7 Consensus Score 3-5, 1 Consensus Score 0-2, 4 Representative groups did not submit poll. ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** BRS, EPS, OYS/Hope, Tribes

WAC 110-145-XXXX Medication management and administration

NRM Representative Meeting Date: March 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives noted that "administering" and "dispensing" have different meanings. Representatives suggested adding definitions for both terms. ○ Representatives noted that "administering" is done through medical staff and is the direct application of medicine, and "dispensing" is pulling and getting the medication ready, but the youth takes the medication themselves. ○ Representative recommended removing "administration", then the provider would have to abide by the qualifications included in accreditations and contracts. ○ DCYF NRM Team to consult with Fostering Wellbeing to ensure correct terminology is used. ▶ Representative recommended defining "lifesaving medications" and "easily accessible" in Section 2(b). ▶ Representative suggested having Narcan available to all in Section 2, but all other medications could be available for staff. ▶ Representative noted that Section 3(f)(i-ii) is not applicable when the youth does not have a caseworker; therefore, requests verbiage for providers who work with parents. ○ Section 3(f)(i-ii) will be revised to state, "…***or the community child's parent.***"

NRM Representative Meeting Date: March 12, 2024	
	▶ Representative requested additional discussion regarding Section 3(g), specifically how this requirement will be met if medical staff is not onsite. ▶ Representative inquired whether Section 4 pertains to youth who are in care that are ages 18-20 and are their own guardian, also noting that if a youth is able to take medication on their own, it is included in the youth's safety plan. ▶ Representative noted that there are times when a young person enters a facility for a short timeframe and guardian permission is obtained by phone.
Outcome	Additional discussion needed ▶ Representatives requesting breakout session: BRS, DCYF – Licensing Division, DDA, EPS, GRC/ERC/RAC, Lived Experience – Youth, Medically Fragile, OYS/Hope
Consensus Vote	N/A

Breakout Session Date: March 27, 2024	
Language Updates	N/A
Key Discussion	▶ DCYF NRM Team recommended switching Sections 1(b)(i) and 1(b)(ii). ▶ Representative noted that the concern is that medication is not being taken correctly, rather than being tampered. ▶ Representative recommended having a medication management training. ▶ Representative requested a definition of "life-saving medication" and "easily accessible" in Section 2(b). ○ Representatives noted that Narcan can be treated differently because it cannot cause hard, and are more concerned about medications with adverse side effects being left out (i.e., insulin). ○ Representative noted that Sections 3(f)(ii) and (iii) should include ***"community child's parent".*** ○ Representative noted that language in Section 3(g) indicates onsite nursing staff is needed, and requests the removal of "…must be obtained by a registered nurse or licensed practical nurse". ○ DCYF NRM Team advised that medical consultations advised that the only people who could medication orders over the phone are registered nurses or licensed practical nurses. In addition, a nurse can make a decision on medication changes, call the provider to

Breakout Session Date: March 27, 2024	
	obtain approval, and if approved, give the newly ordered medication. However, a revised order, including the provider's signature, must be obtained within 72 hours. ▶ Representative inquired why in Section 4 a parent's signature is needed for youth who are 21 years of age.
Outcome	Additional discussions needed
Consensus Vote	N/A

Breakout Session Date: April 30, 2024	
Language Updates	N/A
Key Discussion	▶ Representative suggested making Narcan, and any other lifesaving medications deemed appropriate, accessible, but all other medication should be inaccessible. ▶ Representative advised to meet the requirement for Section 3(a), those who are administering medication must have the literacy to comprehend and communicate with the youth. ○ Representative suggested revising Section 3(a) to state, "The licensee must ensure all personnel responsible for administering medication possess the necessary skills to accurately read and interpret dosing instructions on all prescribed medications." ○ Representative suggested revising Section 3(a) to state, ***"The licensee must ensure all personnel responsible for administering medication possess the necessary skills to: accurately read and interpret dosing instructions on all prescribed and over the counter (OTC) medications; and engage in meaningful conversations with youth and comprehend their requests regarding all prescribed and OTC PRN medications."*** ○ Representative suggested revising Section 3(a) to state, ***"Licensee must ensure at least one staff member is available when children or youth are present who has functional literacy to read, dispense, and complete documentation of medication for children and youth in care."*** ▶ Representatives suggested revising Section 3(g) to state, ***"Medication can be stopped if a child or youth has an adverse reaction (allergic reaction), license has consulted with a health care provider by phone and is advised to immediately stop the medication. Licensee***

Breakout Session Date: April 30, 2024	
	must obtain signature from a health care provider within 48 hours of medication stoppage order."
Outcome	Additional discussions needed. DCYF NRM Team will obtain a medical consultation on Sections 2(c) and 3(a).
Consensus Vote	N/A

Poll Date: July 12, 2024	
Language Updates	Section 1 was added. Section 2 was added. Section 3(a) was revised to state, "Medication for children and youth must ***remain in a pharmacy-labeled container with***…" Section 4(a) was added, stating "***Medications must be stored according to manufacturer's specifications, for example refrigerated medications.***" Section 4(c) and 4(d) regarding Naloxone was added. Section 5(a) was revised to state, "***The licensee must ensure at least one direct care staff or volunteer who has submitted LD-approved medication training and has functional literacy to read, dispense, and submit documentation of medication is on duty when children and youth are present.***"
Key Discussion	▶ One representative group indicated that the amended language does not meet the intent of the WAC. ▶ Representative noted that the WAC is long and recommended the medication WAC remain separated. ▶ Representative stated that Section 5(a) should include that missed or refused medication are documented and missed medications need to be documented on the Medication Administration Record (MAR). ▶ Representative expressed concern with youth not being able to take their own herbal supplements. ▶ Representative recommended adding the following language: "In the event a youth refuses to take medication, licensee will immediately make an appointment with licensed health care provider." ▶ Representative group would like the youth to have voice and choice in taking medication.
Outcome	Consensus Not Reached
Consensus Vote	5 Consensus Score 3-5, 3 Consensus Score 0-2, 4 Representative groups did not submit poll

Poll Date: July 12, 2024	
	▶ **Representative groups with Consensus Score 3-5:** DDA, GRC/ERC/RAC, Lived Experience – Parents, Medically Fragile, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** BRS, DCYF – Licensing Division, Lived Experience - Youth ▶ **Representative groups that did not submit poll:** CRC/SCRC, EPS, ORR/URM/Private/Maternity, Tribes

WAC 110-145-XXXX Initial health screen and EPSDT exam

NRM Representative Meeting Date: May 14, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives were advised that Emergency Placement Services (EPS) are not interim facilities. ▶ Representatives expressed concern with meeting the timelines required in Section 2 and Section 4 due to health care provider availability. ▶ Representative advised that an initial health screen does not mean going to the doctor. It could be a questionnaire that is completed by a facility nurse or CNA.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, EPS, DCYF – Licensing Division, Lived Experience - Parents
Consensus Vote	N/A

Breakout Session Date: May 29, 2024	
Language Updates	N/A
Key Discussion	▶ Representative noted that children and youth may not have a medical provider; therefore, a children and youth are screened by a licensed health care provider, not a primary health care provider. ▶ Representative advised that a licensed health care provider (i.e., community clinic) is acceptable. ▶ Representative recommended revising the language in Section 6 to be more centered toward the individual child's needs.
Outcome	Additional discussions needed

Breakout Session Date: May 29, 2024	
Consensus Vote	N/A

Poll Date: June 3, 2024	
Language Updates	Section 7 was added to state, "***Licensees must make arrangements for the child to receive dental care when needed.***" Section 8 was added to state, "***Licensees must refer to the department of health for information on maintaining proper dental care for children and youth.***"
Key Discussion	▶ Representative noted in (2) The use of the words "must take" does not allow for on campus health screen by a nurse. If this is not the intent, then 14 days would also be virtually impossible to get the child/youth to a clinic visit. ▶ Recommendation: Initial Health screen requirements need to be separated from EPSDT and Dental Care requirements which can exclude interim facilities. ▶ All GC facilities, including INTERIM should do an initial health screen (this can be a paper screening tool) to assess if a child or youth has any emergent medical needs that should be addressed right away. The initial health screen needs to be a part of all licensed provider intake procedures- again, this can be a simple paper screening tool.
Outcome	Consensus Not Reached
Consensus Vote	▶ 6 Consensus Score 3-5, 2 Consensus Score 0-2, 4 Representative groups did not submit poll, 1 Representative groups had split Consensus Scores ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, GRC/ERC/RAC, DDA, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, ORR/URM/Private/Maternity ▶ **Representative groups with Consensus Score 0-2:** Medically Fragile, DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, BRS, OYS, Tribes ▶ **Representative group with split Consensus:** Medically Fragile

Poll Date: August 14, 2024	
Language Updates	The WAC was reorganized and rewritten.

Poll Date: August 14, 2024	
Key Discussion	▶ Representative noted Section 5(a)-(b) can provide a barrier to timely appointments as there are frequently long waitlists if seeking a specific provider, there can be barriers with established providers based on when previous exams were completed, and establishing a new provider can cause a lag in services. Representative recommends allowing the provider to choose the initial screening provider within their community. ▶ Recommends revising the language in Section 5 to state, "(a) Is conducted by the child's or youth's own health care provider if possible; (b) Work with the caseworker for the DCYF or Tribal child or youth, or the parent of the community child or youth if it is not possible to see the child's or youth's own health care provider." ▶ Representative noted that in some cases, the facility calls the parent to manage immediate care. ▶ Representative recommends expanding the language in Section 3 to allow parents to coordinate care. ▶ Representative group expressed concern that the WAC overregulates and strays from the intent. Representative group recommended revising the WAC to be clearer to understand, allowing for a better regulation of compliance.
Outcome	Consensus Not Reached
Consensus Vote	7 Consensus Score 3-5, 2 Consensus Score 0-2, 2 Representative groups did not submit poll, 2 Representative groups had split Consensus Scores ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope, Tribes ▶ **Representative groups with Consensus Score 0-2:** BRS, DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, ORR/URM/Private/Maternity ▶ **Representative group with split Consensus:** GRC/ERC/RAC

WAC 110-145-1520 Safety and Wellbeing file

NRM Representative Meeting Date: May 28, 2024	
Language Updates	N/A
Key Discussion	▶ Representative noted for Section 3 that some providers already have client files that contain the information required in this WAC. To ensure files are consistent and contain the most updated accurate information, the Representative

NRM Representative Meeting Date: May 28, 2024	
	recommends adding a note to the Safety and Wellbeing file stating in which other file the information can be found (i.e., referencing a separate binder that contains medical after visit summaries). ▶ Representative advocate recommended adding "chosen name" in Section 3(a)(i). ▶ Representative advised against making the language too prescriptive and allowing providers to organize the file in a way that works best for them. ▶ DCYF NRM Team advised that the goal of the Safety and Wellbeing file is that children and youth have access to the file and it follows them to subsequent placements. The social worker should have some of the information required to be in the file. ▶ Representative recommended adding a "my life my story" narrative in Section 3. ▶ Representative would like more discussion regarding what happens if a child or youth refuses to provide information.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DDA, EPS GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile
Consensus Vote	N/A

Breakout Session Date: June 14, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives recommended considering length of stay when determining what information each type of facility needs to collect. ▶ Representative recommended adding an age (i.e., 13 or 14) to Section 3(a)(ix), and making it a best practice to notify each youth why the picture is taken and how it will be used. ▶ Representative group advocated for documented, written consent for photos as it makes youth feel more valued. ▶ Representative noted for the ERC license, the parent or guardian is asking the provider to care for the child, and an assessment is completed to determine proper supports for the family. Representative also noted that GRC placements are short and the provider relies on DCYF caseworker and law enforcement to provide information. ▶ Representative advised that the WAC language should be clear in what information provers need to obtain, and not use phrases such as "as appropriate to the licensee's program."

Breakout Session Date: June 14, 2024	
	▶ Representative inquired about whether there is concern about public disclosure of records for Section 5.
Outcome	Additional discussion needed
Consensus Vote	N/A

Breakout Session Date: July 23, 2024	
Language Updates	N/A
Key Discussion	▶ Representative expressed concern that this WAC requires duplicative efforts on behalf of the providers and suggested that DCYF creates, maintains, and delivers the safety and wellbeing file to and for the youth. ▶ Representatives expressed concern that this requirement is burdensome for providers as some of the information required is already captured due to other requirements. ▶ Representative recommended revising Section 3 to state "licensees will be furnished the following information" rather than "licensees must "attempt to obtain…". • Another representative recommended revising the language to state "be in possession of information" rather than "obtain information." ▶ Representative noted requiring to obtain information in Section 3 is a challenge, but compiling information is doable. ▶ Representative clarified that "legal status" in Section 3(a)(i) is to determine authority for care. ▶ Representative noted the amended WAC is a shift from current practice, needs more clarity on how the requirements fit for non-DCYF serving families, and will be a challenge forcing it on all providers. ▶ Representative recommended that Section 3(i) should be a DCYF responsibility. ▶ Representative recommended adding clauses to requirements that only for DCYF contracted facilities as voluntary placements do not collect all information required in Section 3 (i.e., interrelationships). ▶ Representative expressed concern that the WAC requires providers to maintain a separate file with the identified items, which the provider already collects and stores in other files, and not all youth travel to a different placement. ▶ Representative noted that youth in overnight youth shelters may not have all of the information that is required. While many of the required elements are collected over time, it is

Breakout Session Date: July 23, 2024	
	not guaranteed that all information will be obtained and is dependent on what the youth is willing to disclose. ▶ Representative recommended that DCYF maintains the file and providers add to it. ▶ Representative group noted the reason the information is with providers is if a youth requests any information that is in the file, the provider can give it to them and youth cannot always easily access caseworkers.
Outcome	Consensus not reached, DCYF NRM Team to discuss next steps
Consensus Vote	N/A

WAC 110-145-XXXX Technology use

NRM Representative Meeting Date: June 11, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives expressed concern that the amended language takes away from caregiver's ability to put restrictions on use of technology, noting research on electronic addiction indicates the need to establish firm boundaries on usage, and this may cause power/control conflict with provider and youth. ▶ Representatives expressed concern about giving technology access to children under the age of seven. ▶ Representative group commented that the amended language does not include parental control, stop gaps, or normalcy. Representative group requested that youth are explained why there are technology restrictions. ▶ Representative recommended the WAC is more person-centered and includes parental involvement as some youth have been diagnosed with gaming addictions.
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, DDA, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity
Consensus Vote	N/A

NRM Representative Meeting Date: June 25, 2024	
Language Updates	Language was added at the beginning of the WAC to state, "***Except for interim facilities, all licensees serving DCYF and tribal children and youth must:***". Section 2 was added, stating "***Provide teaching that is appropriate to each child's or youth's individual developmental abilities about using the technology, including the risks and safety precautions associated with the technology.***" Section 3(c) was revised to state, "***Based on the information provided by the child or youth, the licensee must utilize all other sources of available information along with observation to make a careful and thoughtful decision*** regarding the youth's individual developmental ability…"
Key Discussion	▶ Representative suggested requiring a user agreement with the youth. ▶ Representatives recommended requiring all facilities to have policies regarding technology use, and all providers are trained on those policies. ▶ Some representative groups indicated they would like to remain "screen free"; however, this would be hard to manage as some youth have cells phones while others do not. ▶ Representative suggested adding language requiring monitoring for mental health and increased behavioral concerns related to using/overusing electronics. ▶ Representative inquired whether this WAC will still be necessary with a new contract requiring providers to allow access to technology. ▶ Representatives expressed concern with safety issues (i.e., youth giving confidential information, providing addresses, posting photos).
Outcome	Additional discussion needed
Consensus Vote	N/A

Breakout Session Date: July 8, 2024	
Language Updates	N/A
Key Discussion	▶ Representatives recommended WAC language allows providers to continue their current practice of not allowing access to technology in certain facility types and certain ages (i.e., 12 and below). ▶ Representative inquired whether this WAC will still be necessary with a new contract requiring providers to allow access to technology.

Breakout Session Date: July 8, 2024	
Outcome	Additional discussion needed
Consensus Vote	N/A

Poll Date: July 19, 2024	
Language Updates	Section 2 from previous language was removed. Section 2(c) was added to state, "***A written use agreement reviewed with and signed by the child or youth prior to the access or use of any types of technology in subsection (1). The agreement must: (i) Clearly outline the conditions under which the child or youth agrees to access technology; (ii) Identify any restrictions on a child's or youth's safe access to technology and if there is a way for the child or youth to remove or reduce those restrictions; (iii) Describe the consequences if the conditions are not met; and (iv) Be updated at least quarterly or upon request by the child or youth***."
Key Discussion	▶ Representative noted the amended WAC language is restrictive; this update feels more punitive to youth. Older youth need to build trust with their house parents. ▶ Representatives requested clarification regarding whether certain provider types can have a policy that does not allow technology. ▶ Representative noted that it is inappropriate for children under 13 to have same technology access and user agreement/rules as older youth. ▶ Opens the door for coercion. Please add that youth can't be punished or kicked out for refusing to sign. ▶ Representative noted that this WAC does not apply to DDA and should only apply to youth in DCYF's care. ▶ Representative expressed concern that the amended WAC language does not meet the needs of Electronics Addiction programs or monitoring for signs of mental distress or over use. ▶ Representative submitted the proposed language for Section 1: ***(1) "Have and following policies and procedures describing:*** ***(a) How children and youth may access and use the following types of technology on the licensed premises:*** ***(i) The internet;*** ***(ii) Desk or laptop computer or tablet;*** ***(iii) Electronic gaming devices, including those that use internet or streaming services; and***

Poll Date: July 19, 2024	
	(iv) Cell phone, including access and use off the premises if applicable; and **(b)** ***How the licensee will train children and youth to use technology [provided by licensee] according to each child's or youth's developmental ability, including the risks and safety precautions of using technology."***
Outcome	Consensus Not Reached
Consensus Vote	4 voted "Yes" with a Consensus Score 3-5, 5 voted "No" with a Consensus Score 0-2, 1 group's representatives submitted conflicting votes as one voter scored "2" and the other voter scored a "4", and 2 Representative groups did not vote. ▶ **Representative groups who voted "Yes" with a Consensus Score of 3-5:** CRC/SCRC, Lived Experience – Parents, Medically Fragile, OYS/Hope, ORR/URM/Private/Maternity ▶ **Representative groups who voted "No" with a Consensus Score of 0-2:** BRS, DCYF – Licensing Division, DDA, GRC/ERC/RAC, DDA, Lived Experience - Youth, Licensing Division, ORR/URM/Private/Maternity ▶ **Representative groups who did not complete the poll:** EPS, Tribes

WAC 110-145-XXXX Peer socialization activity plan

NRM Representative Meeting Date: June 11, 2024	
Language Updates	N/A
Key Discussion	▶ DCYF NRM Team advised the intent of the WAC is to build social skills and peer socialization, in addition to developing a documented plan with the youth that includes their goals and strengths. ▶ Representative group requested instead of creating a new plan, using plans that already exist to incorporate this information. ▶ Representative expressed concern regarding the provider conducting the assessment in Section 2(b). ▶ Representative group advocated for keeping the assessment as it makes the providers accountable to allow for these situation. There have been instances when youth are told they cannot do something without being provided with a reason why. ▶ Representative suggested documenting reason why a youth is denied a social activity.

