Proposed changes based on public comment of chapter 110-145 WAC filed May 22, 2025

November 19, 2025

WAC 110-145-2310 Definitions.

Substantive changes:

- Definition of “children” or “youth” was changed to incorporate the Developmental Disabilities Community Services (formerly Developmental Disabilities Administration) change from “up to 21 years…” to “up to 22 years…”
- Definition of “Developmental disabilities administration (DDA)” was removed and replaced with “Developmental disabilities community services (DDCS)”
- Definition of “Group home” no longer specifies “six or more” children.
- Definition of “Location tracking” was added.
- Definition of “Licensing division (LD)” was updated.
- Removed “ LICWAC for unenrolled tribal children or youth with native ancestry” from the definition of “Representatives.”

Proposed WAC 110-145-2310
The following definitions apply to this chapter: "Abuse or neglect" means the same as defined in RCW 26.44.020. "Administering medication" means the direct application of a drug to the body or an individual by injection, inhalation, ingestion, or any other means. "Adults" means individuals 18 years old or older not in the care of the department. "Agency" means the same as defined in RCW 74.15.020. "Asexual" means the lack of a sexual attraction or desire for other individuals. "Assessment" means the appraisal or evaluation of children's or youth's physical, mental, social, and emotional condition, and their family's ability to meet their needs. "Bisexual" means individuals who have an emotional or physical attraction to individuals of the same and different genders. "Capacity" means the age range and maximum number of children and youth on the current license. "Cardiopulmonary resuscitation (CPR)" means an emergency lifesaving procedure performed when an individual's breathing or heartbeat has stopped. "Care coordinators" means individuals coordinating the efforts to meet children's and youth's needs. "Caseworkers" means the primary agency workers assigned to the children or youth through the department or another government agency, including tribal governments. ~~“Centers for Disease Control and Prevention (CDC)” means the United States Centers for Disease Control and Prevention.”~~ "Certified nursing assistant (CNA)" means the same as nursing assistant as defined in RCW 18.88A.020. "Child in need of services (CHINS)" means the same as defined in RCW 13.32A.030.

"Child protective services (CPS)" means the same as defined in RCW 26.44.020.

~~"Child welfare (CW)" means the services or programs in the child welfare division within the department.~~

"Children" or "youth" means individuals who are one of the following:

(a) Under 18 years old;

(b) Up to 2~~1~~ years old and enrolled in services through the ~~developmental disabilities administration (DDA)~~DDCS in the department of social and health services the day prior to their 18th birthday and pursuing either a:

(i) High school or equivalency course of study concluding at the end of the school year in which the students turn 22 years old~~of age~~; or

(ii) Vocational program concluding at the end of the school year in which the students turn 22 years old~~of age~~;

(c) Up to 21 years ~~of age~~ old and participating in the extended foster care (EFC) program; or

(d) Up to 21 years ~~of age~~old with developmental disabilities.

"Community children or youth" means children or youth under the custody of their parents or guardians.

"Compliance agreement" means a written improvement plan to meet licensing requirements in this chapter.

"De-escalation" means strategies used to defuse a volatile situation, to assist children or youth to regain behavior control, and to avoid a physical restraint or other behavioral intervention.

"Department" means the Washington state department of children, youth, and families.

"Department children or youth" means children or youth who are under the custody of the department.

"Department of health (DOH)" means the Washington state department of health.

"Developmental capabilities" means the combined physical, cognitive, social, emotional, spiritual, and communication capabilities of children or youth that evolve over time.

"Developmental d~~D~~isabilities c~~C~~ommunity s~~S~~ervices (DDCS~~Developmental disabilities administration (DDA~~)" means the ~~developmental disabilities administration~~developmental disabilities community services in the department of social and health services.

"Developmental disability" means the same as defined in RCW 71A.10.020.

"Direct care" means direct personal care and supervision to children and youth in care.

"Direct care staff" means individuals employed and paid by licensees who provide direct personal care and supervision to the children and youth in care.

"Direct care volunteers" means individuals who provide direct hands-on personal care and supervision to the children and youth in care without compensation.

"Early periodic screening, diagnosis, and treatment (EPSDT)" means an early periodic screening, diagnosis, and treatment exam completed by a licensed health care provider.

"Electronic monitoring" means video or audio monitoring or recording used to watch or listen to children or youth ~~as a way~~ to monitor their behavior.

"Emergency medication" means medication used to treat conditions that may carry a high risk of mortality or long-term negative impacts on individuals' daily functions or quality of life.

"Emergency respite centers (ERCs)" means the same as defined in RCW 74.15.020.

"Enhanced supervision" means a heightened standard of supervision in which personnel are able to monitor children and youth in care by seeing or hearing them or both and instantly respond to any unsafe or harmful events that have occurred.

"Environmental Protection Agency (EPA)" means the United States Environmental Protection Agency.

"Extended foster care (EFC)" means the same as defined in RCW 74.13.020.

"Firearms" means a weapon or device designed to cause bodily harm or physical damage from which projectiles may be fired by an explosive such as gunpowder. These include, but are not limited to, handguns, rifles, and shotguns.

"Full-time" means a minimum of 1,664 work hours in a calendar year or the equivalent of 32 work hours per week.

"Gay" means a sexual orientation to describe individuals who are emotionally or physically attracted to someone of the same gender. Gay is sometimes an umbrella term for the LGBTQIA+ community.

"Gender" or "gender identity" means an individual's inner sense of being a female, male, a blend of both or neither, or another gender. This may or may not correspond with an individual's sex assigned at birth.