NRM Representative Meeting Date: June 11, 2024	
	▶ Representative recommends the assessment is part of a contract or method other than WAC because the needs of youth are not the same across all facility types. ▶ Representative advocate noted social anxiety should be considered, and recommended develop a plan with the youth. ▶ Representative noted the language feels clinical and prefers allowing for connections to be organic and at the child's or youth's pace. ▶ Representatives recommended the language encourage and support community engagement. ▶ Representative
Outcome	Additional discussion needed ▶ Representatives requesting breakout session: BRS, CRC/SCRC, DCYF – Licensing Division, GRC/ERC/RAC, Lived Experience – Parents
Consensus Vote	N/A

NRM Representative Meeting Date: June 25, 2024	
Language Updates	Section 2(b) was revised to state, "***The licensee must utilize all sources of available information along with observation to make a careful and thoughtful decision***…If the ***decision indicates*** that the child's or youth's current developmental ability prohibits them from safely participating in activities with peers offsite, licensees must…"
Key Discussion	▶ Representative group agrees with having a formal plan so there is provider accountability as there are inconsistencies in practices across the facilities. Socialization, at times, is used as a way to punish. ▶ Representative suggests youth should be able to provide input regarding the activities in which they participate. ▶ Representative suggested creating a monthly socialization plan / calendar. ▶ Representatives noted already having individualized plans. ▶ Representative suggested directing providers to their contract, and if there is not a contract, then include language in the WAC. ▶ Representative expressed concern about potential barriers at times (i.e., staffing, transportation, ability of child, safety). ▶ Representative suggested amending WAC language to be the minimum standard for all facilities and allow for contracts to be a higher standard.

NRM Representative Meeting Date: June 25, 2024	
Outcome	Additional discussion needed ▶ **Representatives requesting breakout session:** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth
Consensus Vote	N/A

Breakout Session Date: July 1, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended shortening the WAC to state that an activity plan needs to be created, but how it applies and who it applies to can be included in contracts or policies. ▶ DCYF NRM Team noted that not all providers have contracts. ▶ Representative group advocated for youth to choose what they do for socialization, noting that not all youth want to participate in group activities and may want to do something else. Representative group recommended including language that allows youth to opt out of activities. ▶ Representative noted the goal is to hold all providers accountable for attempting to meet the requirements of the WAC. ▶ Representative expressed concerns that the language could open up any and all activities outside of organized activities. ▶ DCYF NRM Team clarified that Section 2(b) indicates restrictions can be created and the provider has to communicate the reason why. ▶ Representative groups advocates for providers working with youth; even if the answer is “no”, the youth want to be shown that the provider is trying to make it happen, and if that is not possible, there is communication. ▶ Representative recommends adding more language to Section 1 about assisting the youth in participating in hobbies and recreational activities and documenting communications with the youth, including barriers in participating in activities.
Outcome	Consensus Not Reached, DCYF NRM Team to obtain a legal consultation
Consensus Vote	N/A

Poll Date : July 19, 2024	
Language Updates	The entire WAC was rewritten.

Poll Date : July 19, 2024	
Key Discussion	▶ One representative group indicated the amended language does not meet the intent of the WAC. ▶ Representative noted that creating plans for infants and toddlers is not needed, and the language does not work for agencies that do not go off campus. ▶ Representative group recommended revising language to exclude agencies that have a closed campus, have children for less than a certain amount of time (*e.g.,* 15–20 days), or based on age (*i.e.,* under 13 years versus over 13 years). ▶ Representative inquired why interim facilities would be excluded from the WAC. ▶ Representative noted that Section 1(a) seems excessive, difficult to regulate, and hard for providers to maintain. ▶ Representative expressed concern that Section 1(c) is subjective and allows for bias and discrimination. ▶ Representative expressed concern for DDA and medically fragile providers to meet requirements of Section 2. ▶ Representative noted the language in Section 2(b) implies that the only reason youth could not participate is due to behavioral concerns, and does not adequately reflect medical or safety concerns. ▶ Representative commented that this is an over prescriptive WAC. ▶ Representative group recommended strengthening WAC 110-145-1735, which aligns better with all facility types. ▶ Representative recommended the following WAC revisions: (1) Except for interim facilities, licensees must support children and youth in care in developing positive relationships with peers as appropriate to their individual abilities by: (a) Rating an activity plan for the environment the child or youth is placed in. Whenever possible, take into consideration each child or youth's preferred activities. The licensee must: (i) Post the monthly activity calendar in a general area to be viewed by all children and youth; (ii) Activities should include a variety of activities which can include but are not limited to community inclusion, physical activity, theater and arts, cultural enrichment, and other areas of interest expressed by the children and youth in care. (2) If at any time the licensee determines whether a child or youth cannot safely participate in an activity of their choice, the licensee must inform the child or youth (a) The reason they are not able to participate; (b) What the child or youth can do to participate in the future;

Poll Date : July 19, 2024	
	(c) Review this decision with the child or youth at least quarterly or at the child's or youth's request. (3) Licensees must allow children and youth to refuse to participate in activities. The licensee must document the child's refusal.
Outcome	Consensus Not Reached
Consensus Vote	6 Consensus Score 3-5, 3 Consensus Score 0-2, 3 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** CRC/SCRC, DDA, Lived Experience – Parents, Lived Experience – Youth, ORR/URM/Private/Maternity, OYS/Hope ▶ **Representative groups with Consensus Score 0-**2: BRS, GRC/ERC/RAC, DCYF – Licensing Division ▶ **Representative groups that did not submit poll:** EPS, Medically Fragile, Tribes

WAC 110-145-XXXX Duties and responsibilities of care coordinator

Poll Date: July 12, 2024	
Language Updates	N/A
Key Discussion	▶ One representative group noted they will not vote for consensus until it is confirmed that WAC 110-145-1460 regarding case consultants will be kept in WAC. ▶ Representative agreed with the original language in Section 1 prior to the breakout session. Following the breakout session, the language was removed and the representative group does not agree. Representative prefers that interim agencies are excluded but at the least, how many care coordinators must an agency have and whether they can serve in dual roles.
Outcome	Consensus Not Reached
Consensus Vote	Consensus Score: 6 Consensus Score 3-5, 2 Consensus Score 0-2, 43 Representative groups did not submit poll ▶ **Representative groups with Consensus Score 3-5:** BRS, DDA, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative groups with Consensus Score 0-2:** DCYF – Licensing Division, GRC/ERC/RAC ▶ **Representative groups that did not submit poll:** CRC/SCRC, EPS, ORR/URM/Private/Maternity, Tribes

Lived Experience Definition

NRM Representative Meeting Date: May 28, 2024	
Language Updates	N/A
Key Discussion	▶ All representative groups value lived experience ▶ Representatives disagreed on what is "relevant" to the role ▶ Representatives disagreed about how much "lived experience "should count toward education requirements.
Outcome	Additional discussion needed. ▶ **Representatives requesting Breakout Session:** BRS, CRC/SCRC, DCYF – Licensing Division, EPS, Lived Experience – Parents, Lived Experience - Youth
Consensus Vote	N/A

Breakout Session Date: June 12, 2024	
Language Updates	N/A
Key Discussion	▶ Representative recommended that lived experience should qualify for more than a quarter of the education requirement. ▶ Representative noted that a person with lived experience in foster care can offer valuable perspective too, not just group care experience. ▶ Representative noted that lived experience can be different. ▶ Representative recommended including foster or adoptive parenting as lived experience. ▶ Representative recommended keeping the language broad and allowing the provider to determine what experience is sufficient.
Outcome	Additional discussion needed.
Consensus Vote	Consensus Not Reached

Breakout Session Date: June 24, 2024	
Language Updates	Group agreed will reach consensus on the following definition/language with minor revisions allowed, ***"Lived experience is experience outside of professional, volunteer, and educational background that is relevant (or reflective of?) to the population served including but not limited to experience with child welfare, foster care or group care, or parenting youth in out of home care."***

Breakout Session Date: June 24, 2024	
Key Discussion	▶ Representatives agreed that the definition should include those who have experienced trauma, or have professional or volunteer experience. Group agreed that the definition should not be too broad and include anyone with trauma experience, professional or volunteer experience. ▶ Representatives agreed that lived experience is valuable, respected, and suggested that it could replace six (6) to twelve (12) months of experience for direct care roles. ▶ Representative agreed that at least 25 percent or more of lived experience should replace professional experience. ▶ Representatives suggested the DCYF NRM Team create a visual that shows lived experience equivalency. ▶ Representatives noted that lived experience should not replace the professional skills requirements for Director or accountant positions.
Outcome	Additional revision needed.
Consensus Vote	Consensus Not Reached

Poll Date: July 12, 2024	
Language Updates	***"Lived experience"*** is experience outside of professional, volunteer, and educational background that is reflective of the demographic of children and youth in the licensee's care to include but not limited to experience with child welfare, foster care or group care, or parenting youth in out of home care." A chart was proposed to accompany the revised definition of "Lived Experience."
Key Discussion	The revised definition reached consensus on the poll; however, the accompanying chart did not reach consensus with the following feedback received about the chart: ▶ Representative noted that lived experience should not have less worth than paid experience. ▶ Representative expressed concern that if a person has 15 years of lived experience, they only get one year of applied experience.
Outcome	Partial Consensus Reached; Definition of "Lived Experience" reached consensus but the lived experience chart did not reach consensus.
Consensus Vote	Consensus Scores: All 8 groups that voted on the poll voted "Yes" on the Lived Experience definition, with a Consensus Score of 3-5, but only 6 groups voted "Yes" on the LE Chart. 2

Poll Date: July 12, 2024	
	groups voted “No” with a score of 0-2 on the Chart, and 4 groups did not complete the poll. ▶ **Representative Groups that voted “Yes” on the definition of LE**: BRS, DDA, GRC/ERC/RAC, Lived Experience – Parents, Lived Experience – Youth, Medically Fragile, OYS/Hope ▶ **Representative Groups that voted “No” on the Chart:** BRS, Lived Experience Youth ▶ **Representative Groups that did not vote on the poll:** CRC/SCRC, EPS, ORR/URM/Private/Maternity, Tribes

Table 4 Lived Experience Chart Proposed on July 12, 2024:

Position Type	Total Experience Required	Lived Experience Allowed
Executive Director	1 year	6 months
Program Manager	1-3 years	6 months – 1 year
Care Coordinator	1-3 years	6 months – 1 year
Direct Care Staff & Volunteer	6 months-1 year	6 months
Non-Direct Care Staff & Volunteer	N/A	N/A

CONCLUSION

PCG collaborated with the Washington Department of Children, Youth, and Families (DCYF) from December 2023 through August 2024 to implement a first of its kind, fully virtual Negotiated Rulemaking (NRM) process focused on amending the Washington Administrative Codes (WAC) for Group Care. The primary objective was to improve the group care experiences of young people, aligning with DCYF’s mission and values, and the D.S. Settlement Agreement. This report contains key takeaways and recommendations about facilitating a fully virtual NRM process.

DCYF contracted with PCG to aid in facilitating the amended group care WAC negotiations. This included PCG conducting national research to identify regulations, agency policies, and best practice guidelines for group care, including data related to the D.S. Settlement requirements, graduation rates, law enforcement requests, and youth abscondence. In addition, PCG was responsible for designing and implementing a virtual NRM process and engaging a broad range of group care stakeholders to participate in various consensus-building activities. This included facilitating 13 two-hour NRM meetings, 56 one-hour Breakout Sessions, and 55 Consensus Polls. NRM representatives from 12 stakeholder groups invested significant time

throughout the NRM process. Representative efforts involved reviewing proposed WAC amendments, meeting with their interest group to gather feedback and recommendations, and researching resources to present to the NRM team. As a result, 31 of 77 WAC reviewed reached consensus. While not all WAC reached consensus, representatives agreed on sections of each WAC that were presented for review.

APPENDIX A: FINAL NRM REPRESENTATIVES LIST

VOTING REPRESENTATIVES

NRM Representative	Participant Group	Agency Name
Julie Vinson	BRS	The Source
Annette Klinefelter	BRS	AKI
Tess Kofsky	DDA	Hope Human Services
Dave Bushnell	DDA	Alpha Supported Living
Kristena O'Hara	GRC/ERC/RAC	Vanessa Behan
Amy Vega	GRC/ERC/RAC	Vanessa Behan
Julianna Allison	Medically Fragile	Ashley House
Angela Dickson	Medically Fragile	Pope's Kids Place
Dennis Smith	OYS/Hope	VOA Crosswalk
Julie Easley	OYS/Hope	The Coffee Oasis
Shea Bristlin	CRC/SCRC	Youth Family Adult Connections/CRC
Nikki Brown	CRC/SCRC	CYS
Harvard Floch	EPS	Coastal Community Action Program
Tralayne Davis	EPS	JMC Kids
Vanessa Sanchez-Mexicano	ORR/URM/Private/Mat	YouthCare
Krissy Williams	ORR/URM/Private/Mat	Hutton Settlement
Pamela Javier	Lived Experience Youth	
Esther Taylor	Lived Experience Youth	
Maureen Mahannah	DCYF	DCYF – Licensing Division (LD)
Melissa Fielding	DCYF	DCYF – Licensing Division (LD)
Krystina Marie Cummins	Lived Experience Parents	
Shereese Rhodes	Lived Experience Parents	
Kaylena Satiacum	Tribes	Puyallup Tribe
Ciarra Hanna	Tribes	Port Gamble S'Klallam Tribe

BACK-UP REPRESENTATIVES

NRM Back-up Rep	Participant Group	Agency Name
Avriel Burlot	CRC/SCRC	CYS
Jeff Gowdy	CRC/SCRC	Clallam County Juvenile & Family Services
Brooke Nelson	CRC/SCRC	Spokane Crisis Residential Center
Erin Murphy	ORR/URM/Private/Mat	VOA Alexandria House
Rhina Navas	ORR/URM/Private/Mat	YouthCare
Dani Hodge	OYS/Hope	YMCA Oasis Teen Shelter
Isaac Barville	OYS/Hope	VOA Crosswalk
Mike Pugsley	Medically Fragile	Ashley House

NRM Back-up Rep	Participant Group	Agency Name
Gabrielle D'Ambrosio	Medically Fragile	Nursing Evolutions
Sara Ingram	EPS	Sally's House
Bill Mullikin	EPS	Coastal Community Action Program
Christina Nicholson	EPS	K Connections
Audrea Marshall	BRS	Morning Star
Jenna Grant	BRS	AKI
Joe Rissone	DCYF	DCYF – Licensing Division (LD)
Enrique Guillen	DCYF	DCYF – Licensing Division (LD)
Charissa Keebaugh	Lived Experience Youth	
Sierra Alexis	Lived Experience Youth	
Heather Smith	Lived Experience Parent	
Julie Donaldson	Tribes	DCYF

APPENDIX B: NRM REPRESENTATIVE KICKOFF MEETING

NRM Representatives Meeting

Washington Administrative Code Review: Group Care, Chapter 110 – 145

Facilitated by Public Consulting Group

December 12, 2023

PUBLIC CONSULTING GROUP

Solutions that Matter

Agenda

I. Welcome & Introductions
II. PCG Role and Responsibilities
III. NRM Process Overview
IV. Teaming Agreement/Norms
V. WAC Review
VI. Recap Meeting
VII. Next meeting

PCG Introductions

Katie Bright
Manager

Kate Smith
Sr. Consultant

Ivy Doxley Martin
Sr. Consultant

Alison Koenig
Consultant

Public Consulting Group (PCG)

We're a national management consulting and evaluation firm that has served public sector human services, health, education, and other state, county, and municipal government clients for more than 35 years.

Washington Experience and Insight

Department of Children, Youth, and Families	Department of Social and Health Services	Department of Corrections	State Health Care Authority
Office of Financial Management	State Patrol	Local community-based organizations	Providers

Primary mission:

Deliver solutions that improve lives for the better

NRM Representative Introductions

PLEASE SHARE YOUR NAME.

WHAT GROUP ARE YOU REPRESENTING TODAY?

Project Scope

Researching

Draft a national research literature review on group care rules, best practices, and guidelines associated with five (5) of the seven (7) areas identified in the D.S. Settlement Agreement

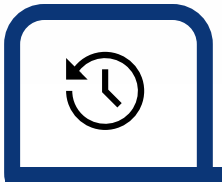
Facilitating

Facilitate the WAC negotiated rule making process

Reporting

Assist, develop, and report data collection throughout the NRM process

NRM Process



Prior to NRM Meeting

1. ***Receive*** WACs one week prior to the NRM meeting
2. ***Gather and Review*** revised WAC feedback
3. **Share** recommendations during the NRM meeting

During NRM Meeting

1. ***Share feedback*** on recommended changes
2. ***Track*** revisions live
3. ***Vote*** to achieve unanimous consensus
4. ***Negotiate or Table*** WAC's that require more discussion
5. ***Record session and take notes*** to accurately capture recommendations
6. ***Share*** feedback to improve process

Following NRM Meeting

1. ***Share*** WACS with consensus with the AAG and Assistant Secretary of the Licensing Division
2. ***Prepare*** to discuss "tabled" WACs in the next NRM meeting
3. ***Receive*** WACs scheduled for the month in in advance, instead of bi-weekly

NRM Meeting Norms

What meeting norms will help us work together throughout the negotiated rule making process?

WAC Review

Discuss each WAC

Make live revisions

Consensus Vote:

- Agree
- Disagree

Decisions Made Today

Reached Consensus	Tabled	Did Not Discuss

Any Questions?

Contact PCG

Solutions that Matter

APPENDIX C: WAC CRITICAL PATH

Department of Children, Youth, and Families (DCYF)
WAC Critical Path

WAC 110-145

WAC DEVELOPMENT and APPROVAL

Date	Activity
September 2024	PRO receives "complete" negotiated draft WAC from LD
September 2024	First review by PRO
October 2024	Second review by DCYF & Stakeholders
November 2024	First WAC edits
January 2025	Third review by Assistant Attorney General
January 2025	Second WAC edits
February 2025	Fourth review by project sponsor
March 2025	Third WAC edits
March 2025	Fifth review by Public
April 2025	Public hearing
April 23	Fourth WAC edits
May 2025	File WAC rules

APPENDIX D: NRM RESET PRESENTATION

NRM Representatives Meeting

Washington Administrative Code Review: Group Care, Chapter 110 – 145

WAC Batch B

WAC Set #3

WAC Set #4

Facilitated by Public Consulting Group

February 27, 2024

PUBLIC CONSULTING GROUP

Solutions that Matter

PCG Introductions

Katie Bright
Manager

Kate Smith
Sr. Consultant

Ivy Doxley Martin
Sr. Consultant

Alison Koenig
Consultant

DCYF Rule Making Authority

DCYF secretary has the power and duty to adopt and publish licensing requirements.

These requirements are limited to:

1. The size and suitability of a facility and the plans to operate the program;
2. Background information about the licensee to determine their character, competence, and suitability;
3. Background checks on those "who will or may have unsupervised access to children;"
4. Child Protective Services information about a licensee, employee, or staff;
5. Fingerprints for a background check through state and federal systems;
6. Information in child abuse and neglect registries in other states for an adult living in the licensed home;

(continued…)

DCYF Rule Making Authority (1/2)

DCYF secretary has the power and duty to adopt and publish licensing requirements.

These requirements are limited to:

[…]

7. The number of qualified people to provide care;
8. The safety, cleanliness, and general adequacy of the premises;
9. The "necessary care" of children or youth served, including food, clothing, supervision and discipline, physical, mental, and social well-being; and educational, recreational, and spiritual opportunities;
10. The financial ability of a licensee to comply with licensing rules; and
11. The "adequate maintenance" of records relating to admission, progress, health, and discharge of children and youth served.

See RCW 74.15.030(2)(a)-(m)

DCYF Rule Making Authority (2/2)

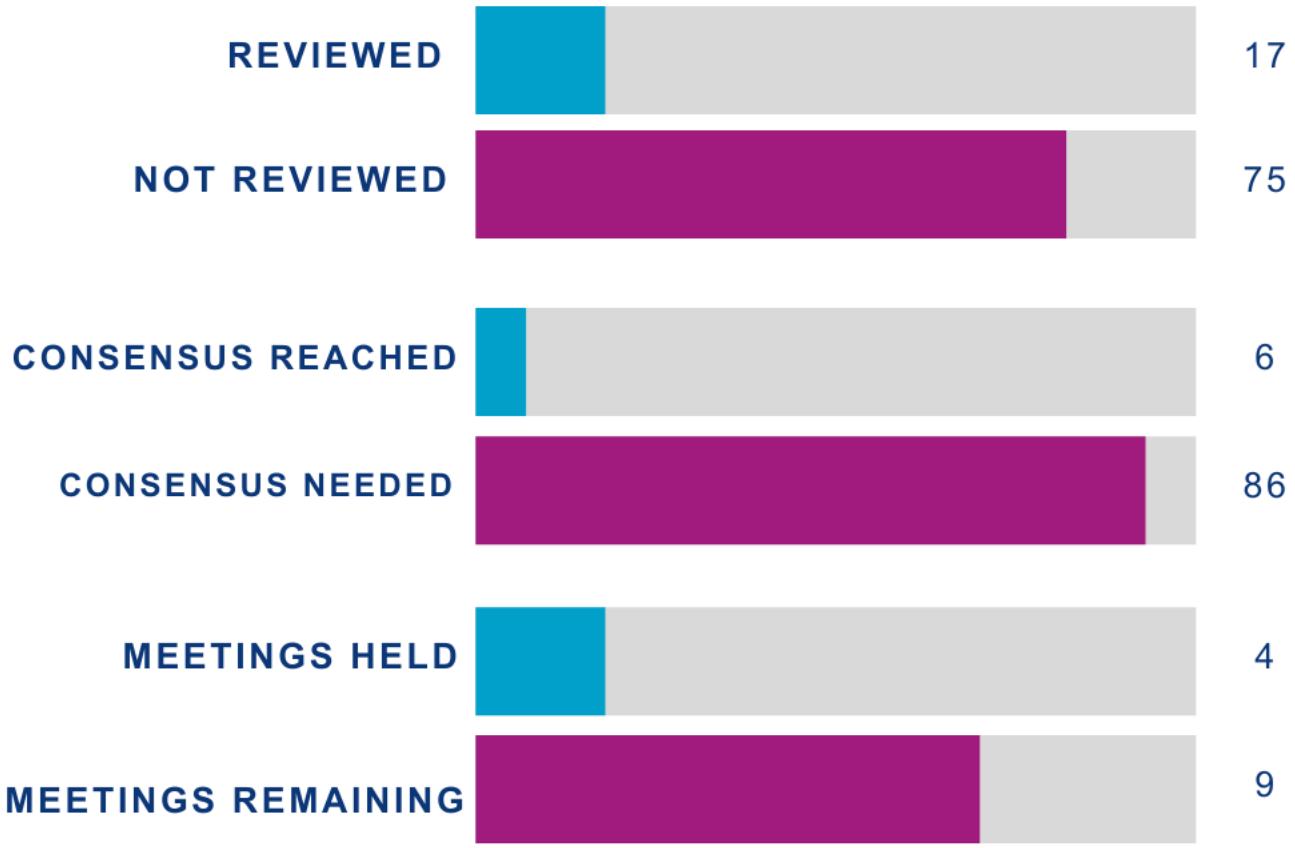
DCYF must:

"[…] engage in negotiated rule-making, to amend licensing requirements for foster care placements *to be more developmentally appropriate and/or flexible to meet individual youth's needs*." (Emphasis added.)

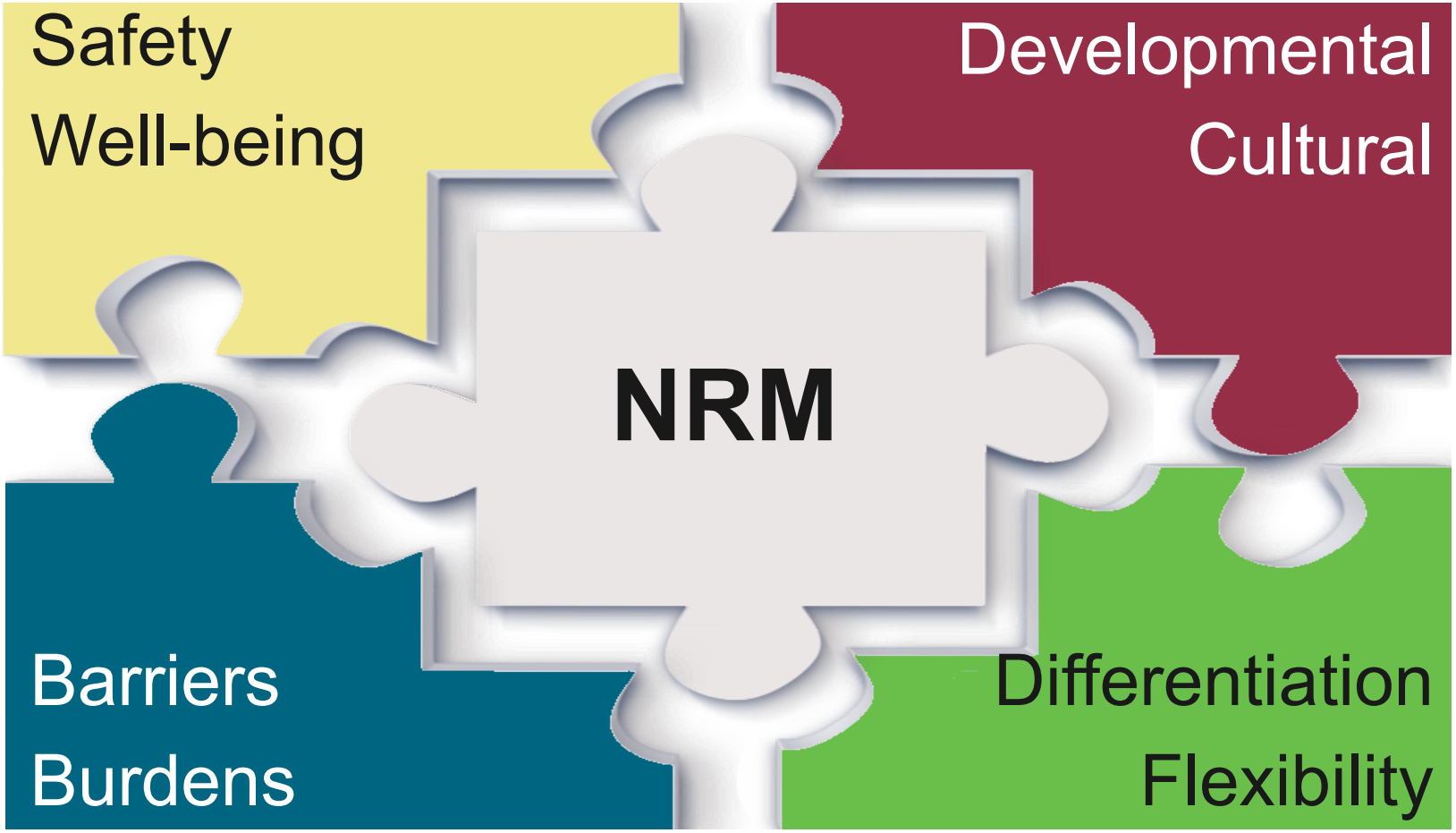
D.S. settlement agreement (pg. 14).

WAC PROGRESS

GOAL: 92 WAC COMPLETE BY JUNE 30,2024



Guiding Principles for Group Care NRM



Consensus is…

General agreement among a group of people

The product of “Good Faith Effort” to meet the interests of stakeholders

Everyone agrees they can live with the final proposal; that is after every effort has been made to meet any outstanding interests.

Using Interest Based Decision Making During Negotiation

- Methodology for all parties to find a “Win-Win” in negotiating
- Focus on educating parties to understand the interests/needs of each other
- Understanding the motivations behind each group’s interests, negotiators can speak and compromise in the same language
- Appreciates the perspective of each group

Positional vs. Interest Based Negotiations

Positional

- Parties are Adversaries
- Goal is “Win for You or Your Group”
- Demands concessions
- Digs into a position
- Applies pressure
- Insist on your position

Interest-Based

- Parties are joint problem solvers
- Goal is “Win-Win” for everyone
- Work together to determine priorities
- Focus on underlying needs/interests, not positions
- Use Reason and principles to explain the needs/interests, not pressure
- Good Faith participation

Consensus in Fist to Five

					
Closed Fist No. I am blocking consensus.	**1 Finger** I have major concerns.	**2 Fingers** I would like to discuss some minor issues.	**3 Fingers** I am not in total agreement, but I feel comfortable enough to let the language pass without further discussion.	**4 Fingers** I think the language is good.	**5 Fingers** I think the language is great.

- ✓ Consensus means all support or can at least tolerate the draft rule language
- ✓ Consensus means everyone is holding up at least three fingers

NRM Process (1/3)

Prior to NRM Representative Meeting

1. ***Receive*** WACs at least one week prior to the NRM Representative meeting
2. ***Review*** assigned WACs to determine whether the intent behind the WAC is met, and the words support the intent
3. **Submit** the following feedback to the DCYF Group Care NRM email (dcyf.groupcarenrm@dcyf.wa.gov):
   - Does the intent of the WAC work for the participant group?
   - How is your group's need not met with the proposed WAC language?
   - What should the WAC include to meet your group's need?

NRM Process (2/3)

During NRM Representative Meeting

1. ***Review*** a new set of WAC during each meeting
2. ***Consensus Scale (Fist to Five 0-5)*** for the proposed WAC language
3. ***Share*** your group's concerns for those who scored 0-2
4. ***Determine*** breakout group participants for those who scored 0-2, and any other interested groups
5. ***Vote*** to reach Consensus when there is general agreement on WAC language

NRM Process (3/3)

Following NRM Representative Meeting

1. ***Prepare* for Breakout sessions** by having responses to the following questions:
   - Does the intent of the WAC work for the participant group?
   - How is your group's need not met with the proposed WAC language?
   - What should the WAC include to meet your group's need?

   In the event the NRM Representative cannot attend, a back up representative should attend to share their group's concerns
2. ***During the Breakout Session,*** negotiate the intent and needs until new language can be proposed or consensus is reached.
3. ***Reach consensus*** with participants in the breakout session via meeting or email
4. ***Reach consensus*** with NRM Representatives via email

Let's Refresh on Our NRM Group Meeting Norms

Meeting norms will help us work well together throughout the negotiated rule making process

1. **Represent your group, not self**
2. **Please do not profile, stereotype others**
3. **Be respectful of others' opinions and interests**
4. **Stay on topic/task**
5. **Be mindful of timeframes**
6. **Any other suggestions to consider?**

Let's Get Started…

Please type in the chat:

Your Name, Group, and if you are a *Voter or Backup (V or B)

"Your Name, Group, V or B"

*Note: * If you must leave early, please ensure your back-up is prepared to take over voting*

Groups:

- Youth
- DDA
- CRC/SCRC
- GRC/ERC/RAC
- Parents
- ORR/URM/Private/Mat
- OYS/Hope
- Medically Fragile
- DCYF
- EPS
- BRS

Solutions that Matter

APPENDIX E: CONSENSUS POLL SURVEY EXAMPLE

WAC 110-145-
1505 Bloodborne pathogens training.

Please document your Representative Group's Consensus Score for the following WAC:

WAC 110-145-1505 Bloodborne pathogens training.

1) Prior to working with children and youth in the facility, all personnel must have training on bloodborne pathogens, including infection control standards.

2) Licensees must use infection control requirements and educational material consistent with the current approved curriculum published by the Department of Health.

3) All personnel must use universal precautions when coming in contact with bodily fluids.

* Required

1. Please type your name. *

2. In which of the following Representative Groups are you a member? *

- ◯ BRS
- ◯ CRC/SCRC
- ◯ DDA
- ◯ EPS
- ◯ GRC/ERC/RAC
- ◯ Licensing Division
- ◯ Medically Fragile
- ◯ ORR/URM/Private/Mat
- ◯ OYS/Hope
- ◯ Parents (Lived Experience)
- ◯ Youth (Lived Experience)
- ◯ Tribal

3. What is your Consensus Score (Fist to Five Scale 0-5)?

Scale:
0: Disagree with language and intent of the WAC, blocking consensus
1: Major concerns for discussion, blocking consensus
2: Minor issues for discussion, blocking consensus
3: Not in total agreement, but feel comfortable enough to let the language pass without further discussion
4: Language is good
5: Language is great
*

	0	1	2	3	4	5
Consensus Score	◯	◯	◯	◯	◯	◯

4. If your group scored the above WAC at a 0, 1, or 2, does the **intent** of the WAC work for your participant group? *
If you voted 3-5 on the Consensus Scale, please select N/A.

◯ Yes

◯ No

◯ N/A

5. If your group scored the above WAC at a 0, 1, or 2, please explain how your group's need is not met with the proposed WAC language. *
If you voted 3-5 on the Consensus Scale, please enter N/A.

6. If your group scored the above WAC at a 0, 1, or 2, please describe what the WAC should include to meet your group's need(s). *
If you voted 3-5 on the Consensus Scale, please enter N/A.

APPENDIX F: NRM REPRESENTATIVE MEETINGS

Table 5. NRM Representative Meetings

Meeting Number	Meeting Date	WAC Set
Kickoff – All Representatives Meeting 1	December 12, 2023	WAC Set #1
Representatives Meeting 2	January 9, 2024	WAC Set #1
Representatives Meeting 3	January 23, 2024	WAC Set #2
Representatives Meeting 4	February 13, 2024	WAC Set #3 / WAC Set #4
Representatives Meeting 5	February 27, 2024	Batch B
Representatives Meeting 6	March 12, 2024	WAC Set #3 / WAC Set #4
Representatives Meeting 7	March 26, 2024	Batch C / WAC Set #5
Representatives Meeting 8	April 9, 2024	WAC Set #5
Representatives Meeting 9	April 23, 2024	WAC Set #6
Representatives Meeting 10	May 14, 2024	WAC Set #7
Representatives Meeting 11	May 28, 2024	WAC Set #8
Representatives Meeting 12	June 11, 2024	WAC Set #9
Representatives Meeting 13	June 25, 2024	WAC Set #9

APPENDIX G. BREAKOUT SESSION MEETINGS

Table 6. Breakout Session Meetings

Meeting Number	Meeting Date	Washington Administrative Code (WAC)
1	1/19/2024	WAC 110-145-1350 Facility Access.
2	1/19/2024	WAC 110-145-1555 Building and property requirements.
3	1/22/2024	WAC 110-145-1620 Diaper requirements.
4	1/22/2024	WAC 110-145-1765 Allowance and chores.
5	1/25/2024	WAC 110-145-1730 Educational and vocational instruction requirements.
6	1/25/2024	WAC 110-145-1775 Children's and youth's personal belongings.
7	2/1/2024	WAC 110-145-1455 Licensee healthcare staff qualifications.
8	2/6/2024	WAC 110-145-1700 Facility orientation.
9	2/8/2024	WAC 110-145-1580 Storing dangerous chemicals or other substances.
10	2/8/2024	WAC 110-145-1635 Prevention of the spread of infections and communicable disease.
11	2/9/2024	WAC 110-145-1795 Food storage and preparation.
12	2/16/2024	WAC 110-145-1620 Diapers, pull-ups, incontinence supplies, and specialized toileting equipment.
13	2/22/2024	WAC 110-145-1730 Educational and vocational instruction requirements.
14	2/22/2024	WAC 110-145-1765 Allowance and chores.
15	3/25/2024	WAC 110-145-1645 What are the requirements regarding pets and animals in my facility?
16	3/27/2024	WAC 110-145-2105 What are the additional requirements for bedrooms in overnight youth shelters?
17	3/27/2024	WAC 110-145-XXXX – Medication management.
18	4/3/2024	WAC 110-145-1775 Children's and youth's personal belongings. (#2)
19	4/8/2024	WAC 1420 General requirements for agency personnel.
20	4/15/2024	WAC 110-145-2105 What are the additional requirements for bedrooms in overnight youth shelters? (#2)
21	4/25/2024	WAC 110-145-1425 Duties and qualifications of an executive director or administrator.
22	4/25/2024	WAC 110-145-1490 Pre-service training requirements.
23	4/30/2024	WAC 110-145-1500 First aid and CPR.

Meeting Number	Meeting Date	Washington Administrative Code (WAC)
24	4/30/2024	WAC 110-145-XXXX Medication management. (#2)
25	5/2/2024	WAC 110-145-1440 Duties and qualifications of a case manager.
26	5/2/2024	WAC XXXX – Duties and qualifications of non-direct care and volunteers.
27	5/3/2024	WAC 110-145-1445 Duties and qualifications of direct care staff and direct care volunteers.
28	5/6/2024	WAC 110-145-1505 Bloodborne pathogens training.
29	5/6/2024	WAC 110-145-1540 Reporting a child or youth missing from care.
30	5/13/2024	WAC 110-145-1430 Duties and qualifications of a program manager.
31	5/13/2024	WAC 110-145-1495 In-service training requirements.
32	5/17/2024	WAC 110-145-1750 Supervising children and youth.
33	5/17/2024	WAC 110-145-XXXX Staffing Ratios.
34	5/20/2024	WAC 110-145-1535 Reporting incidents involving youth.
35	5/21/2024	WAC 110-145-1540 Reporting a child or youth missing from care. (#2)
36	5/21/2024	WAC 110-145-1765 Allowance chores and employment. (#2)
37	5/29/2024	WAC 110-145-1845 Medical consent.
38	5/29/2024	WAC 110-145-XXX Initial health screening and EPSDT.
39	5/31/2024	WAC 110-145-1885 Immunization requirements.
40	6/3/2024	WAC 110-145-1670 Emergency and evacuation plans.
41	6/4/2024	WAC 110-145-1610 Sleeping equipment.
42	6/6/2024	WAC 110-145-XXXX Staffing ratios. (#2)
43	6/7/2024	WAC 110-145-1765 Allowance, chores, and employment. (#3)
44	6/12/2024	WAC 110-145-1625 Electronic monitoring.
45	6/12/2024	Lived experience definition.
46	6/14/2024	WAC 110-145-1520 Safety and wellbeing file.
47	6/17/2024	WAC 110-145-1530 Sharing information about a child, youth, or their family.
48	6/24/2024	WAC Lived experience definition and chart. (#2)
49	7/1/2024	WAC 1705 Cultural needs of children and youth.
50	7/1/2024	WAC XXXX Peer socialization activity plan.