"Gender expression" means individuals' outward communication of their gender through behavior or appearance. This may or may not conform to their sex assigned at birth or socially defined behaviors and characteristics typically associated with being either masculine or feminine.

"Gender fluid" means individuals whose gender identities are flexible, not permanent.

"Group care facilities (GCFs)" means licensed facilities, other than foster family homes or residential private schools, that are maintained and operated for a group of children or youth in an overnight shelter or on a 24-hour basis.

"Group homes" means licensed facilities that provide 24-hour care to ~~six or more~~ children and youth who require more supervision than can be provided in a foster home.

"Group receiving centers (GRCs)" means licensed facilities that provide the basic needs of food, shelter, and supervision for children and youth placed by the department, generally for 30 or fewer days.

"Guardians" means the same as legal guardian defined in RCW 26.33.020.

"Health care staff" means anyone providing qualified medical consultation to licensees or medical care to the children and youth in care.

~~"Hearings" means the same as defined in WAC~~ 110-03-0020.~~means the administrative review process conducted by administrative law judges.~~

"Inaccessible" means a method to prevent children and youth from reaching, entering, using, or getting to items, areas, or materials in the facility.

"Indian child" means the same as defined in WAC 110-110-0010.

"Infants" means children from birth to one year old.

"Interim facilities" means ~~overnight youth shelters (~~OYSs~~)~~, ERCs, or ~~resource and assessment centers (~~RACs~~)~~.

"Intersex" means an umbrella term used to describe a wide range of natural bodily variations when the body is born with a combination of chromosomes, internal organs, or external genitalia that do not develop as expected.

"Lesbians" means females or women who have an emotional or physical attraction for other females or women.

"LGBTQIA+" means lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual. The "+" represents identities not specifically named in the LGBTQIA acronym, including~~e.g.~~, pansexual, gender nonbinary, and Two-Spirit.

"License" means a permit issued by the department when the licensee meets the licensing requirements established in this chapter.

"Licensed health care providers" means medical doctors, doctors of osteopathy, doctors of naturopathy, physician~~'s~~ assistants, or advanced registered nurse practitioners.

"Licensed practical nurses (LPNs)" means the same as defined in RCW 18.79.060.

"Licensees" means individuals or entities named on a license issued by the department that authorizes them to provide care to children and youth. Licensees' requirements apply to the licensee and their employees, volunteers, interns, and work study students.

Licensing division (LD)" means the division in the department that supports child safety and well-being through licensing, monitoring, compliance, investigations, and technical assistance to individuals and agencies that provide direct care for children and youth outside the care of their parents or guardians. ~~"Licensing division (LD)" means the division within the department that licenses and monitors foster homes, licensed kinship homes, CPAs, and licensed GCFs.~~

"Lived experience" means experience outside of professional, volunteer, and educational background that is reflective of the demographic of children and youth in the licensee's care.

~~"Local Indian child welfare advisory committee (LICWAC)" means the same as used in WAC 110-110-0060.~~

"Location tracking" means the process of monitoring the physical location of individuals using technology.

"Maternity services" means the same as defined in RCW 74.15.020. These are also referred to as pregnant and parenting services.

"Medically fragile" means the condition of a child or youth who requires the availability of 24-hour skilled care from health care staff or specially trained staff in a group care setting. If the technology, support, and services being received by the medically

fragile children or youth are interrupted or denied, they may, without immediate health care intervention, experience death. These conditions may be present all the time or frequently occurring.

"Medication management" means the process of accepting, administering, storing, documenting, and disposing ~~of~~ medication.

"Missing children" means any child or youth placed in a GCF whose whereabouts are unknown or who has left care without the permission of their caregiver or the department. This does not include children ~~or youth in dependency guardianships~~ or youth in the EFC program.

"Multidisciplinary teams" means the same as defined in RCW 13.32A.030.

"National Fire Protection Association (NFPA)" means the National Fire Protection Association.

"Negative actions" means the same as defined in WAC 110-04-0020.

"Nonbinary" means a term of self-identification for individuals who do not identify within the limited and binary terms that have described gender identity, e.g., female and male. Nonbinary is also an umbrella term for many identities such as gender expansive, gender fluid, and genderqueer.

"Nondirect care staff" means individuals employed and paid by licensees who carry out duties and tasks, other than providing direct care to children and youth, for a GCF.

"Nondirect care volunteers" means individuals who carry out duties and tasks, other than providing direct care to children and youth, for a GCF without being employed or compensated by the licensee.

"Nursing assistant-certified (CNA)" means the same as defined in RCW 18.88A.020.

"Nursing assistant-registered (NAR)" means the same as defined in RCW 18.88A.020.

"Other weapons" means instruments other than firearms intentionally designed to cause bodily harm or physical damage. These include, but are not limited to, BB guns, pellet guns, air rifles, stun guns, and archery equipment.

"Out-of-home care" means the same as defined in RCW 13.34.030.

"Over-the-counter medications" means drugs that can be obtained without a prescription and their use is not restricted by a licensed health care provider. For the purpose of this chapter this includes, but is not limited to, herbal supplements, vitamins, eye drops, ointments, and pain relievers.

"Overnight youth shelters (OYSs)" means licensed nonprofit agencies that provide overnight shelter to homeless or runaway youth in need of emergency sleeping arrangements.

"Parents" means the same as defined in RCW 26.26A.010.

"Personnel" means every paid and unpaid individual working directly for the licensee, including interns.

"Premises" means homes, buildings, and grounds, including those adjacent to the residential property, that are owned, rented, or managed by applicants or licensees.