Meeting Number	Meeting Date	Washington Administrative Code (WAC)
51	7/2/2024	WAC XXXX Staffing ratios. (#3)
52	7/8/2024	WAC 1785 Child and youth privacy – personal paper and electronic mail and phone calls.
53	7/8/2024	WAC XXXX Technology use.
54	7/16/2024	WAC 1625 Electronic monitoring. (#2)
55	7/23/2024	WAC 1520 Safety and wellbeing file (#2)
56	8/20/2024	WAC XXXX Staffing ratios. (#4)

APPENDIX H: CONSENSUS POLLS

Table 7. Consensus Polls

Poll Number	Launch Date	Close Date	Washington Administrative Code (WAC)
1	4/4/2024	4/10/2024	WAC 110-145-1645 What are the requirements regarding pets and animals in my facility?
2	4/18/2024	4/24/2024	WAC 110-145-1620 Diapers, pull-ups, incontinence supplies, and specialized toileting equipment.
3	4/18/2024	4/24/2024	WAC 110-145-1635 Prevention of the spread of infections and communicable disease.
4	4/18/2024	4/24/2024	WAC 110-145-XXXX Allowance, chores, and employment.
5	4/18/2024	4/24/2024	WAC 110-145-XXXX Food storage and preparation.
6	4/18/2024	4/24/2024	WAC 110-145-XXXX Milk, breast milk, and formula.
7	4/26/2024	5/8/2024	WAC 110-145-1425 Duties & qualifications of an executive director or administrator.
8	5/6/2024	5/17/2024	WAC 110-145-1505 Bloodborne pathogens training.
9	5/17/2024	5/24/2024	WAC 110-145-1510 Personnel Records.
10	5/17/2024	5/24/2024	WAC 110-145-1600 Bedrooms and sleeping areas.
11	5/17/2024	5/24/2024	WAC 110-145-1605 Shared Bedrooms.
12	5/17/2024	5/24/2024	WAC 110-145-1660 Firearms and Weapons.
13	5/28/2024	6/13/2024	WAC 110-145-1490 Preservice training requirements.
14	5/28/2024	6/13/2024	WAC 110-145-1495 In-service training requirements.
15	5/28/2024	6/13/2024	WAC 110-145-1570 Indoor area for recreation, informal educational activities, and physical or occupational therapy.
16	5/28/2024	6/7/2024	WAC 110-145-1620 Diapers, pull-ups, incontinence supplies, and specialized toileting equipment. (Poll #2)
17	5/28/2024	6/7/2024	WAC 110-145-1635 – Prevention of the spread of infections and communicable disease. (Poll #2)
18	5/28/2024	6/13/2024	WAC 110-145-1775 Children's and youth's belongings.
19	5/28/2024	6/13/2024	WAC 110-145-XXXX Duties and qualifications of non-direct care volunteers.
20	5/28/2024	6/7/2024	WAC 110-145-XXXX Food storage and preparation (Poll #2)
21	6/3/2024	6/14/2024	WAC 110-145-XXXX Initial health screen, EPSDT exam, and dental care.
22	6/3/2024	6/14/2024	WAC 110-145-1500 First aid and cardiopulmonary resuscitation (CPR) training.

Poll Number	Launch Date	Close Date	Washington Administrative Code (WAC)
23	6/3/2024	6/14/2024	WAC 110-145-1510 Personnel records. (Poll #2)
24	6/3/2024	6/14/2024	WAC 110-145-1600 Bedrooms and sleeping areas. (Poll #2)
25	6/3/2024	6/14/2024	WAC 110-145-XXXX Meals, snacks, and menus.
26	6/18/2024	6/25/2024	WAC 110-145-1420 General requirement for agency personnel.
27	6/18/2024	6/25/2024	WAC 110-145-1660 Firearms and weapons. (Poll #2)
28	6/18/2024	6/25/2024	WAC 110-145-1730 Educational and vocational instruction.
29	6/28/2024	7/15/2024	WAC 110-145-1530 Sharing information about a child, youth, or their family.
30	6/28/2024	7/16/2024	WAC 110-145-1885 Children and youth immunization requirements.
31	7/5/2024	7/16/2024	WAC 110-145-1670 Emergency and evacuation plans.
32	7/8/2024	7/16/2024	WAC 110-145-1540 Reporting child or youth missing from care.
33	7/12/2024	7/19/2024	WAC 110-145-XXXX Duties and responsibilities of a care coordinator.
34	7/12/2024	7/19/2024	WAC 110-145-XXXX Medication management and administration.
35	7/12/2024	7/19/2024	Lived Experience Definition and Chart.
36	7/12/2024	7/19/2024	WAC 110-145-1430 Duties and qualifications of a program manager.
37	7/12/2024	7/19/2024	WAC 110-145-1445 Duties and qualifications of direct care staff and direct care volunteers.
38	7/19/2024	7/26/2024	WAC 110-145-1540 Reporting child or youth missing from care. (Poll #2)
39	7/19/2024	7/26/2024	WAC 110-145-1670 Emergency and evacuation plans. (Poll #2)
40	7/19/2024	7/26/2024	WAC 110-145-1730 Educational and vocational instruction requirements. (Poll #2)
41	7/19/2024	7/26/2024	WAC 110-145-1775 Children's and youth's personal belongings. (Poll #2)
42	7/19/2024	7/26/2024	WAC 110-145-1785 Child and youth privacy – personal paper and electronic mail and phone calls.
43	7/19/2024	7/26/2024	WAC 110-145-XXXX Peer socialization and activity plan.
44	7/19/2024	7/26/2024	WAC 110-145-XXXX Staffing ratios.
45	7/19/2024	7/26/2024	WAC 110-145-XXXX Technology use.
46	7/29/2024	8/5/2024	WAC 110-145-1750 Supervising children and youth.
47	8/5/2024	8/12/2024	WAC 110-145-1460 Case Manager Consultant.

Poll Number	Launch Date	Close Date	Washington Administrative Code (WAC)
48	8/5/2024	8/12/2024	WAC 110-145-1540 Reporting child or youth missing from care. (Poll #3)
49	8/5/2024	8/12/2024	WAC 110-145-1670 Emergency and evacuation plans. (Poll #3)
50	8/5/2024	8/12/2024	WAC 110-145-1785 Child and youth privacy – personal paper and electronic mail and phone calls. (Poll #2)
51	8/14/2024	8/23/2024	WAC 110-145-1535 Reporting – incidents involving children and youth.
52	8/14/2024	8/23/2024	WAC 110-145-1610 Sleeping equipment and bedding.
53	8/14/2024	8/23/2024	WAC 110-145-1660 Firearms, ammunition and other weapons. (Poll #3)
54	8/14/2024	8/23/2024	WAC 110-145-1845 Medical care consent.
55	8/14/2024	8/23/2024	WAC 110-145-XXXX Initial health screen, EPSDT and dental care. (Poll #2)

APPENDIX I: WAC LANGUAGE THAT REACHED CONSENSUS

WAC LANGUAGE THAT REACHED CONSENSUS

The WAC language below is the language representatives voted on during NRM Representative Meetings, Breakout Sessions, and Consensus Polls facilitated by PCG between December 2023 and August 2024.

WAC 110-145-1350 DCYF ACCESS

DCYF access. (Consensus Version)

The department must have access to the licensee's facility, staff and the children and youth in care at any time. The licensee must allow the department to meet privately with staff, or children, or youth in your care, at the department's request. The department must also have access to the documents related to the licensee's program for the purpose of determining whether or not there is compliance with the provisions of chapter 74.15 RCW and RCW 74.13.031 to verify compliance with this chapter.

WAC 110-145-1360 CHILDREN AND YOUTH IN CARE

Children and youth in care.

(1) Licensees may care for children and youth ages birth through 17 years old, and individuals 18 years through 20 years old if the individual is enrolled in extended foster care or has intellectual and development disabilities.
(2) The department will license group care facilities using license types with specific requirements as outlined in subsections (3) through (8) of this section.
(3) Emergency respite centers (ERCs) provide care for children from birth through 17 years old, and individuals 18 through 20 years old when the individual has intellectual and developmental disabilities and is admitted with a sibling who is under 18 years old.
(4) Group receiving centers provide care for one of the following age groups:
    (a) Two years through five years old;
    (b) Six years through 12 years old;
    (c) 13 years through 17 years old; or
    (d) With an LD approved supervision plan, licensees may be licensed for more than one age group, including children under two years old.
(5) Overnight youth shelters (OYSs) provide care for youth ages 13 years through 17 years old or youth ages 16 years through 20 years old.
(6) Resource and assessment centers (RACs) provide care for children from birth through 12 years old, or for youth ages 13 years through 17 years old who are placed with a sibling under 13 years old.
(7) Secure crisis residential centers (secure CRCs) provide care to youth ages 12 years through 17 years old who meet one of the following criteria:
    (a) Youth ordered by the court to be placed for contempt on ARP. These youth may be ordered into a secure CRC that is collocated with a detention facility; or
    (b) Youth placed by law enforcement officers who are runaways, are in dangerous situations, or are in violation of curfew.

(8) Semi-secure crisis residential centers (semi-secure CRCs) provide care to youth ages 12 years through 17 years old who meet one of the following criteria:
    (a) Are beyond the control of their parents and behave in a way that endangers any individual's welfare;
    (b) Need assistance getting food, shelter, health care, clothing, educational services, and/or resolving family conflicts;
    (c) Need temporary protective custody; or
    (d) Have parents who are not able or willing to continue efforts to keep the family together.
(9) Unless otherwise specified in subsections (3) through (8) of this section, to be licensed to care for children younger than six years old, licensees must provide one of the following:
    (a) Care for children or youth with intellectual and developmental disabilities;
    (b) Care for medically fragile children or youth; or
    (c) or parenting youth.

WAC 110-145-1425 DUTIES AND QUALIFICATIONS OF AN EXECUTIVE DIRECTOR OR ADMINISTRATOR

Duties and qualifications of an executive director or administrator.

(1) An executive director or administrator must:
    (a) Manage the financial, administrative, and service operations of the agency;
    (b) Be available by telephone during the regularly scheduled business hours of the facility and on-site as needed;
    (c) Ensure that the agency complies with all relevant and applicable laws, specifically chapter 74.15 RCW, and the licensing rules in this chapter;
    (d) Communicate to the department the roles, expectations, and purposes of the program;
    (e) Assume responsibility for the health, safety, and well-being of children and youth in the licensee's care;
    (f) Comply with any professional accreditation requirements that apply to the agency; and
    (g) Work with representatives of other agencies.
(2) An executive director or administrator must:
    (a) Have a minimum of one year full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care;
    (b) Possess the education, training, and experience to demonstrate the skills and abilities relevant to administrative oversight and program and fiscal management of an agency as indicated in the agency's policies and procedures; and
    (c) Meet additional duties and qualifications detailed in any written agreement between the agency and any state governmental entity, if applicable. If the requirements of this section conflict with the terms in a written and signed agreement, then the higher standard will apply.
(3) If the executive director or administrator position is vacated or the executive director or administrator has significant changes in their physical condition that prevents them from carrying out their job duties and responsibilities, the licensee must notify the licensor with a plan for how the duties will be accomplished until the vacancy is filled or the executive director or administrator can perform their duties.

WAC 110-145-1465 DUTIES AND QUALIFICATIONS OF NON-DIRECT CARE STAFF

Duties and qualifications of non-direct care staff.

(1) Licensees must have sufficient clerical, accounting, and administrative services to maintain proper records and carry out their program.
(2) Licensees must have sufficient support and maintenance services to maintain and repair the premises, and to prepare and serve meals.
(3) Non-direct care staff must:
    (a) Be at least 18 years of age; and
    (b) Have the ability and qualifications to carry out the duties of their role.

WAC 110-145-1470 CAN ONE STAFF PERSON HAVE DIFFERENT RESPONSIBILITIES?

Can one staff person have different responsibilities?

(1) The same person may have multiple staff roles and responsibilities as long as:
    (a) They meet the staff qualifications and training requirements for each position;
    (b) They fill and conduct the duties of only one role at a time; and
    (c) The licensee ensures required staffing ratios are maintained

WAC 110-145-1505 BLOODBORNE PATHOGENS TRAINING

Bloodborne pathogens training.

(1) Prior to working with children and youth in the facility, all personnel must have training on bloodborne pathogens, including infection control standards.
(2) Licensees must use infection control requirements and educational material consistent with the current approved curriculum published by the department of health.
(3) All personnel must use universal precautions when coming in contact with the bodily fluids.

WAC 110-145-1515 INFORMATION TO BE KEPT CURRENT AND AVAILABLE DURING EACH SHIFT

Information to be kept current and available during each shift.

(1) The following documentation must be kept current and available to personnel during each shift:
    (a) Incident logs, including a copy of any suspected child abuse or neglect referrals made to the department and all incident reports;
    (b) Any identified supervision needs specific to a child or youth;
    (c) Except for overnight youth shelters, written documentation or staff briefings between shifts regarding the whereabouts of any child or youth currently off-site; and
    (d) Verification of monthly inspections of mechanical security devices, such as door and window alarms.
(2) During each shift, licensees and their personnel must document the following information in a shift log:
    (a) Serious child or youth health or safety issues;
    (b) Illnesses or accidents;
    (c) Medications and treatments given;
    (d) Names of direct care staff and direct care volunteers on duty during the shift; and

(e) Telephone numbers of the director, program manager, or case manager who is on call, and the on call personnel available to be on duty if needed during each shift.

WAC 110-145-1530 SHARING INFORMATION ABOUT A CHILD, YOUTH, OR THEIR FAMILY

Sharing information about a child, youth, or their family.

(1) Information about a child or youth or their family is confidential.

(2) Licensees and their personnel must share information about the children or youth, their families, and their safety and well-being files only to the extent necessary to conduct one's official duties with:

(a) For DCYF children or youth:

(i) Representatives of the department;

(ii) Representatives of the office of the family and children's ombuds;

(iii) The child's or youth's attorney;

(iv) The child's or youth's assigned guardian ad litem; and

(v) Others designated by the child's or youth's DCYF caseworker.

(b) For Tribes children or youth:

(i) Representatives of the department; and

(ii) Others designated by the child's or youth's Tribes caseworker.

(c) For community children or youth:

(i) Representatives of the department; and

(ii) Others designated by the child's or youth's parent.

(3) Licensees who operate overnight youth shelters or other group care facility that provides residential services for runaway or homeless youth must comply with RCW 13.32.082 if compelling reasons exist to not notify a youth's parents pursuant to WAC 110-145-1545.

WAC 110-145-1545 REPORTING – ADDITIONAL REQUIREMENTS FOR LICENSED FACILITIES SERVING RUNAWAY OR HOMELESS YOUTH

Reporting – additional requirements for licensed facilities serving runaway or homeless youth.

(1) This section applies to overnight youth shelters and other group care facilities licensed to provide residential services for runaway or homeless youth.

(2) If licensees or their personnel learn that a youth staying in the facility does not have parental permission to be there, they must, within 72 hours, but preferably within 24 hours, either:

(a) Notify the youth's parent by telephone or other reasonable means unless compelling reasons exist to not notify parent, pursuant to RCW 13.32A.082. The notification must include:

(i) The youth's whereabouts;

(ii) A description of the youth's physical and emotional condition; and

(iii) The circumstances surrounding the youth's contact with the group care facility; or

(b) Notify DCYF intake, if:

(i) Compelling reasons exist to not notify the youth's parent, pursuant to RCW 13.32A.082;

(ii) The licensees or their personnel are unable to contact the youth's parent as required under subsection (2)(a) of this section; or

(iii) Contact was made with the youth's parent, but the parent did not request that the youth return home. This requirement applies even when the parent does not provide consent for the youth to remain in the group care facility.

(3) After learning that a youth staying in the facility does not have parental permission to be there, licensees or their personnel must review the public information on missing youth made available by the Washington state patrol at least once every eight hours while the youth is present at the facility. If the youth is listed as missing, licensees or their personnel must immediately notify DCYF intake with the information listed in subsection (2)(a)(i) through (iii) of this section.

(4) Licensees or their personnel must document all notifications required under this section in the youth's file.

WAC 110-145-1550 REPORTING – CHANGES TO THE FACILITY, PROGRAM, OR LICENSEE

Reporting – changes to the facility, program, or licensee.

Licensees must immediately report to the licensor changes in the original licensing application, including the following:

(1) Changes in the facility location;

(2) Changes to the facility phone number, email address, or mailing address;

(3) Changes in the program description or the population served, including the maximum number, age ranges, and gender of children and youth that the licensee wants to serve;

(4) Changes in the structure of the facility or premises from events causing damage, such as a fire or from remodeling;

(5) Arrests or convictions of the licensee or their personnel that:

(a) The licensee is aware of; and

(b) Occur between the date the license is issued and the expiration date of the license;

(6) Death, retirement, or incapacity of the individual who holds the license; and

Changes to the name of the licensed corporation, the name by which the facility is commonly known, or to the articles of incorporation and bylaws.

WAC 110-145-1570 INDOOR RECREATION AREAS

Indoor area for recreation, informal educational activities, and physical or occupational therapy.

(1) Licensees must have a room or area inside the facility that is suitable for recreational and informal education activities appropriate to the individual developmental abilities of the children and youth in care.

(2) The size of the room or area must:

(a) Be appropriate for the licensed capacity of the facility;

(b) Be adequate for child and youth play; and

(c) Have sufficient space to house supplies and equipment for a developmentally appropriate program.

(3) If licensees care for children or youth with intellectual and developmental disabilities whose licensed health care provider prescribes them physical and occupational therapy, licensees must:

(a) Provide a room at their facility for the physical and occupational therapy sessions that is adequate for meeting the individual developmental abilities of the children or youth and for storing the therapy equipment; or
(b) Make arrangements for the child or youth to access physical and occupational therapy in the local community.

WAC 110-145-1580 WHAT ARE THE REQUIREMENTS FOR STORING DANGEROUS CHEMICALS OR OTHER SUBSTANCES?

What are the requirements for storing dangerous chemicals or other substances?

(1) The licensee must store the following items in a place that is not accessible to preschool children ages birth to 6 years old or other persons with limited capacity or who might be endangered by access to these products:
    (a) Cleaning supplies;
    (b) Toxic or poisonous substances;
    (c) Aerosols; and
    (d) Items with warning labels.
(2) When containers are filled with toxic substances from a stock supply, the licensee must clearly label those containers.
(3) Toxic substances must be stored separately from food items.

WAC 110-145-1600 BEDROOMS AND SLEEPING AREAS

Bedrooms and sleeping areas.

(1) Licensees must provide each child and youth a single or shared bedroom with privacy and space that is appropriate and adequate to meet their individual developmental 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
    (b) one-half feet); and
    (c) A window or door that opens to the outside, allows natural light into the bedroom, and
    (d) permits emergency access or exit.
(4) 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.
(5) Licensees may use 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.
(6) Licensees must not use bathrooms, kitchens, or unfinished basements as bedrooms.
(7) Licensees must not use common areas of the facility such as hallways, living rooms, and dining rooms as bedrooms for anyone in the household without permission of the licensor and either the caseworker for the DCYF or Tribes child or youth or the parent of the community child or youth.
(8) 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
  (ii) A physical barrier to prevent contact.

WAC 110-145-1605 SHARED BEDROOMS

Shared bedrooms.

(1) Licensees must consider what bedroom placement is in the best interest of a child or youth by consulting with:
  (a) The child or youth; and
  (b) The caseworker for the DCYF or Tribes 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 parenting youth and their infant sleep in the same room, the room must contain at least 80 square feet of usable floor space. 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 interim facilities.
(6) An individual in the extended foster care program may share a bedroom with a younger child or youth only when the younger child or youth is related to the individual in the extended foster care program.
(7) The department may grant an exception to subsections (3) through (6) in this section with an LD administrative approval if it is in the best interest of the child or youth and supported by the licensor and the caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth.

WAC 110-145-1620 DIAPERS, PULL-UPS, INCONTINENCE SUPPLIES, AND SPECIALIZED TOILETING EQUIPMENT

Diapers, pull-ups, incontinence supplies, and specialized toileting equipment.

(1) Licensees must separate areas where diapers or incontinence supplies are changed from food preparation and dining areas.
(2) Diaper changing areas must be adjacent to a handwashing sink.
(3) During waking hours, licensees and their personnel must regularly monitor a child's diaper or pull-up based on the child's individual developmental abilities. The diaper or pull-up must be replaced when wet or soiled by following DOH diaper changing guidelines.
(4) Except in facilities caring for medically fragile children, licensees and their personnel must follow DOH handwashing guidelines. Licensees and personnel caring for medically fragile children must follow DOH hand hygiene guidelines.