"Probationary licenses" means the same as defined in RCW 74.15.020.

"Psychotropic medication" means a type of medicine that is prescribed to affect or alter thought processes, mood, sleep, or behavior. These include antipsychotic, antidepressant, and antianxiety medications.

"Queer" means LGBTQIA+ identities and orientations. The term is sometimes used as an umbrella term for all LGBTQIA+ individuals.

"Questioning" means individuals who are exploring their sexual orientation, gender identity, or gender expression at any age.

"Registered nurses (RNs)" means nurse as defined in RCW 18.79.020.

"Relatives" means the same as defined in RCW 13.36.020(5), ~~described~~ outlined in RCW 74.15.020(2), or caregivers of Indian children or youth who are defined by tribal code or customs as relatives or extended family.

"Representatives" means the individuals responsible for placing children or youth in care, including:

(a) Caseworkers for department children or youth;

(b) Caseworkers for ~~enrolled tribal~~ children or youth in the tribe's jurisdiction; or

~~(c) LICWAC for unenrolled tribal children or youth with native ancestry;~~

(~~d~~c) Parents or guardians of community children or youth.

"Resource and assessment centers (RACs)" means the same as defined in RCW 74.15.020.

"Secure crisis residential centers (CRCs)" means licensed facilities open 24 hours a day, seven days a week that provide temporary residential placement, assessment, and services in secure facilities to prevent youth from leaving the facility without permission~~, per RCW 13.32A.030~~.

"Semi-secure crisis residential centers (CRCs)" means licensed facilities open 24 hours a day, seven days a week that provide temporary residential placement, assessment, and services for runaway youth and youth in conflict with their family or in need of emergency placement. Semi-secure CRCs are not locked facilities but are operated in a way that reasonably assures that youth placed there will not leave without permission~~, per RCW 13.32A.030~~.

"Sexual orientation" means an individual's emotional or physical attraction to other individuals.

"Sexual orientation, gender identity, and expression (SOGIE)" means distinct identifiers everyone has. LGBTQIA+ is a subdistinction within SOGIE self-identifiers. SOGIE includes LGBTQIA+ as well as heterosexual, cisgender, and nonquestioning individuals.

"Staffed residential homes (SRHs)" means licensed homes that provide 24-hour care to six or fewer children and youth who require more supervision than can be provided in a foster home.

"Supervise" or "supervision" means to be responsible for the children and youth in care, including their health, safety, and well-being.

"Supportive individuals" means any nonrelatives identified by the children or youth that are important to them. "Transgender" means an umbrella term for individuals whose gender identity or expression is different from cultural expectations based on the sex they were assigned at birth. Gender-affirming medical care is not a prerequisite to identify as transgender. Being transgender does not imply any specific sexual orientation. "Treatment plans" means individual plans that identify the service needs of children or youth, including their parents or guardians, and the treatment goals and strategies for achieving those goals. "Tribal children or youth" means dependent children or youth of a federally recognized tribal government, state-dependent children or youth who are enrolled in a federally recognized tribe, dependent children or youth with concurrent jurisdiction, or unenrolled children or youth with native ancestry. "Tuberculosis (TB)" means a contagious infection caused by the Mycobacterium tuberculosis bacteria. "Two-Spirit" means a modern umbrella term used by some Native Americans to describe Native American individuals in their communities who fulfill a traditional third-gender or other gender-variant, ceremonial, and social role in their cultures. Being Two-Spirit does not imply any specific sexual orientation. "Underwriters laboratories (UL)" means Underwriters Laboratories Standards and Engagement, a company that tests and certifies products and equipment for safety. "Washington state patrol fire protection bureau (WSP/FPB)" means the Washington state fire marshal. "Well-being file" means a collection of children's or youth's records related to their care and services while in the licensee's care.

WAC 110-145-2360 License application requirements.

Substantive change:

- Added staffed residential homes licensed for five or fewer children and youth are not required to meet the health requirements and receive a certificate of compliance from DOH and to be inspected and approved by the state fire marshal.

Proposed WAC 110-145-2360
(1) To apply for a license to provide care to children and youth, applicants must: (a) Be at least 21 years old; (b) Submit the following completed documents to the department: (i) Licensing application;

(ii) Background authorization forms for personnel at the GCF as outlined in chapter 110-04 WAC, including those not directly working with children; (iii) A detailed written program description for department approval that includes: (A) The applicant's mission and goals; and (B) A description of the services the agency will provide to children, youth, and their families; (iv) Agency's policies and procedures including, but not limited to~~, policies regarding~~: (A) Staff qualifications; (B) Staff duties; (C) Ongoing training for developing personnel skills and abilities; and (D) How they will meet the requirements of this chapter; (v) Emergency and evacuation plans; and (vi) Certificate of occupancy or equivalent approval, per WAC 110-145-2420; and (c) Complete their licensing application by submitting all required documents within 90 calendar days of submitting the application and background authorization forms to the department. (2) If the applicant does not meet the 90-day deadline, the department may withdraw their application. (3) Prior to licensing: (a) The department will conduct a site inspection to verify that the premises meet the requirements ~~under~~in this chapter; and (b) All group care facilities described in this chapter, except SRHs licensed for five or fewer children and youth, must: (i) Meet the health requirements and receive a certificate of compliance from DOH; and (ii) Be inspected and approved by the state fire marshal ~~when required~~.

WAC 110-145-2420 Certificates, zoning, and codes regulations.

Substantive changes:

- Added staffed residential homes licensed for five or fewer children or youth are not required to obtain a certificate of occupancy or equivalent approval.
- Change to licensees must provide the department proof of compliance with local regulations.

Proposed WAC 110-145-2420
~~(1)~~ Licensees must: (~~a~~1) Obtain a certificate of occupancy or equivalent approval, except for SRHs licensed for five or fewer children or youth; ~~and~~

(~~b~~2) Follow all local and state regulations including, but not limited to: (~~i~~a) Zoning regulations; (~~ii~~b) Community covenants; (~~iii~~c) Local building codes; and (~~iv~~d) Fire codes~~.~~; and (~~2~~3) Provide ~~T~~the department ~~may require licensees to provide~~ proof of compliance with local regulations.

WAC 110-145-2460 Location tracking and ~~E~~electronic monitoring of children and youth.

Substantive changes:

- Added licensees must not use location tracking for: department children or youth, except when the court approves the use of location tracking and they maintain a copy of the approval; for community children or youth, except when approved by their parents or guardians and they maintain a copy of the approval; for tribal children or youth, except when approved by their representative and they maintain a copy of the approval.

Proposed WAC 110-145-2460
(1) Licensees must not use: (a) Location tracking for: (i) Department children or youth, except when: (A) The court approves the use of location tracking; and (B) They maintain a copy of the approval. (ii) Community children or youth, except when: (A) Approved by their parents or guardians; and (B) They maintain a copy of the approval. (iii) Tribal children or youth, except when: (A) Approved by their representative; and (B) They maintain a copy of the approval. (b) ~~e~~Electronic monitoring of children and youth in care in the interior of GCFs, except: (~~a~~i) As described in subsection (2) of this section; or (ii~~b~~) If all the following are met:

(~~i~~A) The use of electronic monitoring in the facility is approved by LD following a request by the caseworker for a department or tribal child or youth; (~~ii~~B) The court approves implementation of electronic monitoring ~~as part of the child's or youth's case plan~~; and (~~iii~~C) They maintain a copy of the approvals. (2) Licensees may use electronic monitoring ~~of~~ for the following without meeting the requirements in subsection (1)(b) of this section: (a) For ~~I~~infants or children ~~age~~ birth through four years ~~old~~of age; (b) For ~~M~~medically fragile or sick children or youth; (c) To document actions of a child or youth as directed in writing by the child's or youth's licensed health care providers; (d) For special events such as birthday parties or vacations; or (e) ~~The use of~~When using door or window alarms or motion detectors.

WAC 110-145-2510 Bedrooms and sleeping areas.

Substantive changes:

- Added "is in their best interest" regarding the bedroom that licensees provide to each child and youth.

Proposed WAC 110-145-2510
(1) Licensees must provide each child and youth a single or shared bedroom with privacy and space that adequately meets their developmental capabilities and is in their best interest, except: (a) Interim facilities may use common sleeping areas for children and youth in care instead of bedrooms; and (b) Facilities licensed as OYSs must also meet the requirements in WAC 110-145-3390. (2) Bedrooms must have: (a) Adequate ceiling height for the safety and comfort of the children or youth; (b) At least two means of exit from the bedroom, including one of each of the following: (i) A window or door that: (A) Opens to the outside; (B) Allows natural light into the bedroom; and (C) Permits emergency access or exit; and (ii) A door giving direct access to common use areas such as hallways, corridors, or living rooms.

(3) Licensees may use a building or structure that does not meet the requirements of subsection (2)(b)(i) of this section with approval by the department if it: (a) Has a fire sprinkler protection system; and (b) Was approved by the local fire marshal or building official with jurisdiction. (4) Licensees must not use: (a) Bathrooms, kitchens, or unfinished basements as bedrooms; or (b) Common areas such as hallways, living rooms, or dining rooms as bedrooms for anyone living in the facility without: (i) Approval by ~~the department~~LD; and (ii) Notification of the child's or youth's representative.

WAC 110-145-2600 Fire safety.

Substantive changes:

- Added staffed residential homes licensed for five or fewer children and youth must meet fire safety regulations in WAC 110-148-1465.

Proposed WAC 110-145-2600
(1) ~~This section does not apply to facilities~~ Licensees licensed ~~to~~as SRHs for five or fewer children ~~or~~and youth~~, who~~ must meet ~~local~~ fire safety regulations in WAC 110-148-1465. (2) Licensees, except SRHs for five or fewer children and youth, must: (a) Comply with the local building and fire codes and the state fire marshal regulations. If requirements differ between these entities, licensees must comply with the most stringent requirement; (b) Have their address clearly visible on the facility or mailbox so that emergency personnel can easily locate the facility; (c) Allow for emergency vehicles to have easy access to the facility; (d) Be familiar with safety procedures related to fire prevention, including fire drill procedures; (e) Have easy access to all rooms in the facility in case of emergencies; (f) Not leave open-flame devices unattended or use them for a purpose other than for what they were designed for; and (g) Be able to: (i) Operate all fire extinguishers installed on the premises; (ii) Test smoke detectors, including single station types; (iii) Conduct monthly inspections at the facility to identify fire hazards;

(iv) Take action to correct any hazards noted during the inspection; and
(v) Verify:
(A) Children and youth in care are able to escape from every floor in the facility. This may include having one or more functional fire ladders available from upper stories; and
(B) Windows open to the outside that are large enough for emergency personnel to enter and exit wearing rescue gear, unless the building or structure:
(I) Has a fire sprinkler protection system; and
(II) Was previously approved by the local fire marshal or building official with jurisdiction.
(3) Facilities licensed for children age birth through five years old and others who may be endangered based on their developmental capabilities must have barriers for:
(a) Fireplaces;
(b) Wood stoves; and
(c) Other heating systems.
(4) The department may require licensees to have an inspection by the state fire marshal or the local fire authority if:
(a) The department has questions about fire safety; or
(b) Local ordinances or the state fire marshal require these inspections.