(5) Licensees must use disposable diapers or reusable diapers. If reusable are used, the diapers must:
    (a) Not be rinsed;
    (b) Be placed in a securely sealed moisture impervious bag;
    (c) Be stored in a separate disposal container; and
    (d) Either:
        (i) Be delivered to a commercial laundry service or returned to the child's parent; or
        (ii) For licensees who care for medically fragile children and who have in-house laundry services, the soiled reusable diaper may be laundered by their in-house laundry services when the CDC environmental infection control guidelines related to laundry are followed.
(6) Licensees must provide appropriate, specialized toileting equipment for children and youth based on their individual developmental abilities. The equipment must be regularly maintained, kept in sanitary condition, and placed on a washable, water-resistant surface when in use.
(7) Licensees and their personnel must disinfect diaper changing areas and specialized toileting equipment between each use following DOH cleaning and disinfecting guidelines.
(8) If a youth uses incontinence supplies, licensees must develop a plan for monitoring and replacing it based on the youth's individual developmental abilities.

WAC 110-145-1635 PREVENTION OF THE SPREAD OF INFECTIOUS AND COMMUNICABLE DISEASE

Prevention of the spread of infectious and communicable disease.

(1) Staff or volunteers with a contagious disease as defined in WAC 246-110-010(3) and contagious respiratory illnesses must not be on duty until they are no longer in an infectious stage based on CDC guidelines, local health jurisdiction, or licensed health care provider, as appropriate for the condition.
(2) If licensees care for medically fragile children and youth, they must have an infection control program supervised by a registered nurse or a certified infection preventionist.
(3) Licensees must promote personal hygiene to help prevent the spread of germs.
(4) Licensees must have written policies and procedures about the control of infections. These must include, but are not limited to, the following areas:
    (a) Isolation of sick children and youth;
    (b) Germ control procedures;
    (c) Hygiene, including hand washing, using the toilet, diapering, and laundering;
    (d) Prevention of the transmission of communicable diseases including management and
    (e) reporting;
    (f) First aid;
    (g) Care of minor illnesses;
    (h) Actions to be taken for medical emergencies; and
    (i) Infant care procedures if licensed to care for infants.
(5) If licensed to care for thirteen or more children and youth in a facility, licensees must arrange to have a registered nurse or a licensed health care provider help develop and periodically review the policies and procedures described in subsection (4).

(6) LD may recommend licensees who care for less than 13 children or youth in a facility to consult with a registered nurse or a licensed health care provider to help develop and periodically review the policies and procedures described in subsection (4).

WAC 110-145-1645 WHAT ARE THE REQUIREMENTS REGARDING PETS AND ANIMALS IN MY FACILITY?

What are the requirements regarding pets and animals in my facility?

(1) All animals housed on the premises must be safe and cared for in a sanitary manner.
(2) The licensee must comply with city, county, state and federal statutes and regulations regarding:
    (a) Animal safety;
    (b) Vaccinations; and
    (c) Standard veterinary care.
(3) The licensee must ensure interactions between children and youth and the animals are appropriate and safe.
(4) The licensee may not have an animal on the premises that is dangerous to children and youth.
(5) The department has the discretion to limit the type and number of household pets and animals if DCYF determines there are risks to the children and youth in care.

WAC 110-145-1665 WHAT ARE THE FIRE SAFETY REQUIREMENTS FOR ALL GROUP RESIDENTIAL FACILITIES?

What are the fire safety requirements for all group residential facilities?

(1) The licensee must comply with the local building and fire codes and the state fire marshal regulations. If conflicting requirements exist between these entities, the licensee must comply with the most stringent requirement.
(2) If the licensee operates a staffed residential home licensed for five or fewer children, the licensee must meet the fire safety requirements outlined in chapter 110-148 WAC.
(3) The licensee and their staff must be familiar with safety procedures related to fire prevention, including fire drill procedures.
(4) The licensee and their staff must be able to:
    (a) Operate all fire extinguishers installed on the premises;
    (b) Test smoke detectors, more specifically, single station types;
    (c) Conduct frequent inspections at the facility to identify fire hazards and take action to correct any hazards noted during the inspection;
    (d) Ensure children and youth are able to escape from every floor in the facility. In most cases, this includes a functional fire ladder available from upper stories; and
    (e) Ensure windows open to the outside and are large enough for emergency personnel to enter and exit wearing rescue gear, unless the building or structure has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction.
(5) The licensee and their staff must have easy access to all rooms in the facility in case of emergencies.
(6) Barriers are required for fireplaces, wood stoves, and other heating systems for facilities licensed for children less than six years of age. The licensee and their staff must not leave

open-flame devices unattended or use them for a purpose other than for what they were designed.
(7) Emergency vehicles must be able to access the facility. The address must be clearly visible on the facility or mailbox so that emergency personnel can easily locate the facility.
(8) The department may require the licensee to have an inspection by the state fire marshal or the local fire authority if DCYF has questions about fire safety, or if local ordinances or the state fire marshal require these inspections.

WAC 110-145-1670 EMERGENCY AND EVACUATION PLANS

Emergency and evacuation plans.
Licensees must:

(1) Develop written emergency plans based on their agency's risk assessment that includes:
  (a) At a minimum, responses to the following types of emergencies:
    (i) Hostile persons on the premises;
    (ii) Fires; and
    (iii) Natural disasters; and
  (b) A written evacuation plan that:
    (i) Reflects the individual developmental abilities of the children and youth living in
    (ii) the facility; and Includes:
      (A) Actions to be taken by the individual discovering the emergency;
      (B) Evacuation of the building in a manner that ensures safety for children, youth, and personnel;
      (C) Actions to be taken while waiting for the emergency responders;
      (D) Actions to be taken following the emergency;
      (E) An evacuation floor plan, identifying:
        (I) Exit doors and windows;
        (II) Fire extinguishers;
        (III) Smoke detectors, and carbon monoxide detectors, unless the facility has an integrated fire suppression system that includes both smoke detectors and carbon monoxide detectors.
(2) Submit their emergency plans to LD for approval prior to initial license and upon any changes;
(3) Store their emergency plans in a manner that is easily accessible to personnel, children, and youth at all times.
(4) Educate children and youth upon intake and practice with children and youth quarterly appropriate to their individual developmental abilities;
(5) Post a copy of the evacuation floor plan at each exit door; and
(6) Notify the department if an emergency occurs.

WAC 110-145-1710 WHAT ARE THE REQUIREMENTS ABOUT NONDISCRIMINATION?

What are the requirements about nondiscrimination?
(1) You must follow all state and federal laws regarding nondiscrimination while providing services to children and youth in your care.

(2) You must support and engage children and youth in your care with dignity and respect regardless of actual or perceived race, ethnicity, culture, sex, or SOGIE.
(3) You must connect a child or youth with resources that supports the child's needs regarding race, religion, culture, and SOGIE.

WAC 110-145-1810 CARING FOR INFANTS AND YOUNG CHILDREN

Caring for infants and young children

(1) When caring for infants and young children, licensees and their personnel must:
    (a) Hold infants at times other than feeding for the purposes of comfort and attention; and
    (b) Allow children plenty of free time outside of a swing, crib, or playpen.
(2) Licensees and their personnel may vary from this requirement only if you have written direction from the child's licensed health care provider.

WAC 110-145-1815 BEHAVIOR MANAGEMENT

Behavior management.

(1) Licensees must:
    (a) Have and follow policies and procedures that have been approved by LD describing their behavior management methods;
    (b) Immediately provide updated policies and procedures to the licensor for approval if behavior management methods change.
    (c) Use behavior management methods appropriate to the child's or youth's individual developmental abilities;
    (d) Use positive methods of guidance and behavior management that promote self-control, self-responsibility, self-direction, self-esteem, and cooperation; and
    (e) Not use any of the following as behavior management methods:
        (i) Corporal punishment;
        (ii) Verbally abusive, neglectful, humiliating, intimidating, or frightening behavior management;
        (iii) Withholding of food;
        (iv) Chores or physical labor;
        (v) Any behavior management methods that interfere with a child's or youth's basic needs or a child's or youth's need for necessary services including contact with their caseworker, case manager, and legal representatives; or
        (vi) Withholding approved contact with a child's or youth's family, without further approval from the caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth.
(2) Licensees and their personnel must maintain responsibility for the behavior management of children and youth in care and must not delegate that responsibility to a child or youth.

WAC 110-145-1885 CHILDREN AND YOUTH IMMUNIZATION REQUIREMENTS

Children and youth immunization requirements.

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

(2) Licensees, except those operating interim facilities, secure or semi-secure crisis residential centers, or group receiving centers, must ensure children and youth in care are up to date on their immunizations unless there is documentation on record for any of the following types of immunization exemptions for the child or youth:
    (a) Medical exemption, signed by child's or youth's parent and a licensed health care provider;
    (b) Religious exemption, signed by child's or youth's parent and a licensed healthcare provider;
    (c) Philosophical/personal exemption, signed by child's or youth's parent and a licensed health care provider. A philosophical/personal exemption does not include an exemption from measles, mumps or rubella (MMR) vaccine requirements; or
    (d) Religious membership exemption, signed by child's or youth's parent.
(3) If children or youth in care are not up to date on their immunizations and do not have an immunizations exemption on record, licensees must take them to a licensed health care provider as soon as medically possible for catch-up immunizations according to the ACIP/CDC catch-up schedule.
(4) If an outbreak of a vaccine-preventable disease occurs at the facility, licensees must notify:
    (a) The caseworker for each DCYF and Tribes child and youth;
    (b) The parent of each community child or youth; and
    (c) The licensor.

WAC 110-145-2065 WHAT SERVICES MUST I PROVIDE FOR MEDICALLY FRAGILE CHILDREN AND YOUTH?

What services must I provide for medically fragile children and youth?

(1) A group home licensee or a staffed residential home licensee may provide specialized care to medically fragile children and youth who need intensive personal care. The children and youth may require skilled health care, physical therapy, or other forms of therapy.
(2) If caring for medically fragile children, the licensee must ensure the following services are provided:
    (a) An individualized treatment plan informed by the child's or youth's licensed health care provider addressing the unique needs of each child and youth in care. The treatment plan must include a list of the care and services to be provided, with details on the child's or youth's preferences and choices, and how the services will be delivered to accommodate those preferences and choices;
    (b) Care by licensed health care providers, including surgeons, general and family practitioners, and specialists in the child's or youth's particular diagnosis on either a referral, consultative, or ongoing treatment basis;
    (c) Sufficient nursing staff to meet the nursing care needs of the children and youth, including at least one registered nurse licensed by the state of Washington on-site at all times;
    (d) The registered nurse must initially assess each child and youth admitted to the group home or staffed residential home and update the assessments as needed. These assessments and updates must be documented; and
    (e) The registered nurse must advise and assist nonmedical caregivers at the group home or staffed residential homey in maintaining child and youth health records, meeting daily health needs, and caring for children and youth with minor illnesses and injuries.

WAC 110-145-2120 WHAT SERVICES SHALL BE PROVIDED TO PREGNANT AND PARENTING YOUTH?

What services shall be provided to pregnant and parenting youth?

(1) A group home licensee or a staffed residential home licensee may provide this specialized care for pregnant parents and birthing parents and their infants.
(2) If caring for pregnant parents and birthing parents and their infants, the licensee must provide or arrange for the following services:
    (a) Information and referral services to every youth;
    (b) Safe and stable housing;
    (c) An assessment of the family's need(s);
    (d) Referral to an authorized medical care provider for prenatal and postnatal medical care;
    (e) Case management services; and
    (f) The provision of direct services or referrals to available needed services. This includes consultation regarding prenatal care by specialists meeting their full professional qualifications when the licensed health care provider requests prenatal care.
(3) The licensee must also provide or arrange access to evidenced-based individual or group education, about the following topics:
    (a) Pregnancy counseling;
    (b) Independent living education;
    (c) Infant and child care training;
    (d) Infant safety, education, and intervention;
    (e) Living arrangements;
    (f) Medical care planning;
    (g) Legal issues;
    (h) Vocational or educational guidance;
    (i) Plans for the child;
    (j) Financial, emotional or psychological problems;
    (k) Impacts of drug usage and plans of safe care;
    (l) Relations with the child's other parent;
    (m) Home management and consumer education;
    (n) A pregnant parent’s delivery in a licensed hospital or licensed birthing facility;
    (o) Postpartum medical and mental health examinations, as prescribed by a licensed health care provider, to the new parent;
    (p) Childcare, as needed; and
    (q) Case management services.
(4) The licensee must provide or assist a parent in arranging for licensed childcare when appropriate.

WAC 110-145-2125 HOW ARE SERVICES FOR PREGNANT AND PARENTING YOUTH DELIVERED?

How are services for pregnant and parenting youth delivered?

(1) The department must approve the program of daily activities that the licensee has developed for pregnant and parenting youth.

(2) Provision of services must not be contingent upon a parent's decision to keep or relinquish a child.
(3) If the licensee does not directly provide pregnant and parenting youth services in their facility, they must either:
    (a) Arrange for these services with other community agencies; or
    (b) Encourage, guide, and support the clients in are to get these services.

WAC 110-145-2130 WHAT TYPES OF HEALTH EDUCATION MUST A FACILITY OFFER TO PREGNANT AND PARENTING MOTHERS?

What types of health education must a facility offer to pregnant and parenting mothers?

(1) You need to offer or arrange evidence-based health education for pregnant and birthing parents that includes the following areas:
    (a) Hygiene;
    (b) Suitable preparation for childbirth;
    (c) The physiological changes during pregnancy;
    (d) Medical after care for the birthing parent and child;
    (e) Examinations and childbirth procedures;
    (f) Prenatal, postnatal and pediatric care;
    (g) Postpartum care;
    (h) Contraception and fertility awareness;
    (i) Nutritional recommendations and requirements for the birthing parent and child;
    (j) Child health and development; and
    (k) Psychological and emotional changes during and after pregnancy.

WAC 110-145-XXXX FOOD STORAGE AND PREPARATION

Food storage and preparation.

(1) Licensees must ensure the food service facilities, food storage, and food handling and preparation practices at the facility comply with the rules and regulations of the state board of health governing food service sanitation.
(2) Personnel who prepare and serve food must have a food worker card pursuant to chapter 246-217 WAC.
(3) Licensees may allow children and youth to assist in preparing and serving food to others at the facility only if the children and youth:
    (a) Are being supervised by personnel who have a food worker card; and
    (b) Either:
        (i) Have received information or training about safe food handling practices from personnel who have a food worker card, if assisting occasionally; or
        (ii) Have a food worker card, if assisting:
            A. On a regular basis;
            B. On an on-going basis for a period of two weeks or longer; or
            C. In exchange for payment.

WAC 110-145-XXXX MILK, BREASTMILK, AND FORMULA

Milk, breast milk, and formula.

(1) The milk or milk products served at the facility must be pasteurized.
(2) Licensees must follow these guidelines:

(a) Children under the age of 12 months must receive formula or breast milk unless written authorization from a licensed health care provider requires a different liquid intake for a child; and
(b) Children between the age of 12 and 24 months must receive whole milk unless written authorization from a licensed health care provider allows the child not be served whole milk. In interim facilities, the child's parent may provide the authorization to not serve the child whole milk.

(3) Before serving a child breast milk, the licensee must have approval from the child's licensed health care provider, the caseworker for the DCYF or Tribes child or the parent of the community child. If breast milk is provided by anyone other than a baby's biological mother, it must be obtained through a licensed breast milk bank.
(4) When bottles are used to feed infants, the bottles must be:
(a) Sanitized;
(b) Used according to product standards and commonly acceptable practices;
(c) Refrigerated if the filled bottle is not used immediately and emptied if not used within 24 hours.
(5) If more than one child is bottle-fed, the child's name and the date the bottle is prepared must be on each bottle.
(6) Infants under the age of six months must be held for all bottle feedings. Infants who are six months of age or over who are developmentally able may hold their own bottles as long as an adult remains in the room and within sight. Staff must take bottles from the child when the child finishes feeding, when the bottle is empty, or when the child falls asleep. Staff must not prop bottles when feeding infants.
(7) To prevent burns, formula or breast milk must not be warmed in a microwave oven.

WAC 110-145-XXXX DUTIES AND QUALIFICATIONS OF NON-DIRECT CARE VOLUNTEER

Duties and qualifications of non-direct care volunteer.

(1) Licensees may have non-direct care volunteers who provide assistance to personnel at the facility.
(2) A non-direct care volunteer must not be responsible for the supervision or direct care of the children and youth in care.
(3) A non-direct care volunteer does not count toward meeting the required staff-to-child ratio pursuant to WAC 110-145-1480.
(4) A non-direct care volunteer must be:
(a) At least 18 years old, or
(b) At least 16 years old, only at emergency respite centers that are licensed to care for children younger than 13 years old.
(5) Non-direct care volunteers must have the ability to carry out the duties for which they are volunteering.

WAC 110-145-XXXX STAFFING RATIOS

Staffing Ratios.

(1) Licensees must meet the staffing patterns listed in this section unless their contract for services or LD require a more stringent staffing ratio for the health and safety of the children, youth, and staff.

(2) At all times, licensees must have an identified person meeting direct care staff or direct care volunteer qualifications on-call and available to respond to the facility by phone within 15 minutes and report onsite to the facility as soon as possible but no later than 1-hour.
(3) During times when no director, program manager, or staff person responsible for care coordination is at the facility, at least one of them must be on-call and able to respond by telephone within fifteen minutes.
(4) Licensees, except those who operate interim facilities, must have sufficient qualified staff to meet the care coordination needs of the children and youth in care, with at least one care coordinator for every 18 children or youth in care.
(5) Licensees, except those who operate semi-secure crisis residential centers and secure residential centers, must:
    (a) Have at least two awake and alert direct staff or direct care volunteers on duty at all times when children or youth are present; and
    (b) Maintain a staffing ratio of at least one direct care staff or direct care volunteer on duty for every eight children and youth in care.
(6) Licensees who operate group receiving centers must also have at least one direct care staff or direct care volunteer on duty when youth are not present.
(7) Licensees who operate semi-secure crisis residential centers must have:
    (a) At least one direct care staff or direct care volunteer on duty when youth are not present;
    (b) At least two direct care staff or direct care volunteers on duty when youth are present; and
    (c) At all times, at least one direct care staff or direct care volunteer on duty for every four youth in care when youth are present.
(9) Licensees who operate secure crisis residential centers must have:
    (a) At least one direct care staff or direct care volunteer on duty when youth are not present;
    (b) At least two direct care staff or direct care volunteers on duty when youth are present; and
    (c) At all times, at least one direct care staff or direct care volunteer on duty for every three youth in care at secure CRCs not co-located with a detention center; or
    (d) At all times, at least one direct care staff or direct care volunteer on duty for every four youth in care at secure CRCs that are in the same facility as a detention center.

APPENDIX J. WAC LANGUAGE THAT DID NOT REACH CONSENSUS

WAC LANGUAGE THAT DID NOT REACH CONSENSUS

The below WAC language is the last version of the amended WAC for which representatives negotiated.

WAC 110-145-1420 GENERAL REQUIREMENTS FOR AGENCY PERSONNEL

General requirements for agency personnel.

(1) Licensees and their personnel must submit a completed background authorization form pursuant to chapter 110-04 WAC. An individual is not authorized to work at the facility until DCYF issues a background check clearance authorization for the individual.

(2) Prior to licensure, upon hire, and at license renewal, licensees must screen themselves and their personnel for tuberculosis (TB) by using LD's TB screening form, except for licensees who care for medically fragile children and youth, who must follow their DOH license requirements.

(3) If licensed to care for children under the age of two, licensees and their personnel caring for children under the age of two must have documentation onsite verifying they have current pertussis and influenza vaccinations.
    (a) The department may grant an exception to the influenza vaccination requirement, in consultation with a licensed health care provider.
    (b) The exception would require a statement from a licensed health care provider indicating that the influenza vaccination would result in severe medical consequences to the individual and that there is no other form of the influenza vaccine that would not cause severe medical consequences.