WAC 110-145-2610 Smoke detectors.

Substantive changes:

- Added staffed residential homes licensed for five or fewer children and youth must meet smoke detector regulations in WAC 110-148-1465.
- Removed "if using single station smoke detectors" regarding requirement to test smoke detectors monthly or in a manner specified by the manufacturer.

Proposed WAC 110-145-2610

(1) Licensees licensed as SRHs for five or fewer children and youth must meet smoke detector regulations in WAC 110-148-1465.
(2) Licensees licensed as GCFs, except SRHS for five or fewer children and youth, must:
(~~1~~a) Meet the state fire marshal regulations for smoke detectors and have operating smoke detectors with a strobe, that are:
(~~a~~i) Approved by UL or Factory Mutual;
(~~b~~ii) In compliance with the Americans with Disabilities Act; and

(~~c~~iii) Installed and maintained according to the manufacturer's specifications; (b~~d~~) Have smoke detectors ~~l~~located: (i) Both inside and outside of all sleeping areas; (ii) On each story of the facility; (iii) In all play areas; and (iv) In the basement; and (~~e~~c) Test~~ed~~ smoke detectors monthly ~~if using single-station smoke detectors~~ or in the manner specified by the manufacturer; and (~~2~~3) All licensees must ~~H~~have a written record on the premises of the date and time the smoke detector tests were completed.

WAC 110-145-2660 Duties and qualifications for executive directors or administrators in GCFs.

Substantive changes:

- Changed to "any government or tribal entity" regarding additional duties and qualifications detailed in any written agreements between the agency and these entities.

Proposed WAC 110-145-2660
(1) Executive directors or administrators in GCFs must: (a) Manage the financial, administrative, and service operations of the agency; (b) Be available by phone during the regularly scheduled business hours of the facility and on-site as needed; (c) Verify the agency complies with all relevant and applicable laws, including 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 creating and maintaining standards that protect 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; (g) Work with representatives of other agencies; (h) Have at least one year of full-time experience that can be applied to or transferable to the demographic of children and youth in the GCF; (i) Be able 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

(j) Meet additional duties and qualifications detailed in any written agreement between the agency and any ~~state~~ government~~al~~ or tribal entity, if applicable. If the requirements of this section differ from the terms in a written and signed agreement, they must comply with the most stringent requirement. (2) Licensees must notify the LD licensor within 48 hours if the executive director or administrator position is vacated or the executive director or administrator has circumstances that prevent them from carrying out their job duties and responsibilities with a plan for how the duties will be accomplished until the: (a) Vacancy is filled; or (b) Executive director or administrator can resume their duties.

WAC 110-145-2680 Duties and qualifications for care coordinators in GCFs.

Substantive changes:

- Added group receiving centers are not required to have at least one care coordinator.
- Changed "another state agency" to "DDCS".
- Changed to "any government or tribal entity" regarding additional duties and qualifications detailed in any written agreements between the agency and these entities.
- Added "if approved by LD" to requirement that allows agencies to use care coordinators employed by or provided by another agency.

Proposed WAC 110-145-2680
(1) Licensees must have at least one care coordinator in GCFs who coordinates services for individual children and youth in care, except for: (a) Interim facilities; (b) GRCs; and (~~b~~c) Children and youth whose care and services are coordinated by ~~another state agency~~ DDCS. (2) Licensees may require more than one care coordinator as outlined in WAC 110-145-2820. (3) Care coordinators must have one of the following: (a) A bachelor's degree from an accredited college or university and at least one year of full-time experience that can be applied to or transferable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting six months of the experience requirement;

(b) An associate degree or have completed 90 quarter credits or 60 semester credits from an accredited college or university and at least two years of full-time experience that can be applied to or transferable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting one year of the experience requirement; or
(c) At least three years of full-time experience that can be applied to or transferable to the demographic of children and youth in the licensee's care. Lived experience may count toward meeting one year of the experience requirement.
(4) Care coordinators must maintain training, experience, knowledge, and demonstrated skills in each area they will be coordinating.
(5) Agencies may use care coordinators employed by 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; and
(c) Approved by LD.
(6) Care coordinators must meet additional duties and qualifications detailed in any written and signed agreement between the agency and any ~~state~~ government~~al~~ or tribal entity, if applicable. If the requirements of this section differ from the terms in a written and signed agreement, they must comply with the most stringent requirement.
(7) Licensees must notify the LD licensor within 48 hours if the care coordinator position is vacated or the care coordinator has circumstances that prevent them from carrying out their job duties and responsibilities with a plan for how the care coordinator duties will be accomplished until the:
(a) Vacancy is filled; or
(b) Care coordinator can resume their duties.

WAC 110-145-2690 Duties and qualifications of direct care staff and direct care volunteers in GCFs.

Substantive changes:

- Changed to "any government or tribal entity" regarding additional duties and qualifications detailed in any written agreements between the agency and these entities.