(4) At all times when children and youth are present there must be at least one personnel member on duty who can communicate with the children and youth appropriate to their individual developmental abilities. The personnel member must meet, at a minimum, the qualifications of a direct care staff or direct care volunteer.

(5) Licensees and their personnel must:
    (a) Demonstrate competency, good judgment, and self-control in the presence of children and youth and when performing duties;
    (b) Report suspected abuse, neglect, and exploitation to DCYF intake and to the licensee's executive director or program manager; and
    (c) Know and comply with rules established in this chapter as well as all other applicable laws.

(6) Health care personnel working and performing health care duties at a group care facility must:
    (a) Meet the full professional competency requirements in their respective field; and
    (b) Maintain their certification or licensure as required.

WAC 110-145-1430 DUTIES AND QUALIFICATIONS OF A PROGRAM MANAGER

Duties and qualifications of a program manager

(1) Licensees must:
  (a) Have a full-time program manager; and
  (b) Identify the key time periods when the program manager should be on-site at the facility in their policies and procedures or in their program manager position description.

(2) When a program manager is not able to be onsite during the identified key time periods, they must either be available by telephone or have a designated person in charge at the facility.

(3) Program managers must:
  (a) Coordinate and oversee the day-to-day programming provided to children and youth;
  (b) Supervise care coordinators, direct care staff and direct care volunteers;
  (c) Monitor personnel development and training;
  (d) Verify the plans contained in each child's and youth's safety and well-being file is executed
  (e) and completed; and
  (f) Comply with any professional accreditation requirements that apply to the agency.

(4) Program managers must have:
  (a) A bachelor's degree from an accredited college or university and a minimum of one year full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care. Lived experience may count toward six months of the experience requirement;
  (b) An associates degree or have completed 90 quarter credits or 60 semester credits from an accredited college or university and a minimum of two years full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting nine months of the experience requirement; or
  (c) A minimum of three years full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting one year of the experience requirement.

(5) If working in a facility that provides specialized care for medically fragile children and youth, a program manager must be a registered nurse who has a minimum of one year full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting six months of the experience requirement. If the program manager is absent from the facility, there must be another registered nurse on-site or on call pursuant to WAC 110-145-2065(2)(c).

(6) Program managers must meet additional duties and qualifications detailed in any written and signed agreement between the agency and any governmental entity, if applicable. If the requirements of this section conflict with the terms in a written and signed agreement, then the higher standard will apply.

(7) If the program manager position is vacated or the program manager has significant changes in their physical condition that prevents them from carrying out their job duties and responsibilities, the licensee must notify the licensor with a plan for how the program

manager duties will be accomplished until the vacancy is filled or the program manager can perform their duties.

WAC 110-145-1440 DUTIES AND QUALIFICATIONS OF A CASE MANAGER

Following the breakout session held on May 2, 2024, the language in this WAC was incorporated into WAC 110-145-XXXX Duties and qualifications of a care coordinator.

WAC 110-145-1445 DUTIES AND QUALIFICATIONS OF DIRECT CARE STAFF AND DIRECT CARE VOLUNTEERS

Duties and qualifications of direct care staff and direct care volunteers.

(1) Licensees must maintain sufficient numbers of direct care staff and direct care volunteers to ensure the health, safety, and well-being of children and youth in care. Pursuant to RCW 74.15.311, a resource and assessment center must be staffed primarily with trained volunteers.

(2) Direct care staff and direct care must provide children and youth with:
- (a) Appropriate adult supervision pursuant to WAC 110-145-1750;
- (b) Emotional support, including but not limited to promoting emotional regulation;
- (c) Personal attention; and

(3) Structured daily routines, basic life skills and living experiences as established by the licensee and described in the agency's policies and procedures.

(4) Direct care staff and direct care volunteers must:
- (a) Be at least 21 years of age, except as provided for in subsection (6) of this section;
- (b) Have a high school diploma or equivalent credential, for ex- ample, a GED or HSEC; and
- (c) Have the skills and ability to assist with the needs of children and youth in care.

(5) In addition to the requirements in subsection (3) of this section, direct care staff and direct care volunteers must meet the following criteria to work at:
- (a) A secure crisis residential center.
  - (i) 120 hours of experience working with a fully trained detention staff person;
  - (ii) Six months of full-time experience working with youth in a group setting;
  - (iii) One year of experience as a foster parent with placement of one or more children or youth in their 24-hour care; or
  - (iv) One year worth of credit hours from an accredited college or university related to or transferable to the demographic of people being served.
- (b) A semi-secure crisis residential center.
  - (i) Six months of full-time experience working with youth in a group setting;
  - (ii) One year of experience as a foster parent with placement of one or more children or youth in their 24-hour care; or
  - (iii) One year worth of credit hours from an accredited college or university related to or transferable to the demographic of people being served.
- (c) A facility that provides specialized care for medically fragile children and youth.
  - (i) (if)Have an active certified nurse assistant (CNA) license or an active licensed practical nurse license (LPN).
- (d) Any other facility not listed in (4)(a), (b), or (c) of this subsection.

(i) Have at least six months of similar, full-time experience that can be applied to or transferrable to the demographic of people being served; or

(6) If applicable, direct care staff and direct care volunteers must meet additional duties and qualifications detailed in:
  (a) Any professional accreditation requirements that apply to the agency; and
  (b) Any written and signed agreement between the agency and any state government entity. If the requirements of this section conflict with the terms in a written and signed agreement, then the higher standard will apply.

(7) Direct care staff and direct care volunteers, except if working at a secure crisis residential center or a semi-secure crisis residential center, may be between 18 and 21 years of age if they meet the requirements detailed in subsections (3)(b) and (c), (4)(d)(i) and (ii), and (5) of this section, as applicable, and they work:
  (a) At a facility licensed only to provide care for children younger than 13 years of age; or
  (b) At a facility licensed to provide care for children 13 years of age and older if the direct care staff or direct care volunteer works at all times with at least one other direct care staff or direct care volunteer who:
    (i) Is at least 21 years old;
    (ii) Is on-site and readily available to help when needed; and
    (iii) Has at least one year of similar, full-time experience working directly with.

(8) Licensees must have and follow a written policy that describes the duties, responsibilities, professional qualifications, and safety requirements for direct care staff and direct care volunteers.

WAC 110-145-1455 IF THE LICENSEE HAS HEALTH CARE STAFF, WHAT QUALIFICATIONS ARE REQUIRED?

If the licensee has health care staff, what qualifications are required?

(1) If the licensee's program requires health care staff, they must:
  (a) Meet the full professional competency requirements in their respective field; and
  (b) Maintain their certification or licensure as required.

~~(2) Applicants with current and active medical licensees or certificates (nurses, physicians and EMS personnel) may submit their licenses or certificates to satisfy the first aid and CPR requirement.~~

WAC 110-145-1460 WHAT ARE THE DUTIES AND QUALIFICATIONS FOR CASE MANGEMENT CONSULTANTS?

What are the duties and qualifications for case management consultants?

(1) An agency must have case management consultants available as needed to work with its staff, the children and youth in care, and the families of children and youth in care. Additional consultants may be used to support programs and services.

(2) A case management consultant is responsible for:
  (a) Reviewing treatment or case plans as appropriate;
  (b) Consulting with or supervising case managers at least one hour for every 40 hours of case management work. Staff consultations must be documented and available for staff to review as needed;

(c) Monitoring and documenting the skill development of staff; and
(d) Complying with any professional accreditation requirements that apply to the agency.

(3) Each case management consultant must have:
(a) A master's degree from an accredited college or university;
(b) The training, experience, knowledge, and demonstrated skills for each area which they will be supervising or advising;
(c) The ability to ensure staff develop their skills, are adequately trained, and have the understanding needed to effectively manage cases; and
(d) Knowledge of mandatory child abuse and neglect reporting requirements.

(4) A case management consultant may be employed by an agency or operate under a contract.

(5) A case management consultant must meet or exceed the professional competency requirements and academic training required by their professional field.

(6) In addition to the requirements in this section, a case management consultant working in an emergency respite center must have training and experience in early childhood education.

(7) A case management consultant must meet any written and signed agreement between the agency and any state governmental entity, if applicable. If the requirements of this section conflict with the terms in a written and signed agreement, then the higher standard will apply.

WAC 110-145-1490 PRESERVICE TRAINING REQUIREMENTS

Preservice training requirements.

(1) Preservice training requirements are in addition to the required first aid and cardiopulmonary resuscitation training (CPR) pursuant to WAC 110-145-1500 and the required bloodborne pathogen training pursuant to WAC 110-145-1505.

(2) Licensees must train all personnel on the agency's policies and procedures, job responsibilities and facility administration.

(3) All personnel, except non-direct care staff and non-direct care volunteers, must complete a minimum of 16 hours of preservice training prior to providing direct care to children and youth. The training must:
(a) Include LD-approved training in:
(i) Culturally responsive care;
(ii) LGBTQIA+ affirming care; and
(iii) Trauma-informed care.
(b) Be relevant to the children and youth in care and the program services the agency provides as outlined in the agency's program description.

(4) Non-direct care staff and non-direct care volunteers assisting direct care staff must complete a minimum of two hours of preservice training relevant to the children and youth in care.

(5) Preservice training may include, but is not limited to:
(a) Child abuse and neglect identification and reporting requirements;
(b) Incident reporting;
(c) Accessing community resources;
(d) Client confidentiality;
(e) Family dynamics and family intervention techniques;
(f) Licensing regulations specific to your facility;
(g) Child development;
(h) Grief and loss;

(i) Cultural needs of children in care;
(j) Commercial sexual exploitation of children and youth;
(k) Behavior management and crisis intervention techniques;
(l) Conflict resolution or problem-solving skills;
(m) Substance abuse, including fentanyl;
(n) Gang awareness;
(o) Sexually aggressive and physically aggressive and assaultive training;
(p) Effects of trauma on children;
(q) Youth supervision requirements; and
(r) Fire safety and emergency planning.

WAC 110-145-1495 IN-SERVICE TRAINING REQUIREMENTS

In-service training requirements.

(1) Licensees must offer direct care staff and direct care volunteers in-service training programs for developing and upgrading skills. If licensees have five or more direct care staff and direct care volunteers, the training plan must be in writing.
(2) In addition to the required first aid and cardiopulmonary resuscitation training (CPR) training pursuant to WAC 110-145-1500 and the required bloodborne pathogen training pursuant to WAC 110-145-1505, direct care staff and direct care volunteers must complete a minimum of 24 hours of ongoing education and in-service training annually. The training must:
    (a) Include LD-approved training in:
        (i) Culturally responsive care;
        (ii) LGBTQIA+ affirming care; and
        (iii) Trauma-informed care.
    (a) Be relevant to the children and youth in care and the program services the agency provides as outlined in the agency's program description
(3) In-service training may include, but is not limited to:
    (a) Crisis intervention techniques, including verbal de-escalation, positive behavior support,
    (b) and physical response and restraint training as approved by the department;
    (c) Behavior management techniques;
    (d) Substance abuse, including fentanyl;
    (e) Suicide prevention, assessment, and intervention;
    (f) Family intervention techniques;
    (g) Indian child welfare and working with Native American children;
    (h) Cultural diversity;
    (i) Mental health issues and interventions;
    (j) Mediation skills;
    (k) Conflict management and problem-solving skills;
    (l) Child abuse and neglect;
    (m) Characteristics and management of sexually aggressive or otherwise predatory behavior
    (n) and physically assaultive behavior;
    (o) Gang awareness;
    (p) Commercial sexual exploitation of children and youth;
    (q) Emergency procedures; and
    (r) Fire safety and emergency planning.

(4) Licensees must discuss with all personnel updated policies and procedures, as well as the rules contained in this chapter.
(5) Licensees' training on behavioral management must:
    (a) Be approved by LD prior to implementation; and
    (b) Include nonphysical methods of redirecting and controlling behavior that are appropriate to the individual developmental abilities of the children and youth in care.
(6) Licensees must document all training, including a description of the training provided and the date of the training. This information must be kept in each direct care staff's and direct care volunteer's file or in a separate training file.

WAC 110-145-1500 FIRST-AID AND CARDIOPULMONARY RESUSCITATION (CPR) TRAINING

First-aid and cardiopulmonary resuscitation (CPR) training.

(1) Direct care staff and direct care volunteers must have basic standard first aid and age-appropriate cardiopulmonary resuscitation (CPR) training prior to working in the facility.
(2) The first-aid and CPR training must be department-approved and be accredited according to nationally recognized standards.
    (a) The first-aid training may be completed in person or online; and
    (b) The CPR training must be completed in person.

WAC 110-145-1510 PERSONNEL RECORDS

Personnel records.

(1) Licensees must maintain in a personnel file the following records for each of their personnel:
    (a) Application and resume that demonstrates the individual meets the experience requirements of the position;
    (b) Transcripts, diploma, or degree that demonstrates the individual meets the education requirements of the position;
    (c) Signed job description of the position at the facility;
    (d) Signed confidentiality statement;
    (e) Signed mandated reporter statement;
    (f) A record of participation in the agency's orientation, preservice training, and in-service training;
    (g) Behavior management training documentation;
    (h) First-aid, CPR, and bloodborne pathogens training documentation;
    (i) A copy of a food worker card, if applicable;
    (j) A copy of a valid driver's license for staff transporting children or youth;
    (k) A copy of a government issued photo identification;
    (l) A copy of current auto insurance, if using private vehicle to transport;
    (m) A background check log containing the following information:
        (i) The date their background check was requested and completed;
        (ii) The date they were hired; and
        (iii) The first day they worked in the facility.
    (n) Tuberculosis screening tool and any additional documentation required based on the screening tool results; and
    (o) A record of required personnel immunizations or a medical exemption signed by a licensed health care provider, if applicable.

WAC 110-145-1535 REPORTING – INCIDENTS INVOLVING CHILDREN AND YOUTH

Reporting - incidents involving children and youth.

(1) Licensees and their personnel must report the following incidents involving children and youth under the licensee's care in the manner and within the required timelines outlined in (a) through (c) of this subsection.

(a) DCYF intake and the caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth immediately and in no instance later than six hours after the following type of incident:

(i) Death;

(ii) Injuries or health conditions that carry high risk of mortality or long-term negative impacts on an individual's daily function or quality of life;

(iii) Psychiatric care that requires hospital admission;

(iv) Any time the licensee or their personnel suspect physical or sexual abuse, neglect, or exploitation of a child or youth as required under chapter 26.44 RCW;

(v) Sexual contact, as defined in RCW 9A.44.010, between two or more children or youth;

(vi) Disclosure by a child or youth of sexual or physical abuse;

(vii) Suicide attempt by a child or youth that results in injury requiring medical treatment or hospitalization;

(viii) Drug or alcohol use in the facility by a child or youth; or

(ix) Use of prohibited physical restraints for behavior management.

(b) The licensor, and the caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth as soon as possible and in no instance later than 48 hours after the incident:

(i) A child's or youth's self-inflicted physical injury not intended as a suicide attempt that requires off-site medical treatment;

(ii) Use of physical restraint alleged to have been improperly applied or excessive pursuant to WAC 110-145-1820;

(iii) Physical assault between two or more children or youth that results in injury requiring off-site medical attention or hospitalization;

(iv) Physical assault of an employee, volunteer, or other adult by a child or youth in care that results in injury requiring off-site medical attention or hospitalization;

(v) Any medication given or consumed incorrectly that requires off-site medical attention;

(vi) Discovery of contraband in the facility.

(c) The caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth as soon as possible and in no instance later than 48 hours after the incident:

(i) Suicidal or homicidal attempts that do not require off-site medical treatment;

(ii) Suicidal or homicidal thoughts, gestures that do not require off-site medical treatment unless there is a documented history of the child or youth making unsubstantiated suicidal statements and there is a plan to address this at the program;

(iii) Unexpected health problems outside the usual range of reactions caused by medications that do not require off-site medical attention;
(iv) Any incident of medication incorrectly administered or consumed;
(v) Any off-site treatment for emergency medical or emergency psychiatric care;
(vi) Physical assault between two or more children or youth that results in injury but does not require off-site medical treatment;
(vii) Physical assault of an employee, volunteer, or other adult by a child or youth that results in injury but does not require off-site medical treatment;
(viii) Drug or alcohol use by a child or youth in care outside the facility;
(ix) Any inappropriate sexual behavior by or toward a child or youth;
(x) Significant property damage on the licensed premises caused by children or youth; or
(xi) Suspected or known gang recruitment of, or activity by a child or youth;

(2) Licensees must maintain a written record of the report with the date and time the report was made and the name of the person making the report.

WAC 110-145-1540 REPORTING – CHILD OR MISSING YOUTH FROM CARE

Reporting child or missing youth from care. (version 8/2/2024)

(1) This section does not apply to overnight youth shelters.
(2) Licensees must develop and follow a response plan for missing children or youth in their care. At a minimum, the plan must require personnel to:
  (a) Report to local law enforcement as soon as they have reason to believe a child or youth is missing from care as defined in WAC 110-145-1305;
  (b) Provide the following information, if known:
    (i) When the child or youth left;
    (ii) The last known location of the child or youth;
    (iii) What the child or youth was wearing;
    (iv) Any known behaviors or interactions that may have caused the child's or youth's departure;
    (v) Possible places where the child or youth may go;
    (vi) Special physical or mental health conditions or medications that affect the child's or youth's safety;
    (vii) Known companions who may be aware or involved in the child's or youth's absence;
    (viii) Other professionals, relatives, significant adults, or peers who may know where the child or youth would go; and
    (ix) A recent photo of the child or youth; and
  (c) Obtain the missing person report number when available.
(3) Licensees may develop and follow an individualized plan that is different from, and supersedes, their response plan for a child or youth that has a pattern of any of the following behaviors:
  (a) Leaving without permission, as long as they return to the facility within four hours;
  (b) Missing curfew, as long as they return to the facility within four hours; or
  (c) Known to be at an unauthorized location and refusing to return to the facility.
(4) At a minimum, the individualized plan must:

(a) Include input from:
  (i) The child's or youth's service providers, if applicable; and
  (ii) The caseworker for the DCYF or Tribes child or youth; or
  (iii) The parent of the community child or youth; and
(b) Describe the agreed upon steps the licensee or their personnel must follow when they have reason to believe the child or youth is engaging in one of the behaviors in subsection (3);
(c) Require personnel to call law enforcement no later than four hours from when they first have reason to believe the child or youth was engaging in one of the behaviors in subsection (3); and
(d) Be approved by the caseworker for the DCYF or Tribes child or youth or the parent of the community child or youth.

(5) After contacting local law enforcement, licensees or their personnel must:
(a) As soon as the law enforcement missing person report number is known, report the missing child or youth to the national center for missing and exploited children (NCMEC) at 1-800-843-5678; and
(b) Notify, by telephone or email, the caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth, and provide any of the known information listed in subsection (2)(b) and (c).

(6) Licensees are not authorized to give NCMEC consent to release child and youth information.

(7) If at any time after making an initial report, licensees or their personnel learn of a missing child's or youth's whereabouts, they must report that information to the caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth.

(8) If the missing child or youth returns to the facility, licensees or their personnel must cancel the law enforcement run report and notify all persons previously contacted.

WAC 110-145-1555 BUILDINGS AND PROPERTY REQUIREMENTS

Buildings and property requirements.

(1) Licensees must maintain the premises, furnishings, and equipment in a clean and sanitary condition, free of hazards, and in good repair. Licensees must:

(a) Have emergency lighting devices available and in operational condition;
(b) Provide appropriate furnishings, based on the activities and individual developmental abilities of the children and youth in care;
(c) Have washable, water-resistant floors in bathrooms, kitchens, and other rooms exposed to moisture. Washable short-pile carpeting may be approved in kitchen areas if kept clean and sanitary;
(d) Provide tamper-proof or tamper-resistant electrical outlets or blank covers installed in areas accessible to children under the age of six or other individuals with limited capacity or who might be endangered by access to them; and
(e) Ensure rooms occupied by children and youth can be easily accessed in case an emergency arises.

(2) Licensees must have adequate indoor space and outdoor space, ventilation, toilet and bathing facilities, light, and heat to ensure the health and comfort of the members of the household based on the facility's licensed capacity.

(3) Licensees must meet the requirements for toilets, sinks, and bathing facilities pursuant to WAC 110-145-1560 and WAC 110-145-1565.
(4) Licensees must have a properly equipped and maintained kitchen on the premises to prepare, store, and serve food to the children and youth in care.
(5) To prevent and control pests on the premises such as rodents, bedbugs, lice, flies, cockroaches, fleas, and other insects, licensees must take appropriate steps, using the least toxic methods, pursuant to the Environmental Protection Agency (EPA).
(6) Individuals must be able to easily open doors from the inside and outside in all areas of the facility that are occupied unless the building or structure has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction. This includes closets, bathrooms, and bedrooms. There must also be easy access to the outside in case of an emergency.
(7) There must be non-breakable light fixture covers or shatter-resistant light bulbs or tubes in food preparation and dining areas. LD will review the facility to determine other areas that may be a concern for the safety of children or youth.
(8) (9)The facility must be accessible to emergency vehicles and the address must be clearly visible on the facility or mailbox so that first responders can easily find the facility's location.
(9) The facility must be located on a well-drained site, free from hazardous conditions. If a hazardous condition occurs on the premises, licensees must take immediate action to protect the children and youth in care from harm. Licensees must discuss with the licensor any potential hazardous conditions, considering the individual developmental abilities of the children and youth in care.
(10) At all times, the facility must have a working landline telephone or cellular telephone with reliable reception and a backup power source. Individuals calling the facility must be able to leave a message at all times. The licensee must ensure children and youth are given their phone messages no later than 24 hours from when the message was left or when the children or youth return to the facility. The licensee must allow children and youth to use the telephone pursuant to WAC 110-145-XXXX.
(11) Licensees must post emergency phone numbers, suicide and crisis hotline phone numbers, and the physical address of the facility in an easily visible location near the telephone. This must include the Washington state poison control number (1-800-222-1222).
(12) Utility rooms with mop sinks that do not have windows opening to the outside must be ventilated with a mechanical exhaust fan to the outside of the building.
(13) The use of window blinds or other window coverings with pull cords capable of forming a loop and posing a risk of strangulation to children and youth are prohibited under RCW 43.216.380.
(14) Infants and toddlers are not allowed to use wheeled baby walkers.

WAC 110-145-1610 SLEEPING EQUIPMENT AND BEDDING

Sleeping equipment and bedding.

(1) Licensees must provide an appropriately sized separate bed for each child and youth, with a mattress and bedframe in good condition and clean bedding, 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.

(2) Licensees must not allow children or youth to use loft style beds or upper bunks if they are vulnerable based on their individual developmental abilities or if a youth is pregnant.
(3) Licensees must provide waterproof mattress covers or moisture-resistant mattresses if needed.
(4) Licensees must cover each child's and youth's pillow with waterproof material or provide a washable pillow.
(5) Licensees may provide a mat for napping but not as a substitute for a bed.
(6) If licensed to care for infants, licensees must:
(a) Provide an infant with a crib that ensures the safety of the infant, and complies with chapter RCW, Infant Crib Safety Act. These regulations include:
(i) A maximum of 2 and 3/8" between vertical slats of the crib; and
(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.
(a) Place infants on their backs for sleeping, unless advised differently by the child's licensed health care provider, if known and identified. If not known or identified, then by a licensed health care provider;
(b) Not have loose blankets, pillows, crib bumpers, or stuffed toys with a sleeping infant; and
(c) Not use wedges and positioners with a sleeping infant unless advised differently by the infant's licensed health care provider, if known and identified. If not known or identified, then by a licensed health care provider.
(7) Infants under two months old may be swaddled unless a licensed health care provider directs otherwise. Licensees may swaddle infants over two months old only upon the advice of a licensed health care provider. When swaddling an infant, licensees must:
(a) Be trained on proper swaddling techniques for infants;
(b) Use one lightweight blanket;
(c) Keep the blanket loose around the infant's hips and legs to avoid hip dysplasia; and
(d) Not dress a swaddled infant in a manner that allows them to overheat.
(8) Licensees must not use weighted blankets for children under three years old or for children and youth of any age with mobility limitations.
(9) Licensees may use a weighted blanket with an order from a licensed health care provider or occupational therapist for children and youth over three years old who do not have mobility limitations. 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) 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;
(e) The weighted blanket must not be used as a restraint; and
(f) If a child or youth enters care with a weighted blanket without an order from a licensed health care provider or occupational therapist, the licensee:

(i) May use the weighted blanket as outlined in (9)(a-e) of this section; and
(II) Must obtain an order from a licensed health care provider or occupational therapist within 14 days to continue using the weighted blanket.

WAC 110-145-1625

What are the requirements for the use of Electronic monitoring to monitor children?

(1) Licensees must not use video of children and youth in the interior of a group care facility unless all of the following are met:
  (a) The LD administrator grants approval for the use of an electronic monitoring device in the facility following a request by the child's or youth's DCYF or tribal caseworker and the licenses;
  (b) The court approves implementation of the monitoring as part of the child's or youth's case plan; and
  (c) Licensees maintain a copy of the approval.
(2) Licensees may use video or audio monitoring of the following:
  (a) Infants and children younger than five years old;
  (b) Medically fragile or sick children or youth;
  (c) Video recording equipment used to document actions of a child or youth as directed in writing by their licensed health care provider;
  (d) Video recording equipment used for special events such as birthday parties or vacations
  (e) Door or window alarms or motion detectors; or
  (f) Video monitoring equipment used in licensed facilities serving 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 110-145-1660 FIREARMS, AMMUNITION AND OTHER WEAPONS

Firearms, ammunition, and other weapons.

(1) Firearms and unsecured ammunition and other weapons are not allowed in the facility, with the exception of law enforcement.
(2) Licensees and their personnel must:
  (a) Secure ammunition and other weapons in a locked container until they either:
    (i) Turn the weapon or ammunition over to law enforcement;
    (ii) Return the weapon or ammunition to the child, youth or caseworker when leaving care; or
    (iii) Safely dispose of the weapon or ammunition.
  (b) Develop and follow a policy and procedure for this section to include but not limited to:
    (i) Safe storage of ammunition and other weapons;
    (ii) Safe disposal of ammunition and other weapons;
    (iii) Safety protocols if a firearm is identified on the premises; and

(iv) Safety protocols if a child or youth uses a common item as a weapon.

WAC 110-145-1700 ORIENTATION TO MY FACILITY FOR CHILDREN, YOUTH AND PARENTS

Orientation to my facility for children, youth and parents.

(1) As part of admission, the licensee must give an orientation to all children and youth over the age of six based on their individual developmental abilities., as developmentally appropriate. If When children or youth are placed in care by their parents, the licensee must also offer give an orientation to the parents.

(2) **Licensees, other than those operating interim facilities,** must comply with the following requirements:

(a) The child and youth orientation must be given verbally and offered to children and youth in writing. At a minimum, the orientation must include the following:

(i) A map and tour of the licensed premises;

(ii) A description of the programming and services;

(iii) The child's or youth's rights;

(iv) Orientation on A description of basic rules personal protection and personal boundaries;

(v) A review of your the fire evacuation plan;

(vi) The department-approved policy that states that a child or youth may not have guns and other weapons, alcohol, tobacco, and drugs on the premises;

(vii) (vii)The department-approved policy on client visitation that includes access to the child's or youth's attorney and DCYF or Tribes caseworker; and

(viii) Written documentation of this the completed orientation must be signed by the staff person providing the orientation and the child or youth., and, if applicable the community child's or youth's parent. The documentation must be kept in each child's or youth's file.

(b) The parent orientation may be provided either in writing or verbally, and at a minimum must include the following:

(i) A description of the facility and programming; and

(ii) A description of basic rules; and

(iii) The department-approved policy on client visitation that includes access to the child's or youth's attorney and DCYF or Tribes caseworker.

(3) **Licensees who operate interim facilities** must comply with the following requirements:

(a) The child and youth orientation must be provided verbally, and at a minimum must include the following:

(i) A tour of the licensed premises;

(ii) A description of the programming; and

(iii) A description of basic rules including personal boundaries.

(b) The parent orientation may be provided either in writing or verbally, and at a minimum must include the following:

(i) A description of the facility and programming; and

(ii) A description of basic rules.

WAC 110-145-1705 CULTURAL NEEDS

Cultural needs.

Licensees must:

(1) Ensure an environment of tolerance and sensitivity to a child's or youth's culture. This includes providing adequate opportunity for educational and experiential participation appropriate to the child's or youth's self-identified:
    (a) Spiritual and religious beliefs;
    (b) Race and ethnicity; and
    (c) SOGIE.
(2) Not require any child or youth to participate or engage in cultural educational or experiential activities against the child's or youth's wishes.
(3) Except for interim facilities, ask children and youth if they want a spiritual and religious, race and ethnicity, and SOGIE plan developed, and comply with the following requirements:
    (a) Document in children's and youth's safety and well-being file, if they decline the development of all or any part of a spiritual and religious, race and ethnicity, and SOGIE plan, or
    (b) Develop all, or only the applicable parts, of a spiritual and religious, race and ethnicity, and SOGIE plan, if the child or youth indicates they want the plan.
(4) At a minimum, the spiritual and religious, race and ethnicity, and SOGIE plan must contain:
    (a) Input from:
        (i) The child or youth;
        (ii) The caseworker for the DCYF or tribal child or youth, or the parent of the community child or youth; and
        (iii) The licensee or their personnel.
    (b) Information about the child's or youth's:
        (i) Self-identified spiritual and religious beliefs, race and ethnicity, and SOGIE; and
        (ii) Interest in participating in spiritual and religious, race and ethnicity, and SOGIE educational or experiential activities offsite or while they are on the licensed premises.
    (c) The licensee must utilize all sources of available information along with observation to make a careful and thoughtful decision regarding the child's or youth's individual developmental ability to safely participate in spiritual and religious, race and ethnicity, and SOGIE educational or experiential activities away from the licensed premises. If the decision indicates that the child's or youth's current developmental ability prohibits them from safely participating in these activities offsite, licensees must:
        (i) Identify areas impeding the child's or youth's ability to safely participate in spiritual and religious, race and ethnicity, and SOGIE educational or experiential activities offsite;
        (ii) Identify strategies to build skills in these areas;
        (iii) Identify how the child or youth will participate in spiritual and religious, race and ethnicity, and SOGIE educational or experiential activities on the licensed premises; and
        (iv) Review and update the plan quarterly.
(5) Assist children and youth with obtaining transportation to and from educational and experiential activities appropriate to the child's or youth's spiritual and religious beliefs, race and ethnicity, and SOGIE.

WAC 110-145-1715 ARE THERE ADDITIONAL CONSIDERATIONS IN SERVICE TO NATIVE AMERICAN CHILDREN AND YOUTH?

Are there additional considerations in service to Native American children and youth?
You must make every effort to provide culturally relevant and sensitive services to Native American children and youth and their families. You must follow all federal and state laws for any Native American children and youth that you have under your care.

WAC 110-145-1730 EDUCATIONAL AND VOCATIONAL INSTRUCTION REQUIREMENTS

Educational and vocational instruction requirements.

(1) With the exception of interim facilities and youth in extended foster care, children and youth must attend an accredited school or vocational program while placed in the licensee's care.
(2) Licensees must:
    (a) Attend meetings about the child or youth at their school, including the best interest determination meeting, and include the child's or youth's input.
    (b) Notify the caseworker for the DCYF or Tribes child or youth or the parent of the community child or youth of any of the following:
        (i) If the child or youth does not believe their safety and well-being needs are being met in their school of origin or the neighborhood school;
        (ii) If there is not an immediate school attendance plan at time of placement in the licensee's care;
        (iii) If a child or youth is not attending school within two consecutive school days. Licensees must also:
            (A) Make ongoing daily efforts to begin school attendance;
            (B) Attend the best interest determination meeting, if scheduled; and
            (C) If the child or youth continues to not attend school within five days, licensees must follow up every three days until the child starts attending school.
        (iv) Provide or arrange for independent living skills education for developing self-sufficiency relevant to the youth's individual developmental ability for youth over the age of 15 years; and
        (v) Encourage, guide, and support older youth in pursuing their schooling or vocational goals after secondary school.
(3) While children and youth are attending an accredited school or vocational program, licensees must:
    (a) Support and guide the children or youth in preparing for a successful school day;
    (b) Follow the school's reporting requirements if a child or youth is absent from school;
    (c) Notify the caseworker for the DCYF or Tribes child or youth or the parent of the community child or youth if the child or youth is absent from school more than three consecutive school days;
    (d) Support each child's or youth's educational plan by providing them with necessary school supplies, internet access, and a suitable place to study; and
    (e) Arrange for the children's or youth's transportation to and from school, and document that information in their educational plan.
(4) If educational instruction is given on the licensee's premises, licensees must:

(a) Receive approval from the caseworker for the DCYF or Tribes children and youth or the parent of the community children or youth;
(b) Verify the program is certified by the office of superintendent of public instruction (OSPI); and
(c) If the educational program is in person on the licensee's premises:
(i) Provide classrooms separate from the living area

WAC 110-145-1750 SUPERVISING CHILDREN AND YOUTH

Supervising children and youth.

(1) Licensees must meet the supervision requirements listed in this section unless their contract for services require more stringent supervision requirements for the health and safety of the children, youth, and staff.
(2) Licensees and their direct care staff and direct care volunteers must provide appropriate supervision for the children and youth in care based on each child's or youth's individual developmental abilities.
(3) Prior to placement, licensees must inquire if a child or youth has a need for a higher level of supervision by obtaining information from:
(a) The caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth;
(b) The child or youth;
(c) The child's or youth's therapist, if applicable; and
(d) Previous placements, if applicable.
(4) If it is determined prior to or during placement that a child or youth has a need for a higher level of supervision, licensees must:
(a) Develop a supervision plan to address those needs; and
(b) Obtain approval for the supervision plan from the caseworker for the DCYF or Tribes child or youth.
(5) Licensees must make certain that:
(a) Non-personnel individuals who come onto the licensed premises only have contact with the child or youth for whom they are approved.
(b) Children under six years old and children or youth who are vulnerable due to their disability are not left unattended in a bathtub or shower; and
(c) Cribs, bassinets, cradles, playpens, infant swings, and electronic monitoring are not used as a substitute for supervision and care.
(6) Licensees and their direct care staff and direct care volunteers must provide vigilant supervision when children and youth participate in high-risk activities based on each child's or youth's individual developmental abilities, unless licensees have a supervision plan approved by the caseworker for the DCYF or Tribes child or youth, or the parent of the community child or youth that allows the child or youth to participate in a high risk activity without vigilant supervision.
(7) Children and youth must use appropriate safety equipment when participating in high-risk activities and instructed how to use the safety equipment.
(8) When children or youth use hot tubs, swimming pools, spas, and are around man-made and natural bodies of water, licensees and their direct care staff and direct care volunteers must:
(a) Provide vigilant supervision; and
(b) Make certain that children under five years old be within touching distance of direct care staff or direct care volunteers.

(9) Licensees must comply with the following requirements when children and youth are swimming in pools or outdoor bodies of water, excluding small, shallow pools:
  (a) If a lifeguard is on duty, comply with staffing ratio requirements pursuant to WAC 110-145-XXXX (Staffing ratios).
  (b) If a lifeguard is not on duty,
    (i) Have at least one additional direct care staff or direct care volunteer present than would otherwise be required to meet staffing ratio requirements pursuant to WAC 110-145-XXXX (Staffing ratios); and
    (ii) At least one of the direct care staff or direct care volunteers present must:
      (A) Have a lifeguard certification; or
      (B) Know how to use rescue equipment and have it with them.
  (c) In non-designated swimming areas, children and youth must wear U.S. Coast Guard approved personal floatation devices.

(10) Licensees and their direct care staff and direct care volunteers must comply with the following requirements when children and youth are riding on or using motorized vehicles and equipment:
  (a) Comply with all laws pertaining to the use of the motorized vehicle and equipment; and
  (b) Instruct children and youth on the use of appropriate protective and safety gear and require them to wear it when riding on or using motorized vehicles and equipment.

WAC 110-145-1775 CHILDREN AND YOUTH'S BELONGINGS

Children and youth belongs.
Licensees must:

(1) Handle and store a child's or youth's belongings with care and respect at all times.
(2) Meet with each child and youth when they enter care to document a complete inventory of the child's or youth's personal belongings separated by the following categories:
  (a) Items identified as sentimental to the child or youth or with a monetary value of $75 or more;
  (b) Items placed in storage; and
  (c) Items placed in the child's or youth's bedroom or in their possession unless it is also on (2)(a).
(3) Update the inventory lists when the inventory knowingly changes and attempt to get a signature from the child or youth or from the parent of a community child or youth.
(4) If a child's or youth's personal belonging is damaged:
  (a) Record the damage and the cause on the inventory list; and
  (b) Repair or replace the item if it was damaged by the licensee or their staff.
(5) Permit children and youth to take their belongings with them in luggage or sturdy containers when leaving the licensee's care. This includes belongings the child or youth brought with them or acquired in care, including but not limited to clothing, mementos, bicycles, cell phone, gifts, and any saved money.
(6) Provide a copy of the inventory lists to the child or youth when leaving the licensee's care.
(7) When a child or youth is unable to take their belongings when they leave the licensee's care:

(a) Safely store the belongings for up to 30 calendar days while working with the caseworker for the DCYF or tribal child or youth, or the child's or youth's attorney, or the parent of the community child or youth to attempt to transfer the belongings.
(b) Coordinate with the individuals listed in subsection (7)(a) to transfer the belongings to the child or youth within seven calendar days if the licensee learns that the child or youth is able to receive them.
(c) Notify the individuals listed in subsection (7)(a) to collect the belongings if they have not been collected within 30 days.

WAC 110-145-1785 CHILD AND YOUTH PRIVACY – PERSONAL PAPER AND ELECTRONIC MAIL AND PHONE CALLS.

Child and youth privacy – personal paper and electronic mail and phone calls.

(1) Except as stated in (2) and (3), licensees must:
(a) Allow children and youth to have privacy of communication, including in-person communication, personal mail, phone calls, and electronic messages.
(b) Allow children and youth to communicate with their attorney, caseworker, therapist, school, and crisis lines.
(2) The licensee must restrict the child's or youth's communications as directed by:
(a) The caseworker for the DCYF or tribal child or youth;
(b) The parent of the community child or youth; or
(c) Court order.
(3) The licensee may restrict the child's or youth's communications in accordance with the licensee's technology use policy or the child's or youth's individual technology use plan.

WAC 110-145-1845 MEDICAL CARE CONSENT

Medical care consent.

(1) The department is the legal custodian for children and youth it places in care. The department has 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 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 delegates some of the authority to licensees.
(2) Licensees caring for children or youth in the custody of another agency, tribal court, or other court, must follow the direction of that agency or court regarding permission to 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.
(4) Licensees must take the necessary actions for a child or youth to receive routine medical care and medical care if injured or harmed.
(5) If a child or youth refuses medical care, the licensee must notify the caseworker for the DCYF or tribal child or youth or the parent of a community child or youth.
(6) In the event of a life-threatening medical emergency, licensees or their personnel must contact 911 prior to transporting the child or youth to a medical facility.