Proposed WAC 110-145-2690
(1) Licensees must meet the following requirements for direct care staff and direct care volunteers in GCFs: (a) Maintain sufficient numbers of direct care staff and direct care volunteers for the health, safety, and well-being of children and youth in care; and

(b) Develop and follow written policies and procedures approved by the department that describe the duties, responsibilities, professional qualifications, and safety requirements for direct care staff and direct care volunteers.
(2) Direct care staff and direct care volunteers must provide children and youth in care with:
(a) Appropriate adult supervision as outlined in WAC 110-145-2830;
(b) Emotional support including, but not limited to, promoting emotional regulation;
(c) Personal attention; and
(d) Structured daily routines, basic life skills, and living experiences as established by licensees and described in agencies' policies and procedures.
(3) Direct care staff and direct care volunteers must:
(a) Be at least 21 years of age, except as provided for in subsection (4) of this section;
(b) Have a high school diploma or equivalent credential;
(c) Have the skills and abilities to assist with the needs of children and youth in care;
(d) Meet at least one of the following criteria:
(i) Have at least six months of:
(A) Full-time experience that can be applied to or transferable to the demographic of children and youth in the licensee's care;
(B) Lived experience; or
(C) A combination of (d)(i)(A) and (B) of this subsection; or
(ii) Be attending classes at an accredited college or university related to caring for the demographic of children and youth in the licensee's care; and
(e) Meet additional duties and qualifications detailed in:
(i) Any professional accreditation requirements that apply to the agency; and
(ii) Any written and signed agreements between the agency and any ~~state~~ government or tribal entity. If the requirements of this section differ from the terms in a written and signed agreement, they must comply with the most stringent requirement.
(4) Direct care staff and direct care volunteers, except those working at CRCs, may be between 18 and 21 years of age if they:
(a) Meet the other requirements detailed in subsection (3) of this section and any other requirements that apply to their facility type; and
(b) Work:
(i) At a facility licensed only to provide care for children younger than 13 years ~~of age~~old; or
(ii) At a facility licensed to provide care for children 13 years ~~of age and~~old or older if they work at all times with at least one other direct care staff or direct care volunteer who:
(A) ~~Is~~ Are~~at least~~ 21 years old or older;

(B) ~~Is~~Are on-site and readily available to help when needed; and (C) Has at least one year of full-time experience that can be applied to or transferable to the demographic of children and youth in the licensee's care.

WAC 110-145-2770 First-aid and CPR training.

Substantive changes:

- Changed to all personnel, except nondirect care staff and nondirect care volunteers, must be certified in basic standard first aid and age-appropriate CPR within the first 90 calendar days of working in the facility.

Proposed WAC 110-145-2770
(1) All personnel, except nondirect care staff and nondirect care volunteers, ~~Direct care staff and direct care volunteers~~ must be certified in basic standard first aid and age-appropriate CPR within the first 90 calendar days of working in the facility. (2) The first-aid and CPR training must be approved by the department and accredited according to nationally recognized standards, and: (a) First-aid training may be completed in person or online; and (b) CPR training must be completed in person. (3) At least one staff counted in the staff-to-child ratio must have current certification in basic standard first aid and age-appropriate CPR.

WAC 110-145-2780 Reporting incidents.

Substantive changes:

- Added "…that is not: consensual; and developmentally appropriate, including not between preschool or teenage peers;" to the requirement to report sexual contact between two or more children or youth.
- Removed "commercial sexual exploitation or human trafficking of children and youth"
- Changed requiring report of "suicidal or homicidal attempts or actions" to department intake and the child's or youth's representative immediately but no later than 48 hours.
- Added requiring report of "Any medication given or consumed incorrectly that requires off-site medical attention" to department intake and the child's or youth's representative immediately but no later than 48 hours.

- Moved "Emergencies on the premises requiring activation of their emergency plan required in WAC 110-145-2580" from report to licensor & child's or youth's representative to report to department intake and the child's or youth's representatives
- Timeframe for reporting to LD licensor and the child's or youth's representative was changed from "as soon as possible and no later than 48 hours…" to "immediately and no later than 48 hours…".
- These incidents were added to the requirement to report to LD licensor and the child's or youth's representative:
  - "Disclosure of suicidal or homicidal thoughts or plans, unless a supervision plan is in place that has been approved by their caseworker"
  - "Physical assault of a child or youth in care that results in injury requiring off-site medical attention or hospitalization"
  - Arrest or detainment of the child or youth"
- "…unless a supervision plan is in place that has been approved by their caseworker" was added to "A child's or youth's self-inflicted physical injury not intended as a suicide attempt that requires off-site medical treatment…".

Proposed WAC 110-145-2780
Licensees must: (1) ~~Licensees must r~~Report the following incidents involving children and youth in their care to the: (a) Department intake and the child's or youth's representatives immediately, but no later than 48 hours after the following type of incidents: (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 hospitalization; (iv) Any time licensees or their personnel suspect physical or sexual abuse, neglect, or exploitation of a child or youth as required in chapter 26.44 RCW; (v) Disclosure by a child or youth of sexual or physical abuse; (vi) Sexual contact~~, as~~ defined in RCW 9A.44.010~~,~~ between two or more children or youth, that is not~~;~~: (A) Consensual; and (B) Developmentally appropriate, including not between preschool or teenage peers; (vii) Suicidal or homicidal attempts or actions; ~~(vi) Disclosure by a child or youth of sexual or physical abuse;~~

~~(vii) Suicidal or homicidal thoughts, gestures, and attempts;~~
(viii) Drug or alcohol use in the facility by a child or youth;
(ix) Use of prohibited physical restraints for behavior management; ~~and~~
~~(x) Commercial sexual exploitation or human trafficking of children and youth;~~
(x) Physical assault of a child or youth in care that results in injury requiring off-site medical attention or hospitalization;
(xi) Any medication given or consumed incorrectly that requires off-site medical attention; and
(xii) Emergencies on the premises requiring activation of their emergency plan required in WAC 110-145-2580;
(b) LD licensors and the child's or youth's representatives ~~as soon as possible~~immediately and no later than 48 hours after the following types of incidents:
(i) Disclosure of suicidal or homicidal thoughts or plans, unless a supervision plan is in place that has been approved by their caseworker;
(ii) A child's or youth's self-inflicted physical injury not intended as a suicide attempt that requires off-site medical treatment, unless a supervision plan is in place that has been approved by their caseworker;
(iii) Health problems outside of the usual range of reactions caused by medications that do not require off-site medical attention;
(iv) Any medication incorrectly given or consumed incorrectly;
(~~ii~~v) Use of physical restraint alleged to have been excessive or improperly applied as outlined in WAC 110-145-3200;
(~~ii~~iv) Physical assault between two or more children or youth that results in injury;
(~~i~~vii) Physical assaults involving employees, volunteers, or other adults by a child or youth in care that results in injury;
~~(v) Any medication given or consumed incorrectly;~~
~~(vi) Missed medication that requires off-site medical attention;~~
(viii) Discovery of contraband on the premises as defined by the licensees' policies and procedures;
(~~vii~~ix) Drug or alcohol use by a child or youth in care off-site;
~~(ix) Health problems outside of the usual range of reactions caused by medications that do not require off-site medical attention;~~
(x) Any off-site treatment for emergency medical or emergency psychiatric care;
(xi) Any inappropriate sexual behavior by or toward a child or youth;
(xii) Arrest or detainment of the child or youth;
~~(xii) Significant property damage on the licensed premises caused by children or youth;~~
(xiii) Suspected or known gang recruitment of, or activity by, a child or youth;
~~(xiv) Emergencies on the premises requiring activation of the emergency plan required in WAC 110-145-2580;~~
(xiv) Significant property damage on the licensed premises caused by child or youth; and
(xv) Outbreak of a vaccine-preventable disease in the facility~~.~~; and

(2) ~~Licensees must m~~Maintain written records of all reports made that include the: (a) Date and time the report was made; and (b) Name of the individual making the report.

WAC 110-145-2950 Immunization requirements for children and youth.

Substantive changes:

- Separated the immunization requirements for department children and for community children.

Proposed WAC 110-145-2950
Licensees must meet the following immunization requirements: (1) Follow the childhood immunization schedule from DOH for all children and youth in their care, except for rotavirus and human papillomavirus or if they are licensed as interim facilities, CRCs, or GRCs; (2) Verify that department children and youth are up-to-date on their immunizations, unless they have immunization exemptions as outlined in their plan; (~~2~~3) Verify that community children and youth ~~in care~~ are up-to-date on their immunizations, unless they have written documentation of any of the following immunization exemptions: (a) Medical or religious exemptions, signed by the: (i) Child's or youth's parents or guardians or youth if they have the legal authority to consent for their own medical care; and (ii) Licensed health care provider; (b) Philosophical~~/~~ or personal exemption, which is not available for the measles, mumps, or rubella vaccine requirement, signed by the: (i) Child's or youth's parents or guardians or youth if they have the legal authority to consent for their own medical care; and (ii) Licensed health care provider; or (c) Religious membership exemption signed by the child's or youth's parents or guardians or youth if they have the legal authority to consent ~~to~~ for their own medical care; and (~~3~~4) Take children or youth that are not up-to-date on their immunizations and do not have an immunizations exemption on record to a licensed health care provider as soon as medically possible to catch up on their immunizations.

November 19, 2025

WAC 110-145-2970 Accepting, storing, and disposing of medication.

Substantive changes:

- Added not only are licensees required to store prescription and over-the-counter medications, except nasal spray naloxone, in a locked container in a manner that minimizes risks for medication errors, but also that minimizes the risk of "unauthorized access."

Proposed WAC 110-145-2970
(1) Licensees must: (a) Develop and follow policies and procedures approved by the department on accepting, storing, and disposing of medication; and (b) Arrange to have an RN or a licensed health care provider help develop and periodically review their policies and procedures in (a) of this subsection if licensed to care for 13 or more children and youth in a facility. (2) The department may recommend licensees licensed for fewer than 13 children or youth consult with an RN or a licensed health care provider to help develop and periodically review their medication management and administration policies and procedures in subsection (1)(a) of this section. (3) Licensees must complete the following when: (a) **Accepting medication:** (i) Keep medication for children and youth in care in a pharmacy-labeled container with: (A) Their first and last name; (B) The date the prescription medication was filled; (C) The expiration date on the medication; and (D) Legible instructions for administration of the medication, specifically the manufacturer's instructions or the prescription label; and (ii) Consult and follow the recommendations of the following individuals if they have concerns about medication provided by the child's or youth's parents or guardians: (A) The medication prescriber; (B) A pharmacist; or (C) A licensed health care provider; (b) **Storing medication:** (i) Follow manufacturer's specifications, including refrigerated medications; (ii) Store human and animal medications separately and in locked containers; and

(iii) Store prescription and over-the-counter medications, except nasal spray naloxone, in a locked container in a manner that minimizes the risks for medication errors and unauthorized access;
(c) **Storing emergency medication:**
(i) Have a written plan for children and youth in care who have emergency medication, other than naloxone nasal spray, that is reflective of their developmental capabilities and ~~that~~ outlines the following:
(A) How the medication will be easily accessible in an emergency;
(B) How the medication will be kept inaccessible to other children and youth in care; and
(C) The plan for taking medication off-site;
(ii) When naloxone is on-site:
(A) Naloxone in a nasal spray form must be stored in a place where it is easily accessible in case of an emergency, except children or youth may keep their own naloxone nasal spray in their personal belongings; and
(B) Naloxone in an injectable form must be stored in a locked container; and
(d) **Disposing of medication:**
(i) Follow the Food and Drug Administration guidelines for proper disposal of medications that are no longer being taken or have expired; and
(ii) Document the following information when disposing of any prescription medication the:
(A) Name of the:
(I) Medication that was disposed;
(II) Child or youth for whom the medication was prescribed;
(III) Individual disposing of the medication; and
(IV) Individual witnessing the disposal;
(B) Date disposed; and
(C) Amount disposed.