WAC 110-145-2105 ADDITIONAL REQUIREMENTS FOR BEDROOMS OR SLEEPING AREAS IN OVERNIGHT YOUTH SHELTERS

Additional requirements for bedrooms or sleeping areas in overnight youth shelters.

(1) Licensees must assess the building and youth to meet the safety and well-being of the youth in care.
(2) For overnight youth shelters with common sleeping area(s), licensees must provide a barrier to a youth who requests privacy or separation from other youth during sleeping hours.
(3) Youth younger than 18 years old must be separated from youth 18 through 20 years old by having either:
    (a) Personnel supervise open space; or
    (b) A physical barrier to prevent contact.

WAC 110-145-XXXX ALLOWANCE, CHORES, AND EMPLOYMENT

Allowance, chores, and employment.

(1) Licensees must give a developmentally appropriate allowance to children and youth who are placed in the licensee's care for over 15 days.
    (a) Licensees must keep track of allowances given to children and youth in a ledger.
    (b) Licensees must provide teaching to children and youth on money management.
(2) Children and youth may be assigned chores without compensation. Chores must be:
    (a) Designed for the purpose of providing children and youth with developmentally appropriate teaching and opportunities to build mastery in basic life skills;
    (b) Directly related to the essential upkeep of the shared household spaces; and
    (c) Appropriate for the child's or youth's individual developmental abilities.
(3) Other than chores, licensees may offer children and youth an opportunity to complete an occasional or one-time task at the facility for reasonable monetary compensation.
    (a) The occasional or one-time task must be:
        (i) Of benefit to the living community; and
        (ii) Offered to children and youth on a strictly voluntary basis;
    (g) Compensation must be agreed upon between the licensee and child or youth prior to the occasional or one-time task being performed; and
    (h) Children and youth must have equal opportunities to be offered occasional or one-time tasks based on their individual developmental abilities.
(4) If a legal aged youth wants to seek employment off the premises, licensees must encourage, guide, and support the youth's efforts when:
    (a) It is appropriate to the youth's enrolled entitlement program;
    (b) Laws regarding minors working are followed; and
    (c) The youth's employment does not interfere with their school attendance.
(5) Licensees must develop an employment plan for legal aged youth who request employment off the premises.
    (a) At a minimum, the plan development must seek input from:
        (i) The youth;
        (ii) A school representative;
        (iii) The DCYF youth's caseworker, the tribal youth's caseworker, or the community youth's parent;
        (iv) The youth's attorney; and
        (v) The youth's assigned guardian ad litem.
    (b) The employment plan must contain the following:
        (i) The youth's employment goals;

(ii) The youth's skills and abilities related to successful employment; and
(iii) Assessment of the youth's individual developmental ability to safely work off the premises.

(c) If the assessment in subsection (5)(b)(iii) of this section identifies that the youth's current developmental ability prohibits successful employment, licensees must:
(i) Identify areas impeding the youth's ability to successfully work off the premises, and identify strategies to build skills in these areas; and
(ii) Review and update the assessment quarterly.

(6) Licensees must assist youth with obtaining transportation to and from work.

WAC 110-145-XXXX MEALS, SNACKS, AND MENUS

Meals, snacks, and menus.

(1) Licensees may only serve home canned foods if:
(a) Prior LD administrative approval is obtained;
(b) Children and youth in care participated in growing and canning the food being served; and
(c) Proper food canning processes are followed according to the Washington State University Extension's guidelines on canning and food preparation.

(2) Licensees must ensure their personnel are aware of each child's and youth's dietary restrictions, in a manner that ensures the child's and youth's privacy.

(3) Licensees, except for those caring for medically fragile children and youth, must:
(a) Serve foods that meet the nutritional, cultural, and development needs of the children and youth in care and offer a variety of foods for meal enjoyment;
(b) Provide children and youth a minimum of three meals and two snacks in each 24-hour period during the child's or youth's waking hours;
(c) Establish and post a schedule of mealtimes;
(d) Routinely provide an opportunity during mealtimes for socialization for children and youth; and
(e) Prepare and date daily menus, including snacks, at least one week in advance. The menus must be kept on file for a minimum of six months so that DCYF can review them.

(4) Licensees, except for those caring for medically fragile children and youth, may vary from the requirements in subsection (3)(b) only with written approval from the child's or youth's licensed health care provider and notification to the caseworker for the DCYF or tribal child or youth, or the parent of the community child or youth.

(5) Licensees who care for medically fragile children must:
(a) Follow the dietary plan for each child and youth as prescribed by their licensed health care provider;
(b) Use the services of a dietitian who meets current registration requirements of the American dietetic association if offering modified diets;
(c) Document in the child's file that staff and volunteers are following the health care provider's order; and
(d) Incorporate foods for cultural enjoyment with approval from the child's or youth's licensed health care provider.

WAC 110-145-XXXX MEDICATION MANAGEMENT AND ADMINISTRATION

Medication management and administration.

(1) If licensed to care for thirteen or more children and youth in a facility, licensees must arrange to have a registered nurse or a licensed health care provider help develop and periodically review the medication management and administration policies and procedures.
(2) LD may recommend licensees who care for less than 13 children or youth in a facility to consult with a registered nurse or a licensed health care provider to help develop and periodically review the medication management and administration policies and procedures.
(3) Accepting medication.
    (a) Medication for children and youth must remain in a pharmacy-labeled container with:
        (i) The child's or youth's first and last name;
        (ii) The date the prescription was filled if it is a prescribed medication;
        (iii) The expiration date on the medication; and
        (iv) Legible instructions for administration of the medication, specifically the manufacturer's instructions or the prescription label.
    (b) If the licensee has any concerns about medication provided by the child's or youth's parent, the licensee must consult with and follow the recommendations of the medication prescriber, pharmacist, or a licensed health care provider.
(4) Medication storage and disposal. The licensee must comply with the following requirements when storing and disposing of medications at their facility:
    (a) Medications must be stored according to manufacturer's specifications, for example refrigerated medications.
    (b) Store prescription and nonprescription medications in a locked container in a manner that minimizes the risks for medication error, except as provided in subsections (2)(c) and (4) of this section.
    (c) Licensees must comply with the following when naloxone is onsite:
        (i) Naloxone in a nasal spray form must be:
            (A) stored in a place where it is easily accessible in case of an emergency; and
            (B) If children or youth come into care with naloxone nasal spray, they may keep it with their personal belongings.
        (ii) Naloxone in an injectable form must be stored in a locked container.
    (d) For children or youth who have emergency medication other than naloxone in a nasal spray, the licensee must have a plan that is reflective of the child's or youth's individual developmental abilities and outline the following:
        (i) How the medication will be easily accessible in case of an emergency;
        (ii) How the medication will be kept inaccessible to other children and youth; and
        (iii) The plan for taking medication off-site.

(e) Store human medication and animal medication separately and in locked containers.

    (e) Follow the Food and Drug Administration guidelines on the proper disposal of medications that are no longer being taken or have expired.
    (f) Document the following information when disposing any prescription medication:
        (i) The name of the medication that was disposed;
        (ii) The name of the child for whom the medication was prescribed;
        (iii) The amount disposed;
        (iv) The name of the person disposing of the medication; and
        (v) The name of the person witnessing the disposal.
(5) Giving and documenting medication.

(a) The licensee must ensure at least one direct care staff or volunteer who has submitted LD-approved medication training and has functional literacy to read, dispense, and submit documentation of medication is on duty when children and youth are present.
(b) Access to medications for the children and youth in the licensee's care is allowed to the following individuals:
    (i) The licensee;
    (ii) The child's or youth's licensed foster parent;
    (iii) Other authorized care giver including respite providers; and
    (iv) The child or youth when taking their own medication pursuant to subsection (4) of this section.
(c) The licensee must give prescription medications to the child or youth named on the prescription and in the amount and frequency prescribed by a licensed health care provider or psychiatrist.
(d) The licensee must give children and youth nonprescription medications only when needed and as specified in the manufacturer's instructions, or as approved by a licensed health care provider.
(e) The licensee must consult with the child's or youth's licensed health care provider and obtain permission from the DCYF or tribal child's or youth's caseworker or the community child's or youth's parent prior to giving any herbal supplements and remedies, vitamins, or minerals to the child or youth.
(f) The licensee must not use medication for behavior control, unless prescribed for a child or youth for that purpose by a licensed health care provider.
(g) The licensee must not reduce or stop a child's or youth's prescribed medication without the written approval of a licensed health care provider, except in the event that:
    (i) The child or youth has an adverse reaction, such as an allergic reaction to the medication;
    (ii) The licensee obtains instruction and a written medication stoppage order from a licensed health care provider to reduce or stop giving the medication to the child or youth;
    (iii) For over-the-phone medication stoppage orders, the licensee must:
        (A) Follow the order; and,
        (B) Get a copy of the order from the licensed health care provider within 72 hours.
(h) The licensee must report any reduction or stoppage of prescribed medication to the DCYF or tribal child's or youth's caseworker or the community child's parent and the child's or youth's licensed health care provider, if known.
(i) In addition to the licensed health care provider, the licensee must coordinate starting or stopping a child's psychotropic medication with the DCYF or tribal child's or youth's caseworker or the parent of the community child or youth to obtain consent.
(j) For licensees who care for medically fragile children and youth, over-the-phone medication orders given by a licensed health care provider must be obtained by a registered nurse or licensed practical nurse. A signature from a licensed health care provider must be obtained within 72 hours of the order.
(k) If the licensee cares for children in the custody of another agency, or tribal or other court, the licensee must follow the direction of the agency or court regarding giving or

applying prescription and nonprescription medications. If this is in conflict with DCYF's policy, the licensee must notify the child's or youth's DCYF caseworker.

(l) The licensee must keep a record of all prescription and nonprescription medications given to children and youth in care. This documentation includes:
  (i) Child's or youth's name;
  (ii) Time of medication;
  (iii) Amount of medication; and
  (iv) Name of person administering medication.

(6) Children and youth taking their own medication.

(a) The licensee may permit a child or youth in care to take their own medication as long as:
  (i) The child or youth is physically and mentally capable of properly taking the medication;
  (ii) Except in overnight youth shelters and in secure or semi-secure crisis residential centers, the licensee obtains and keeps on record the written approval by the child's or youth's DCYF or tribal caseworker or the parent of the community child or youth, unless the youth is 18 years or older and consents to their own medical care; and
  (iii) The licensee monitors that the child or youth is taking the medication according to the prescription or manufacturer's instructions to ensure proper amount and frequency.

(b) When a child or youth is taking their own medication, the medication and medical supplies must be inaccessible to unauthorized individuals.

WAC 110-145-XXXX INITIAL HEALH SCREEN, EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) EXAM, AND DENTAL CARE

Initial health screen, early and periodic screening, diagnosis, and treatment (EPSDT) exam, and dental care.

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

(2) When a child or youth enters out-of-home placement for the first time, other than having been in interim facilities, 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 (EPSDT) exam as soon as possible, but no later than 14 calendar days after entering the licensee's care. A child or youth does not need an initial health screen if they entered the licensee's care directly from a hospital, pediatric interim care, or if they are receiving services through a child or youth advocacy center or sexual assault clinic.

(3) Licensees must attempt to obtain from the licensed health care provider the child's or youth's health history, including the following:
  (a) Allergies;
  (b) All currently prescribed medications; and
  (c) Any special physical or mental health issues.

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

(a) If an appointment with a licensed health care provider is not available within the required 30-day timeframe, licensees must notify the caseworker for the DCYF or tribal child or youth, or the parent of the community child or youth of the date of the scheduled EPSDT exam.

(5) Licensees must follow the schedule outlined by a licensed health care provider for subsequent periodic EPSDT exams.

(6) Licensees must assess a child's or youth's need for dental care when they are placed in the licensee's care.

(7) Licensees must make arrangements for the child to receive dental care when needed.

(8) Licensees must refer to the department of health for information on maintaining proper dental care for children and youth.

WAC 110-145-XXXX SAFETY AND WELLBEING FILE

WAC 110-145-1520 Safety and well-being file

(1) Any identifying and personal information about a child or youth and their family must be kept confidential as required by chapter 26.33 RCW. These records must be kept in a secure place inaccessible to children, youth, unauthorized staff, and the public.

(2) Child and youth records must be kept secure at the facility during their placement.

(3) Licensees must attempt to obtain the following information and maintain it in a safety and well-being file for each child and youth in care, as appropriate to the licensee's program:

(a) **General information.**
- (i) The child's or youth's name, birth date, and legal status;
- (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;
- (iii) Names, addresses, and telephone numbers of parents or persons to be contacted in case of emergency;
- (iv) Copies of current legal authority to place, if any;
- (v) The child's or youth's interrelationships and circumstances that have brought them into out-of-home care.
- (vi) (vi)The child's primary and alternate permanency plan;
- (vii) (vii)Previous placement history, if any;
- (viii) Date and time of orientation;
- (ix) Photo of child or youth with their written consent;
- (x) For pregnant and parenting youth, information on the other parent of the youth's child, if available.

(b) **Personal belongings inventory pursuant to WAC 110-145-XXXX.**

(c) **Connections.**
- (i) Names, addresses, and telephone numbers of persons authorized to take the child or youth out of the facility;
- (ii) Approved list of individuals the child or youth may have contact with;
- (iii) The child's or youth's visitation plan; and
- (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

(vi) For crisis and residential centers, records of a multidisciplinary team, if convened.

(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.

(e) **Medical.**

(i) Written consent, if any, for providing medical care and emergency surgery, unless that care is authorized by a court order;

(ii) Medical history including any medical problems, name of licensed health care provider, type of medical coverage and provider, date of any illnesses or accidents while in care;

(iii) Mental health history and any current mental health, chemical dependency, and behavioral issues, including medical and psychological or psychiatric reports when available;

(iv) Other pertinent information related to the child's or youth's health, including basic medical information, such as current prescription medications, immunizations, allergies, dental records, and eye exams;

(v) Information related to suspected child abuse or neglect referrals made to the department's intake, including the concern, date, and name of the person taking the report; and

(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 examinations, physicians' orders, proper treatment for allergic reactions, consent authorizations, releases, diagnostic reports, and revisions of assessments;

(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

(C) Evidence of meeting criteria for eligibility for services from the developmental disabilities administration, if appropriate.

(f) Education.

(i) The child's or youth's school records, report cards, school pictures, and individual education plans (IEP), and 504 plans; and

(ii) Best interest assessment pursuant to WAC 110-145-XXXX.

(g) 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 specific behaviors;

(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;

(iv) Any incident reports involving the child or youth; and

(v) For crisis residential centers, hourly logs of where the child is physically located.

(i) **Service Planning.**

(i) An assessment of the child's or youth's likelihood to stay in the facility;

(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 the licensee or their personnel with the signature of the individual making the entry to the progress notes;

(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.

(4) The safety and well-being file must be available and organized in a manner for the licensor to easily review.

(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.

(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 child, licensees must document their attempt to obtain the requested information in the safety and well-being file.

WAC 110-145-XXXX TECHNOLOGY

Technology use.

Except for interim facilities, all licenses must:

(1) Have and follow policies and procedures describing:

(a) How children and youth may access and use the following types of technology on the licensed premises:

(i) The internet;

(ii) Desk or laptop computer or tablet;

(iii) Electronic gaming devices, including those that use internet or streaming services; and

(iv) Cell phone, including access and use off the premises if applicable; and

(b) How the licensee will train children and youth to use technology according to each child's or youth's developmental ability, including the risks and safety precautions of using technology.

(2) Develop a plan for technology access and usage with each child and youth prior to them having access to any of the types of technology listed in subsection (1). At a minimum, the plan must contain:

(a) Input from:

(i) The child or youth;

(ii) The caseworker for the DCYF or tribal child or youth, or the parent of the community child or youth; and

(iii) The licensee or their personnel's own observations.

(b) Information about:

(i) The type of technology the child or youth wants to access and use.
(ii) Where, when, and how the child or youth wants to access and use the technology; and
(iii) The child's or youth's skills and abilities related to successful use of the technology.

(c) A written use agreement reviewed with and signed by the child or youth prior to the access or use of any types of technology in subsection (1). The agreement must:
(i) Clearly outline the conditions under which the child or youth agrees to access technology;
(ii) Identify any restrictions on a child's or youth's safe access to technology and if there is a way for the child or youth to remove or reduce those restrictions;
(iii) Describe the consequences if the conditions are not met; and
(iv) Be updated at least quarterly or upon request by the child or youth.

WAC 110-145-XXXX PEER SOCIALIZATION AND ACTIVITY PLAN

Peer socialization and activity plan.

(1) Except for interim facilities, licensees must support children and youth in care in developing positive relationships with peers as appropriate to their individual abilities by:
(a) Creating an activity plan with each child or youth describing what activities they wish participate in and their ability to successfully participate in that activity that includes:
(i) Input from:
(A) The child or youth;
(B) The case worker for the DCYF or tribal child or youth, or the parent of the community child or youth;
(C) The licensee's or their personnel's observations; and
(ii) If the child or youth is not able to participate in offsite activities, the reason why and if there are any steps the child or youth can take to become able to participate.
(b) Working with the children and youth to create a monthly schedule of activities based on the activity plan;
(c) Assisting the children and youth in successfully participating in the activities of their choice, including assisting in planning how to get to and from the activity;

(2) If at any time the licensee determines the child or youth cannot safely participate in an activity of their choice, the licensee must inform the child or youth and document all of the following:
(a) The reason they are not able to participate;
(b) What the child or youth can do to participate in the future;
(c) Review this decision with the child or youth at least quarterly or at the child's or youth's request.

(3) Licensees must allow children and youth to refuse to participate in activities. The licensee must document the child's refusal.

WAC 110-145-XXXX DUTIES AND RESPONSIBILITIES OF A CARE COORDINATOR

Duties and Responsibilities of a Care Coordinator.

(1) Licensees must have a care coordinator who coordinates services for individual children and youth served by the agency, except for children and youth whose care and services are coordinated by another state agency.
(2) A care coordinator must have:
    (a) A bachelor's degree from an accredited college or university and a minimum of one year full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting 6 months of the experience requirement;
    (b) An associates degree or have completed 90 quarter credits or 60 semester credits from an accredited college or university and a minimum of two years full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting nine months of the experience requirement; or
    (c) A minimum of three years full-time experience that can be applied to or transferrable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting one year of the experience requirement.
(3) Care coordinators must maintain training, experience, knowledge, and demonstrated skills in each area they will be supervising.
(4) An agency may use care coordinators employed or provided by another agency if:
    (a) The care coordinator meets the experience and education requirements in this section; and
    (b) There is a written agreement between the agencies describing the scope of services to be provided by the care coordinator.
(5) A care coordinator must meet additional duties and qualifications detailed in any written and signed agreement between the agency and any state governmental entity, if applicable. If the requirements of this section conflict with the terms in a written and signed agreement, then the higher standard will apply.

LIVED EXPERIENCE DEFINITION AND CHART

Lived Experience Definition

"Lived experience" is experience outside of professional, volunteer, and educational background that is reflective of the demographic of children and youth in the licensee's care to include but not limited to experience with child welfare, foster care or group care, or parenting youth in out of home care."

Lived Experience Chart

Position Type	Total Experience Required	Lived Experience Allowed
Executive Director	1 year	6 months
Program Manager	1–3 years	6 months–1 year
Care Coordinator	1–3 years	6 months–1 year
Direct Care Staff & Volunteer	6 months–1 year	6 months
Non-Direct Care Staff & Volunteer	N/A	N/A