WAC 110-145-2980 Medication administration and documentation.

Substantive changes:

- Added licensee must coordinate starting or stopping a child's or youth's psychotropic medication with youth 13 years old or older who are developmentally capable to provide consent.

Proposed WAC 110-145-2980
(1) At least one direct care staff or direct care volunteer who has completed medication training approved by the department and is able to dispense and complete the medication documentation must be on duty when children and youth are present. (2) The following individuals are allowed to access children's and youth's medications: (a) Licensees; (b) Authorized individuals providing care, including respite care providers; and (c) Children and youth when taking their own medication as outlined in subsection (6) of this section. (3) Licensees must: (a) Give prescription medications to children or youth named on the prescription and in the amount and frequency prescribed by a licensed health care provider; (b) Give children and youth in care over-the-counter medications only when needed and: (i) As specified by the manufacturer's instructions; and (ii) While allowing them to request or decline medication according to their developmental capabilities; (c) Not use prescription or over-the-counter medications for behavior control, unless prescribed for that purpose by a licensed health care provider; (d) Not reduce or stop children's or youth's prescribed medication without the written approval of a licensed health care provider, except when the: (i) Child or youth has an adverse reaction, such as an allergic reaction to the medication. If this occurs, licensees must follow-up with a licensed health care provider within 48 hours for an updated medication order; or (ii) Licensee obtains instructions from a licensed health care provider over the phone to reduce or stop giving the medication to the child or youth. If this occurs, the licensee must also: (A) Document and follow the order; and (B) Get a copy of the order from the licensed health care provider within 72 hours; (e) Report ~~any reduction or stoppage of~~child's or youth's decision to reduce or stop prescribed medication to the child's or youth's representatives and the prescribing licensed health care provider;

(f) Coordinate starting or stopping a child's or youth's psychotropic medication with their~~: (i) L~~licensed health care provider~~;~~ and obtain consent from:
(i) Youth 13 years old or older who are developmentally capable to provide consent; or
(ii) Representatives for children and youth 13 years old or older who are unable to ~~obtain~~provide consent; and
(g) Keep a record of all prescription and over-the-counter medications given, missed, and refused. This documentation must include:
(i) The child's or youth's name;
(ii) Whether the medication was given, missed, or refused;
(iii) Time the medication was taken;
(iv) Amount of medication; and
(v) Name of individual administering medication;
(h) Consult with a licensed health care provider if children or youth miss or refuse medication for two consecutive days unless there is a medication plan in place with other instructions; and
(i) Comply with WAC 110-145-3060 regarding Native American traditional medicines.
(4) Licensees who care for:
(a) Medically fragile children and youth must also follow the documentation requirements in WAC 110-145-3490; and
(b) Children or youth in the custody of another agency or tribal or other court must follow the direction of the agency or court regarding giving or applying prescription and over-the-counter medications. If this conflicts with the department's policy, the licensee must notify the child's or youth's department caseworker.
(5) Licensees for department and tribal children and youth and parents or guardians for community children and youth may grant approval for dietary supplement use by children and youth in care with or without medical consultation. If licensees require children and youth to have a medical consultation for dietary supplement use, they must notify the children's of youth's representatives.
(6) Licensees may permit children or youth to take their own medications when the following conditions are met:
(a) The child or youth has the developmental capability to properly take them; and
(b) Licensees:
(i) Obtain and keep on record written approval by the child's or youth's representatives, except:
(A) In OYSs and CRCs; or
(B) For youth 18 years old or older who consent to their own medical care;
(ii) Monitor that the children or youth take their medication according to the prescription or manufacturer's instructions, including the proper amount and frequency; and

(iii) Store the medication and medical supplies in a way that is inaccessible to individuals who are not authorized in subsection (2) of this section.

WAC 110-145-3030 Maintaining connections with family and supportive individuals.

Substantive changes:

- Added "or caseworker approved contact plan"
- Added licensees must also support scheduled visits "and connections" by "facilitating other approved contacts with family or supportive individuals."

Proposed WAC 110-145-3030
Licensees must support children and youth in care in maintaining relationships with family and supportive individuals, except for interim facilities, by: (1) Obtaining and documenting in the child and youth well-being file as outlined in WAC 110-145-2890: (a) An approved list from the child's or youth's representatives of individuals authorized to have contact with or take the child or youth out of the facility, including their: (i) Name; (ii) Address; and (iii) Phone number; and (b) The child's or youth's court ordered visitation plan or caseworker approved contact plan, if applicable; and (2) Supporting scheduled visit~~s~~ and connections by: (a)Verifying children or youth are ready on time and have what they need for the visit; (b)Assisting children and youth in care with any technology needs ~~for virtual visits~~, per WAC 110-145-3070~~.~~; and (c)Facilitating other approved contacts with family or supportive individuals.